FILE NAME: Westinghouse (WH)

DATE: 1978 Sept 14

DOC#: WH053

DOCUMENT DESCRIPTION: Workers' Compensation Claim

LN-387 (Rev. 10/77)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
8007 DISNEY STREET
HARRISBURG, PA. 17111

ASSIGNMENT OF PETITION TO WORKERS' COMPENSATION REFEREE

FATAL CLAIM

DELAWARE COUNTY

195-05-7199

9-14-78
DATE OF THIS NOTICE

Thomas F. Johnson (Dec'd)
Mary Johnson (Widow)
429 W. 21st St.
Chester, PA. 19013

COPY OF PETITION MAILED TO ADVERSE PARTY WITH THIS NOTICE

VS

WESTINGHOUSE ELECTRIC CORP.
Lester, PA. 19013

The Referee will notify all parties of the time and place of the hearing.

The parties are hereby notified that an answer may be filed with the Referee at his office within fifteen (15) days from the date of this notice. Facts alleged in a claim petition will be deemed to be admitted unless specifically denied. However, the failure of any party to deny a fact alleged in any other petition shall not preclude the Referee from requiring proof of such fact at a hearing.

SELF-INSURED

Stephen A. McBride, Esq.
214 N. Jackson St.
Media, PA. 19063

If a party fails to appear in person or by counsel at a scheduled hearing without adequate excuse, the Referee shall decide the matter on the basis of the petition and the evidence presented.

THE ABOVE PETITION HAS BEEN ASSIGNED TO THE FOLLOWING REFEREE FOR DETERMINATION:

Peter E. Perry, Jr., Dist. Mgr.
1523 State Office Bldg.
1400 Spring Garden St.
Philadelphia, PA. 19130

scs

IN RE: ARBITRALMS JUDGEMENT

(COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF OCCUPATIONAL
INJURY AND DISEASE COMPENSATION
HARRISBURG 17120)

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION UNDER THE PENNSYLVANIA WORKMEN'S COMPENSATION ACT OF 1915, AS REENACTED AND AMENDED

(TYPE OR PRINT CLEARLY)

NAME OF CLAIMANT: THOMAS F. JOHNSON, Deceased by MARY JOHNSON, his wife, and Executrix (of the Estate of THOMAS F. JOHNSON)
SOCIAL SECURITY NO.: 195-05-7199
STREET AND NUMBER OR R.D. NUMBER: 429 West 21st Street
DATE OF BIRTH: 09-29-13
CITY OR TOWN: Chester
COUNTY: Delaware
STATE: Pa.
ZIP CODE: 19013
TELEPHONE / AREA CODE:

vs.

EMPLOYER: WESTINGHOUSE ELECTRIC CORPORATION
INSURANCE CARRIER: Self Insured
STREET AND NUMBER: Lester
CITY OR TOWN: Pa.
STATE: 19013
ZIP CODE:

TO YOUR HONORABLE REFEREE:

The above named claimant respectfully alleges the following facts:

1. The nature of my employer's business was turbine testing and manufacturing
2. The nature of my occupation was Turbine Tester
   (DESCRIBE YOUR WORK INCLUDING TITLE, IF ANY)
3. The date of my injury was 09-24-76
4. My injury occurred on employer's premises ☒..... If not, state exact location, including county or nearest
5. My injury or disease occurred in the following manner: Exposure to asbestos resulting in Malignant Mesothelioma with Metastasis.
   (DESCRIBE FULLY THE EVENTS WHICH RESULTED IN YOUR INJURY OR DISEASE)
6. The nature of my injury or disease is Malignant Mesothelioma with Metastasis
   (DESCRIBE FULLY, INCLUDING PARTS OF BODY AFFECTED)

7. If claim is for OCCUPATIONAL DISEASE under Section 108, complete the following additional information:
   a. I became (totally) (partially) disabled as a result of the above occupational disease on September 24, 19 76.
   b. My last exposure after June 30, 1973, to the hazard of the above occupational disease was from June 30, 19 73, to September 23, 19 76, while employed by Westinghouse Electric Corporation, Lester, Pennsylvania
   c. Prior to June 30, 1973, I was exposed to the hazard of the above occupational disease while employed by:

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT: FROM	TO
Westinghouse Electric Corporation Lester, Pennsylvania	Approx. 1950	06-30-73

Complete reverse side

ALBRAMS
DECEMBER 1976

I was treated by the following doctors and/or hospitals:

Raymond J. Vivacqua, M.D., 15th and Upland Avenue, Upland, Pa.
(Give names and addresses. If none, so state.)

Jerome Rudnitsky, M.D., Crozer-Chester Medical Center Professional Bldg Upland, Pa.

9. a. I did not request my employer to furnish the above medical and hospital services.

b. The employer did not furnish these services.

c. The amount spent by me for all or part of these services was $ 12,689.95.

10. I was disabled due to my injury or disease from September 24, 19 76 to January 19 , 77

11. I have not returned to work at my previous occupation and at my former wages, which were $ approx. 340

12. Notice of my injury or disease was served upon my employer on September 24, 1976 (date) by Decedent in the following manner: Decedent and Mr. Snortner both advised an employee of the telephone company whose name is unknown at the present time.
(State to whom and how notice was given)

13. I believe the following additional facts to be important:

WHEREFORE, I ask that your honorable Referee issue an award of compensation to me in accordance with the provisions of the Pennsylvania Workmen's Compensation Act.

Mary Johnson
MARY JOHNSON, widow of THOMAS P. JOHNSON

Subscribed and sworn to before me on this 2nd day of July, 1977.

Lyle J. Fiori
(This affidavit may be sworn before a compensation referee of the Board, Notary Public, Wilmington, Delaware Co. My Commission Expires July 31, 1980 any person authorized to administer an oath.)

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

STEPHEN A. McBRIDE, ESQUIRE
214 North Jackson Street
MEDIA, Pennsylvania 19063

LABOR AND INDUSTRY
AUG - 2 1977

NOTICE: This petition should be filed in original and five exact copies either typed or printed. Petitioner must make affidavit to the original petition.

FILED
APR 4 1978
DECEMBER 1992