FILE NAME: Johns-Manville (JMA)

DATE: 1966

DOC#: JMA144

DOCUMENT DESCRIPTION: Contract Unit Claim File: Lawrence J. Taylor Sr.

WORKMEN'S COMPENSATION DEPARTMENT
LANSING, MICHIGAN

EMPLOYER'S BASIC REPORT OF COMPENSABLE INJURY

(COPY SHALL BE GIVEN IMMEDIATELY TO INJURED EMPLOYEE AND INSURANCE CARRIER)

Employers must report immediately to the Department on Form 100 all injuries, including diseases, which arise out of and in the course of the employment and cause: 1. An aggregate of seven (7) or more days of disability not including Sundays or the day of injury. 2. Death. 3. Specific Losses
In case of **DEATH** also file immediately an additional report on Form 106.
See Additional Instructions on Reverse Side. The Travelers Insurance Company

EMPLOYER Johns-Manville Sales Corporation (Assumed name, if any) 14 M. E. B. C. Number
832 Fisher Bldg. (Address—Street and Number) Detroit (City) 2, Michigan (State)
TYPE OF BUSINESS Industrial Insulation
INSURANCE CARRIER THE TRAVELERS INSURANCE COMPANY 719 Griswold Street, Detroit 26, Mich.
INJURED EMPLOYEE Laurence (First name) J. (Middle initial) Taylor Sr. (Last name) Soc. Sec. No. 374-01-6553
Address 16854 Beaverland (Street and number) Detroit (City), Michigan (State) Marital status M
Age 60 If under 18, Occupational Approval No. ..... Wkng. Permit No. ..... Sex M

Number of injured employee's children under age 16, living with injured.
If injured is a married man, is wife living with him? Yes
Number of other family members or relatives at least 50% supported by injured.
DATE OF INJURY 6-10-66 Last day worked 6-13-66
Describe injury or disease Collapsed Lung.

If specific loss, give date of loss
How did injury or disease happen? After moving a load of material this man had to sit down because he was all out of wind.

Where? City Romulus State Michigan
Foreman Laurence Taylor Witnesses
Physician Hospital New Grace Hospital
Address (Street and number) (City) (State)
Occupation of injured employee
Straight Time Earnings: Hourly rate Hours per week Total $
Overtime Earnings: Hourly rate Hours per week Total $
If board, room furnished give value Total $
Combined weekly earnings $
If on piece work or commission, explain fully
Estimated length of disability
HAS A COPY OF THIS REPORT BEEN GIVEN TO EMPLOYEE? Yes No

Signature (in ink) **EMPLOYER** or Representative (Not Insurance Carrier)

Date of Report

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(LEAVE BLANK)

DO NOT WRITE IN THIS COLUMN

CASE NO
EMPLOYER NO
INSURANCE
PLACE OF INJURY
DATE OF INJURY
NATURE
LOCATION
DISABILITY
AGE
OCCUPATION
CONJUG COND & SEX
DEPENDENTS
WEEKLY WAGE
AGENCY
INJURY TYPE
CODED BY

SUPERVISOR'S INVESTIGATION REPORT

The unsafe acts of persons and the unsafe conditions that cause accidents can be corrected only when they are known specifically. It is your responsibility to find them and assess them and to state the remedy for them in this report.

COMPANY	DIVISION OR SUBSIDIARY
Johns-Manville Sales Corporation	Detroit

LOCATION OF ACCIDENT (The name or number of building, store, street, floor, etc.)		DATE AND HOUR OF ACCIDENT
Metro Airport	Romulus, Michigan	6-16-56

NAME OF INJURED PERSON	INJURED'S DEPT. OR DIVISION	INJURED'S JOB OR POSITION
Laurence J. Taylor Sr.	Ind.	Foreman

DESCRIBE THE INJURY: Collapsed Lung

DESCRIBE THE ACCIDENT (State what the injured was doing and the circumstances leading to the accident)

After moving a load of insulating material this man was struggling to get his breath, about that time I happened on the job and saw him, I asked what was wrong and he told me he was having trouble getting his breath, this was on Friday he worked the following Monday still having a little trouble but on Tuesday morning he came in and had to go back home. He went to the doctor and the doctor put him in the hospital.

UNSAFE CONDITION (Describe as why floor, poor light, lack of guards on belts and gears, broken steps, etc.)

None

UNSAFE ACT - UNSAFE WORK PROCEDURE (Describe as removed guard, defective moving machine, or a specific item of unsafe procedure, lack of planned safety, etc.)

None

REMEDY (As a supervisor, what action have you taken or do you propose taking to prevent a repeat accident?)

None

SUPERVISOR	REVIEWED AND APPROVED BY	DATE REPORT PREPARED
L. Berardi	J. H. Johnson	6-20-56

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(Use reverse side for sketch and additional detail.)

FILING DUE 8-18

30 DAY DUE 10-18

LIABILITY

ADM. OFFICE: Detroit | DATE REPORTED: 7-28-66 | FILE NO.: 1662531

Johns-Manville Corp., West

Johns-Manville Corp., Johns-Manville Sales Corp.

LOCATION OF RISK: 492 Fisher Bldg. Detroit, Mich.

41 East 42th St. New York, N. Y.

INCEPTION DATE	POLICY NUMBER	POLICY PERIOD	POL. YEAR	INSURED'S NAME AND ADDR.
7-28-66	MIB 2679006	7-1-65/66	66	Marsh & McLennan, Inc.

ADM. STATE (Claim Dept. Use Only)

Mich.

DESCRIPTION OF OPERATIONS

Insulation work, etc., 5479,5551, 5184, 8018, 8810, 8742

All States (MIB 2679006) Cov. B. $100,000

NAME OF EMPLOYEE: James J. Taylor, Sr. | AGE: 60 | HOME ADDRESS: 14654 Beaverland Detroit, Mich.

TYPE OF MACHINE, IF ANY

LOCATION OF ACCIDENT: Romulus Michigan

NATURE OF ACCIDENT OR DISABILITY: Hernia, because winded after moving load of material.

NATURE OF INJURY OR ILLNESS: collapsed RK lung

REC. APP'D BY: JA:bee 7-25-66

ITEMS	OPEN CASE EST. INCURRED LOSS	AMOUNT PAID FINAL	REOPENED FINAL
Ind. & M.C.			
Ind. Comp.			
Temp. Total	45x -		
Temp. Partial			
Perm. Total			
*Perm. Partial			
Reimbursement			
Total			
Fun'l Exp.			
Medical	2000 -		
Expense	300 -		

DELAYED NOTICE

IF OCC. DISEASE, SHOW TYPE OF COV. ☐ COV. A ☐ COV. B

*ENTER BASIS OF PERM. PARTIAL PAID. IF APPLICABLE state as weekly or amounts in a. state percentage and number; otherwise indicate method of computing P.P. paid.

AMOUNT PAID-FINAL-APPROVAL

REOPENED-FINAL-APPROVAL

Did investigation disclose any collateral upon subrogation (Yes or No)

Is right of subrogation involved (Yes or No)

Reopened case: Claim ____ Medical ____ Expense ____

Previously paid

ADM. OFFICE	ACC. MO.	ACC. YR.	FOL. YR.	OFFICE	STATE	METRO	LINE	COV.	WKLY. WAGE	CODER	CLASS	S Z	COV	TYPE LOSS

NOTICE REGISTER | CHANGE IN REG. | EXAMINER | UND. SERVICE | CAS. ACT'L CHANGES

NOTICE REG.

EXPER.

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unnumbered images
NSI 637 Jun 866