

FILE NAME: Westinghouse (WH)

DATE: 1978 Aug

DOC#: WH130

DOCUMENT DESCRIPTION: Legal - of Records - Thomas F. Johnson -
Worker's Compensation Claim

File 1-10-10



Personnel Relations, E-101
265-3206
August 25, 1978
SUBPOENA OF RECORDS
Thomas F. Johnson

*Copy to Higney. Buckenlett
Then file*

Edward F. Hanley, Administrator
Statutory Benefits
Pittsburgh-Gateway 00764

I am enclosing correspondence that we have received in reference to Thomas F. Johnson (asbestosis case). The originals of all forms have been forwarded to Thomas J. Ingersoll, our attorney in Philadelphia.

If you require any additional information, please contact me on WIN: 265-2306.

F. H. Hawke
Franklin H. Hawke
Employee Services Representative

Enclosure



INT-DE: ABRAMS

DECEMBER 1982



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
3607 DERRY STREET
HARRISBURG, PA. 17111

ASSIGNMENT OF PETITION TO WORKERS' COMPENSATION REFEREE

FATAL CLAIM

DELANARE COUNTY

195-05-7199

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

VS

WESTINGHOUSE ELECTRIC CORP.
Lester, PA. 19013

SELF-INSURED

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

8-14-78

DATE OF THIS NOTICE

COPT OF PETITION MAILED TO
ADVERSE PARTY WITH THIS NOTICE

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.

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

mcs

IN RE: ABRAMS
6/23/80-88H

DO NOT WRITE IN THESE SPACES

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** SOCIAL SECURITY NO. **195-05-7199**
by **MARY JOHNSON, his wife, and Executrix**
STREET AND NUMBER OR R.D. NUMBER (of the Estate of **THOMAS F. JOHNSON**) DATE OF BIRTH **09-29-13**
429 West 21st Street

CITY OR TOWN **Chester** COUNTY **Delaware** STATE **Pa.** ZIP CODE **19013**

TELEPHONE

AREA CODE

WESTINGHOUSE ELECTRIC CORPORATION

Self insured

DEPENDANT EMPLOYER

INSURANCE CARRIER

STREET AND NUMBER **Lester** STATE **Pa.** ZIP CODE **19013**

STREET AND NUMBER

CITY OR TOWN STATE ZIP CODE

CITY OR TOWN STATE 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 census
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 ALL EMPLOYERS
Westinghouse Electric Corporation
Lester, Pennsylvania

DATE OF EMPLOYMENT
FROM **Approx. 1950** TO **06-30-73**

Complete remaining questions on other side

INT-101-ABRAMS

DECEMBER 1976

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

Raymond J. Vivacqua, M.D., ^{GIVE NAME AND ADDRESS, IF NONE, NO STATE.} 15th and Upland Avenue, Upland, Pa.

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, 1976 to January 19, 1977.
11. I have not returned to work at my previous occupation and at my former wage, which were \$ approx. \$400.
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 Hestonhouse,
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.

Tracy Johnson
MARY JOHNSON, widow of THOMAS F. JOHNSON

Subscribed and sworn to before me on this 2nd day of July, 1976 at Upland, Pa.

Paul J. Finner
(This affidavit may be sworn before a compensation referee or JOHN J. FOWLER, Notary Public
any person authorized to administer an oath.) Willsboro, Delaware Co.
My Commission Expires July 27, 1980

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

STEPHEN A. McBRIDE, ESQUIRE

214 North Jackson Street

MCURT, Pennsylvania 19063



NOTICE: This petition should be filed in original and five exact copies either typed or printed. It is the duty of the petitioner to make affidavit to the original petition.