LV 10-73

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)

PLAINTIFF'S EXHIBIT
WH-900
PENGAD-Bayonne, N.J.

CLAIMANT
s J. Bassel

SOCIAL SECURITY NO.
182-05-0186

NO. AND STREET OR R.D. NUMBER
—1 Road

DATE OF BIRTH
10/1/07

TOWN | COUNTY | STATE | ZIP CODE
all Delaware Pa 19008

TELEPHONE
356-1468

AREA CODE
215

Vs.

EMPLOYER
inghouse — Team Turbine Division

INSURANCE CARRIER

NO. AND STREET
ustrial Highway

STREET AND NUMBER

TOWN | STATE | ZIP CODE
ter Pa 19113

CITY OR TOWN | STATE | ZIP CODE

TO OUR HONORABLE REFEREE:

The above named claimant respectfully alleges the following facts:

The nature of my employer's business was Manufacturing steam turbines

The nature of my occupation was Lagger - insulated turbines

DESCRIBE YOUR WORK INCLUDING TITLE, IF ANY

The date of my injury was exact date unknown

My injury occurred on employer's premises ☒ ..... If not, state exact location, including county or state:

My injury or disease occurred in the following manner inhalation and/or ingestion of insulating materials.

DESCRIBE FULLY THE EVENTS WHICH RESULTED IN YOUR INJURY OR DISEASE

The nature of my injury or disease is chronic obstructive pulmonary disease heart; cardiac involvement; malignant tumor left leg.

DESCRIBE FULLY, INCLUDING PARTS OF BODY AFFECTED

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 EXACT DATE UNKOWN

b. My last exposure after June 30, 1973, to the hazard of the above occupational disease was from _____, 19____, to _____, 19____, while employed by D.N.A.

c. Prior to June 30, 1973, I was exposed to the hazard of the above occupational disease while employed by:

NAME ALL EMPLOYERS	DATES OF EMPLOYMENT FROM	TO
Westinghouse; Lester, Pa.	4/42	11/72

28006483

Complete remaining questions on other side

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

Bryn Mawr Hospital, Del. Co. Memorial Hosp.

GIVE NAMES AND ADDRESSES. IF NONE, SO STATE.

Drs. Heggestad, Reitano, Casey and others

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 $ will advise

10. I was disabled due to my injury or disease from EXACT Date Unknown, 19 ___ to present, 19 ___

11. I have NOT returned to work at my previous occupation and at my former wages, which were $ 16,500 - approx / yr

12. Notice of my injury or disease was served upon my employer on 1ST NOTICE 1963 (date) by ___ in the following manner:

had a heart attack while on Company Business in Texas in 1963.

STATE TO WHOM AND HOW NOTICE WAS GIVEN

13. I believe the following additional facts to be important: I have been exposed to great amounts of asbestos for about 30 yrs. In Dec. 1975 my doctor said I have asbestosis

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.

Thomas J. Wassel
NAME

Subscribed and sworn to before me on this 21st day of June, 1976 at Broomall, Pennsylvania

[signature]
My Com Exp 6/ /77

(This affidavit may be sworn before a compensation referee or any person authorized to administer an oath.)

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

Melvin Brookman
ATTORNEY

505 Land Title Bldg
ADDRESS Phila Pa 19110.

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

2B006484

Produced 3/93