

STATE OF NEW JERSEY

DEPARTMENT OF LABOR AND INDUSTRY

DIVISION OF WORKMEN'S COMPENSATION

Form No. 20a
(Do not fill in)

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

PLAINTIFF'S
EXHIBIT
NG108FJOHN KOCISKO Petitioner,

vs.

NATIONAL GYPSUM COMPANY

Respondent.

Hartford Accident & Indemnity Ins.
(Name of Insurance Company)O'Brien, Devlin & Shaw

(Attorney for Petitioner)

1015 Park Avenue, P.O. Box 827
Plainfield, New Jersey 07061
(Address)

TO THE DIVISION OF WORKMEN'S COMPENSATION:

Petitioner, alleging that he sustained an injury by an accident arising out of and in the course of his employment with the respondent, compensable under R. S. 34:15-7, et seq., supplements and amendments, respectfully states:

1. Name John Kocisko Soc. Security No. 146-01-8293
2. Residence Address: (a) Street Address 32 Northview Road
(b) County Morris (c) City or Town Millington, N.J.
(THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)
3. Sex M 4. Age 61 5. Marital Status M 6. Occupation Machinist
(at time of accident)
7. Name of employer National Gypsum Company
(a) Address Division Avenue, Millington, N.J.
(b) Business Asbestos siding products
8. Did employer have notice or knowledge of injury? yes On what date? May 15, 1971
on and before
9. Place of accidental injury respondent premises Date May 15, 1971
on and before
10. Describe the accident Exposure to asbestos dust and related materials
with fumes, silicates and dusts for 44 years caused occupational condi:
11. Date petitioner stopped work 5/17/71 Date returned to work unable
12. Describe extent and character of injury. If there has been amputation or loss of usefulness of any member or impairment of any physical function, explain fully Chronic exposure to
industrial dusts caused asbestosis, pneumoconiosis, totally disabled,
traumatic neurosis.
13. Wages or earnings \$3.91 per hr. - 40 hrs., plus 8 hrs. maximum
Sat. overtime Compensation paid: Rate due
Temporary disability due Permanent disability due
14. Was medical aid required? yes Was employer requested to furnish same? yes
Was it furnished? _____ If so, between what dates? _____
If not, what sum was expended? _____

names and addresses of physicians and hospital
Dr. William H. Cox, 211 South Finley Avenue, Basking Ridge, N.J.
Dr. J. Chrobok, 1390 Valley Road, Stirling, N.J., company doctor.
Dr. Enrico Fuparo, Morristown Medical Group, 290 or 26 Madison Ave.,
Morristown, N.J., takes company x-rays.
Dr. Wright, Cleveland, Ohio
Morris County Chest Clinic, Morris Plains - x-rays every year.

16. What other facts are there which you believe important?

Your petitioner therefore prays that the Division of Workmen's Compensation will determine the amount of compensation due your petitioner from said respondent, under Revised Statutes of New Jersey, Title 34, Chapter 15, and the Acts supplemental thereto and amendatory thereof, and that your petitioner may be awarded his costs in this proceeding, and such other or further relief as may be proper.

STATE OF NEW JERSEY,

COUNTY OF Union

John Kocisko
(Petitioner)

John Kocisko of full age being duly sworn according to law, on his oath deposes and says: That he is the petitioner named in the foregoing petition; that he has read the same and is familiar with the contents thereof; and that the matters and things therein set forth are true according to the best of his knowledge and belief.

John Kocisko
(Petitioner)

Subscribed and sworn to before me this 18th day
of May, 19 71, at Plainfield, New Jersey

Janelle Houk
JANELLE HOUK

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires May 20, 1974

(This affidavit may be sworn to before any person authorized to administer an oath)

NOTICE TO THE RESPONDENT:

The foregoing claim petition has been presented by the petitioner to the Division of Workmen's Compensation for hearing and determination. Unless an answer in duplicate is filed with the Secretary of the Division, Labor and Industry Building, Box W, Trenton, N. J. 08625, WITHIN 20 DAYS, THE PETITIONER WILL PROCEED WITH PROOF OF CLAIM ACCORDING TO LAW AND MAY OBTAIN JUDGMENT AGAINST YOU.

DIVISION OF WORKMEN'S COMPENSATION