

DEP. No. 12-5

ALL-STATE LEGAL®

PLAINTIFF'S
EXHIBIT

00353.00

Greischar, Paul J.

Head Office

200-7478

NAME

COMPANY, PLANT, DIVISION

CLAIM NUMBER

Unknown

11

62 OAK 8188

D/I

AGE

SEX

OCCUPATION

D/E

P.D.

I.A.C. CLAIM NUMBER

Asbestosis

INJURY SUSTAINED

AGENCY

Lungs

PART OF BODY INJURED

AGENCY PART

U/S MECHANICAL CONDITION

TYPE OF ACCIDENT

U/S PERSONAL FACTOR

ADD'L INFORMATION:

FORM 853-585 (9-62)

ALL-STATE LEGAL®

PLAINTIFF'S
EXHIBIT

WV-008927

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NAME				TEMP.	DAY	WK	P.O.	CLAIM NUMBER			
CODE	MED	HOSP	X-RAY	OTHER	EXPLANATION	CK NO	FROM	THRU	AMT.	TOTAL	RESERVE
2-62											1000.
4				3.00	Legal					3.00	997.
6				3.50	Legal						11.
11				5.00	Legal					5.00	992.
							6.00		11.00		

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