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DEPARTMENT OF INDUSTRIAL ... NS

DIVISION OF INDUSTRIAL ACCIDENTS—WORKMEN'S COMPENSATION APPEALS BOARD

EXHIBIT 24

PENCAD 800-631-6989

APPLICATION FOR ADJUDICATION OF CLAIM

CASE NO. 74 SF 247658

Mr. ~~Mrs~~ ~~Miss~~ ESMAEL P. VELASQUEZ
(INJURED EMPLOYEE)

209 Norwich Drive
(INJURED EMPLOYEE'S ADDRESS)

Social Security No. 553-07-8240

South San Francisco, Ca. 94080

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)

(APPLICANT'S ADDRESS)

VS.

See attached
(EMPLOYER)

(EMPLOYER'S ADDRESS)

(EMPLOYER'S INSURANCE CARRIER OR STATE IF SELF-INSURED OR PERMISSIBLY UNINSURED)

(ADDRESS OF INSURANCE CARRIER, IF ANY)

IT IS CLAIMED THAT:

1. The injured employee, born 5/9/17 (DATE OF BIRTH), while employed as a Pipe coverer-insulator (OCCUPATION AT TIME OF INJURY) Since 11/1/43 to on 1/7/74 (DATE OF INJURY) at various places (CITY), California (STATE) by the employer sustained injury arising out of and in the course of employment to Lungs, cardio-vascular systems (STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: inhalation of asbestos, dust & other noxious elements (EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)

3. Actual earnings at time of injury were: maximum (GIVE WEEKLY OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)

4. The injury caused disability as follows: January 8, 1974 to date (SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)

5. Compensation was paid ___ (YES) X (NO) $ (TOTAL PAID) $ (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Medical treatment was received X (YES) ___ (NO) 2/19/74 (DATE OF LAST TREATMENT) All treatment was furnished by the employer or insurance company ___ (YES) X (NO) other treatment was provided or paid for by Applicant (NAME PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)

Doctors not provided or paid for by employer or insurance company, who treated or examined for this injury are

KAISER - SOUTH SAN FRANCISCO

(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

RECEIVED FEB 25 1974 Division of Industrial Accidents

7. Unemployment Insurance or Unemployment Compensation Disability benefits have been received since date of injury X (YES) ___ (NO) (Applied for)

8. Other cases have been filed for industrial injuries by this employee as follows: '72 - San Francisco (SPECIFY CASE NUMBER AND CITY WHERE FILED)

9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X Permanent disability indemnity X Reimbursement for medical expense X Medical treatment X Compensation at proper rate ___ Other ___ Specify: Lifetime pension and applicant requests a hearing and award of the same, and for all other appropriate benefits provided by law.

Hearing requested at San Francisco (CITY), Dated at San Francisco (CITY), California, 2/22/74 (DATE)

JAMES E. MILLER, ESQ.
McCARTHY, JOHNSON & MILLER
(APPLICANT'S ATTORNEY)

E P Velasquez
(APPLICANT'S SIGNATURE)

605 Market Street - Suite 1300
San Francisco, Ca. 94105
(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

Please file signed original and six copies and print or type names and addresses

DIA WCAB FORM 1 (REV. 2-72) 362-0726

Batchelo 00004388

Notice of Hearing

BEFORE THE WORKMEN'S COMPENSATION APPEALS BOARD OF THE STATE OF CALIFORNIA

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

11-1-73 to 1-9-74 — Date of Injury

Case No. 74 SF 247-698

STATE OF CALIFORNIA
Department of Human Resources Development — Lien Claimant

P.O. BOX No. 3534
San Francisco CA 94119 — Address

vs.

Manuel P Velasquez — Employee

209 Hemlock Dr, South San Francisco CA 94080 — Address

553-07-4240 — SSA No.

• Plant Asbestos Company — Employer

1301 -64th St, Emeryville CA 94662 — Address

• State Compensation Insurance Fund — Insurance Carrier

55 Santa Clara Ave, Oakland CA 94610 — Address

•(see reverse side for additional employers and Insurance Carriers)

OPENING LIEN

1. The undersigned hereby notifies the Workmen's Compensation Appeals Board that payments of unemployment compensation disability benefits are being made at the weekly rate of $_____, commencing _____ and continuing. Payments will not exceed $_____ for daily indemnity and $_____ for additional hospital confinement benefits. Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments or on Board request, an amended "Notice and Request for Allowance of Lien" will be filed to cover the totals paid.

AMENDED LIEN

2. The undersigned hereby requests the Workmen's Compensation Appeals Board to determine and allow as a lien, the sum stated below as "Total", which represents the amount of unemployment compensation disability benefits paid to date. Further benefits will be paid if the employee is found eligible and the Board notified of any resumption of payments. Upon cessation of these continued payments or on Board request, a further amended lien will be filed.

Filed under Labor Code Section 4903(f):
Disability benefits at the weekly rate of $105.00 paid for the periods shown below:
1. 182 days at $15.00 per day. From 1-15-74 to 7-15-74 inclusive
2. _____ days at $_____ per day. From _____ to _____ inclusive
3. _____ days at $_____ per day. From _____ to _____ inclusive $ 2730.00

Filed under Labor Code Section 4903(b):
Additional benefits for hospital confinement at the daily rate of $_____
paid to _____
for the period _____ to _____ inclusive $ 0
Total $ 2730.00

3. The undersigned declares he has delivered or mailed a copy of this document on July 19, 1974 to each of the persons named above and listed below. *If other persons should be served with this document, please notify the Department of Human Resources Development at the above address.* Copies also served on the following representatives and attorneys of record:

Sedgwick, Detert, Moran & Arnold
111 Pine St, S F CA 94111

Mc Carthy, Johnson & Miller
605 Market St, Suite 1300
S F CA 94105

State of California
Department of Human Resources Development

[redacted] Lien Claimant

OSP

DE 2581 Rev. 10 (7-72)

Batchelo 00004389

Manufacturers

Fiberglass Engineering & Supply Co, 941 East 2nd St, Los Angeles Calif
Bechtel Corp, 50 Beale St, San Francisco CA 94119
Owens Corning Fiberglass Co, Fiberglas Tower, Toledo Ohio
Douglass Insulation Co, 1360 Yosemite Dr, San Francisco CA 94124
Trans World Insulation Co, Dallas, Texas

Insurance Carriers

Aetna Casualty & Surety Co, 600 Market St, San Francisco CA 94104
Industrial Indemnity Co, 255 California St, San Francisco CA 94111
Commercial Union Insurance Co, P O Box 7614, San Francisco CA 94120

Batchelo 00004390

July 3, 1974

NOTICE OF HEARING CALIF

Mr. Donald Massee
Industrial Indemnity Company
P. O. Box 5056
San Jose, CA 95150

Subject: Your Claim Number 27154
Employee: Ezmael Velasquez
Employer: Bechtel Corporation etal
D/A: Not applicable

Dear Mr. Massee:

We are in receipt of your correspondence of June 26, 1974 and have obtained the following information from our Tax Department .

Mr. Velasquez was employed at Rodeo, California for Bechtel on Job 7299. His dates of employment were: Date of hire 3/18/71 with a date of termination 4/30/71 due to a lay off. His total wages while working there amounted to $2,694.48, and he earned $8.07 per hour.

We hope this information will be of some assistance to you in this claim.

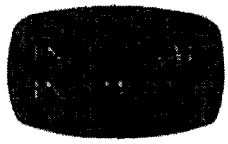
Very truly yours,

James C. Cronin
Claims Analyst

JCC:cz

Batchelo 00004391

INDUSTRIAL INDEMNITY COMPANY



June 26, 1974

San Jose Division
1999 South Bascom Avenue
Mailing Address: P.O. Box 5056
San Jose, California 95150
Telephone (408) 371-7710

Bechtel Corporation
50 Beale Street
San Francisco, California

Re: Claim Number: 27154
Employer: Esmael Valesquez
Employer: Bechtel Corp.
Date of Injury: Not Applicable

Gentlemen:

Did you receive our letter of April 9, 1974? Have you been able to obtain the information we requested?

In furtherance of our investigation here we wished to advise you that Mr. Valesquez's social security number is 553-07-8240 and he worked for your Company in the year 1971, approximately January until June.

Our questions remain the same, what sort of exposure did he have to asbestos and what was the nature of his job. Are his supervisors and co-workers still available for testimony? May we hear from you shortly and thank you for your cooperation.

Sincerely,

Donald Massee
Claim Representative

DM:ht

Batchelo 00004392

Called Ellen
in the group
9/24/74

called Ellen to testify for positive evidence

w/c: Cliff 1974 - 71 cont'd

Called Ellen Tenison Called 4-24 4-4-74 1971 o.c.

INDUSTRIAL INDEMNITY COMPANY

April 9, 1974



San Jose Division
1999 South Bascom Avenue
Mailing Address: P.O. Box 5066
San Jose, California 95150
Telephone (408) 371-7710

Bechtel Corporation
50 Beale Street
San Francisco, California

Attention: Workmen's Compensation Insurance

Re: Claim Number: 27154
Employee: Esmael Velasquez
Employer: Bechtel Corporation & various
Date of Injury: Not applicable

Gentlemen:

I received an Application for Adjudication of this man's claim, alleging difficulty with his cardio-vascular system and lungs as a result of inhallation of asbestos and other forms of noxious elements.

We would like to know when this man worked for you and under what circumstances. Would you please check his employment record to find out the dates he was employed, how much he earned and what sort of material he was exposed to while working for you. If he was exposed to asbestos dust and related synthetic materials would you please give us a brief description of his job duties at this time, and how long he was exposed to the materials.

Any and all information you can give us will be greatly appreciated, and thank you once again for your help and assistance.

Sincerely,

Donald Masses
Claim Representative

DM:ht

EMPLOYED 97/

JOB NO. 7299 Rudeo Log out $8.02 per
Dates Employed. 3/18/71 — 4/30/72
How much earned. ——
1971 $2,694.46

FILE NOTICE OF HEARING CAL/F

BEFORE THE WORKMEN'S COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

11-1-43 to 1-7-74 — Date of Injury

Case No. 74 SF 247-658

STATE OF CALIFORNIA
Department of Human Resources Development — Lien Claimant

P.O. BOX No. 3534
San Francisco CA 94119 — Address

Esmael P Velasquez — Employee

209 Norwich Dr, South San Francisco 94080 — Address

553-07-8240 — SSA No.

Plant Asbestos Co	1300 - 64th St Emeryville CA 94662	
Fiberglas Engineering & Supply Co	941 East 2nd St, Los Angeles Calif	
State Compensation Insurance Fund	55 Santa Clara Ave, Oakland CA 94610	Employer Address
Aetna Casualty & Surety Co	600 Market St, S F CA 94104	
Industrial Indemnity Co	255 California St, S F Calif	Insurance Carrier Address
Commercial Union Assurance Co	P O Box 7614, S F S F CA 94120	

OPENING LIEN

1. The undersigned hereby notifies the Workmen's Compensation Appeals Board that payments of unemployment compensation disability benefits are being made at the weekly rate of $ 105.00, commencing 1-15-74 and continuing. Payments will not exceed $ 2730.00 for daily indemnity and $ 240.00 for additional hospital confinement benefits. Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments or on Board request, an amended "Notice and Request for Allowance of Lien" will be filed to cover the totals paid.

AMENDED LIEN

2. The undersigned hereby requests the Workmen's Compensation Appeals Board to determine and allow as a lien, the sum stated below as "Total," which represents the amount of unemployment compensation disability benefits paid to date. Further benefits will be paid if the employee is found eligible and the Board notified of any resumption of payments. Upon cessation of these continued payments or on Board request, a further amended lien will be filed.

Filed under Labor Code Section 4903(f):
Disability benefits at the weekly rate of $____ paid for the periods shown below:
1. ____ days at $____ per day. From ____ to ____ inclusive
2. ____ days at $____ per day. From ____ to ____ inclusive
3. ____ days at $____ per day. From ____ to ____ inclusive $____

Filed under Labor Code Section 4903(b):
Additional benefits for hospital confinement at the daily rate of $____
paid to ____
for the period ____ to ____ inclusive $____
Total $____

3. The undersigned declares he has delivered or mailed a copy of this document on March 7, 1974 to each of the persons named above and listed below. ***If other persons should be served with this document, please notify the Department of Human Resources Development at the above address.*** Copies also served on the following representatives and attorneys of record:

Additional Employers:
Bechtel Corp, 50 Beale St, S F CA 94119
Owens Corning Fiberglas Co, Fiberglas Tower
Toledo Ohio
Douglass Insulation Co, 1360 Yosemite Dr, SF 94124
Trans World Insulation Co, Dallas, Texas

State of California
Department of Human Resources Development

A. SELLINGER, SENIOR CLAIMS EXAMINER — Lien Claimant

cc osp

DE 2581 REV. 10 (7-72)

Batchelo 00004396

LIST OF EMPLOYERS AND CARRIERS

(Last Five Years)

YEAR	EMPLOYER	CARRIER
1968 - 1971	Fiberglas Engineering & Supply Co. 941 East 2nd Street Los Angeles, CA.	Aetna Casualty and Surety Co. 600 Market Street San Francisco, CA. 94104
1971	Bechtel Corp. 50 Beale Street San Francisco, CA. 94119	Industrial Indemnity Co. 255 California Street San Francisco, CA.
	Owens Corning Fiberglas Co. Fiberglas Tower Toledo, Ohio	Aetna Casualty and Surety Co.
	Plant Asbestos Company 1300 - 64th Street Emerville, CA. 94608	Commercial Union Assurance Co. P O Box 7614 San Francisco, Ca. 94120
1972	Douglass Insulation Co. 1360 Yosemite Drive San Francisco, CA. 94124	Unknown
1973 - 1974	Plant Asbestos Company	Commerical Union Assurance Co.
1973	Trans World Insulation Co. Dallas, Texas	Unknown

RECEIVED
FEB 25 1974
Division of
Industrial Accidents
San Francisco Office

Bechtel Corp
50 Beale St
San Francisco, CA 94119

DE-5083 REV. 2 (5-64) ADDRESS INSERT

STATE OF CALIFORNIA—HUMAN RELATIONS AGENCY RONALD REAGAN, Governor

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
SACRAMENTO 95814

September 6, 1974
REFER TO:

P. O. BOX NO. 3534
SAN FRANCISCO, CA 94119

8240

Commercial Ins. Co. of Newark,New Jersey
100 Pine St.
San Francisco, CA 94111

RAMAEL P VELASQUEZ vs PLANT ASBESTOS COMPANY ET AL and STATE COMPENSATION INSURANCE FUND ET AL, WCAB CASE # 74 SF 247-698, SSA# 553-07-8240.

We have received an Order from the Workmen's Compensation Appeals Board joining you as a party in this case. The enclosed copy of our lien will acquaint you with our interest.

ARTHUR SELLINGER, SENIOR CLAIMS EXAMINER

AS:llh
Enc.

cc: (letter only)
Workmen's Compensation Appeals Board, P O Box 603, San Francisco CA 94101
Mc Carthy, Johnson & Miller, 605 Market St,Suite 1300, San Francisco CA 94105
Sedgwick, Detert, Moran & Arnold, 111 Pine St, San Francisco CA 94111
State Compensation Ins Fund, 55 Santa Clara Ave, Oakland CA 94610
Aetna Casualty & Surety Co, 600 Market St, San Francisco CA 94104
Industrial Indemnity Co, 255 California St, San Francisco CA 94111
Commercial Union Assurance Co, P O Box 7614, San Francisco CA 94120
Plant Asbestos C ompany, 1900 -64th St, Emeryville CA 94662
Fiberglass Engineering & Supply Co, 941 East 2nd St, Los Angeles, Calif
Rockfel Corp, 50 Beale St, San Francisco CA 94119
Owens Corning Fiberglass Co, Fiberglass Tower, Toledo, Ohio
Douglass Insulation Co, 1360 Yosemite Dr, San Francisco CA 94124
Trans World Insulation Co, Dallas, Texas
Ramael P Velasquez, 209 Norwich Dr, South San Francisco CA 94080

Batchelo 00004399

Colleen MNTCH TO Notice of Hearing, California

J. KENNETH LYNCH
HALLEY, CORNELL & LYNCH
2160 Crocker Plaza
San Francisco, CA. 94104
982-2460

JAMES E. MILLER
McCARTHY, JOHNSON & MILLER
Suite 1300, 605 Market Street
San Francisco, CA. 94104
362-0726

Attorneys for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

ESMAEL P. VELASQUEZ, Plaintiffs, vs. FIBREBOARD PAPER PRODUCTS CORPORATION, a corporation, et al., Defendants.	NO. 681-172 NOTICE THAT ACTION HAS BEEN COMMENCED AGAINST THIRD PERSON

TO: Bechtel Corporation and Industrial Indemnity Co.:

YOU ARE HEREBY NOTIFIED that on October 11, 1974, ESMAEL P. VELASQUEZ commenced an action against FIBREBOARD PAPER PRODUCTS CORPORATION, a corporation, PITTSBURGH CORNING CORPORATION, a corporation, PHILIP CAREY CORPORATION, a corporation, ARMSTRONG CORK CORPORATION, a corporation, JOHNS-MANVILLE PRODUCTS CORPORATION, a corporation, RUBEROID CORPORATION, a division of G.A.F. CORPORATION, OWENS-CORNING FIBERGLAS CORPORATION, a

Batchelo 00004400

corporation, STANDARD ASBESTOS MANUFACTURING AND INSULATING COMPANY, a corporation, UNARCO INDUSTRIES, INC., a corporation, EAGLE-PICHER INDUSTRIES, INC., a corporation, COMBUSTION ENGINEERING, INC., a corporation, DOE ONE, a corporation, DOE TWO, a corporation, DOE THREE, a corporation, DOE FOUR, a corporation, DOE FIVE, a corporation, BLACK & WHITE COMPANY, a copartnership, DOE SIX and DOE SEVEN, partners associated in business under the common name and style of BLACK & WHITE COMPANY, DOE EIGHT, DOE NINE, DOE TEN, DOE ELEVEN, DOE TWELVE, DOE THIRTEEN, DOE FOURTEEN, DOE FIFTEEN, DOE SIXTEEN, DOE SEVENTEEN, DOE EIGHTEEN, DOE NINETEEN, and DOE TWENTY, in the Superior Court of the State of California, City and County of San Francisco, the same being Case No. 681-172, to recover monetary damages for personal injuries based upon negligence in the manufacture and production of a defective product, and strict liability in tort.

Dated: December 10, 1974.

HALLEY, CORNELL & LYNCH

By J. Kenneth Lynch
J. Kenneth Lynch

Batchelo 00004401