

DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF WORKMEN'S COMPENSATION

C. P. No. 13
MAR 28 1973

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

MICHAEL P. BARTA,

Petitioner,

vs.

NATIONAL GYPSUM CO.,

Respondent.

Self-insured

(Name of Insurance Company)

HERBERT KORANSKY, ESQ.

(Attorney for Petitioner)

39 Mechanic St., Somerville, NJ 088

(Address)

PLAINTIFF'S
EXHIBIT
NG108L

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 Michael P. Barta Soc. Security No. 144-14-2138
2. Residence Address: (a) Street Address 299 Lake Road
(b) County Somerset (c) City or Town Basking Ridge
(THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)
3. Sex M 4. Age 48 5. Marital Status Married 6. Occupation Truck Driver
(at time of accident)
7. Name of employer National Gypsum Co.
(a) Address Division Avenue, Millington, N.J. 07946
(b) Business Manufacturer of building materials
8. Did employer have notice or knowledge of injury? March 1973 and
On what date? 28 years prior
9. Place of accidental injury Millington, N.J. Date March 1973 & 28 years
prior thereto.
10. Describe the accident exposure to harmful dust, fumes, and
asbestos at work over the last 28 years.
11. Date petitioner stopped work -- Date returned to work --
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 chest, heart, lungs,
asbestosis, emphysema.
13. Wages or earnings \$200/wk. Compensation paid: Rate 91/40
Temporary disability -- Permanent disability --
14. Was medical aid required? Yes Was employer requested to furnish same? Yes
Was it furnished? Yes If so, between what dates? --
If not, what sum was expended? --

15. Give names and addresses of physicians and hospital

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.

Michael P. Barta
(Petitioner)

STATE OF NEW JERSEY,

COUNTY OF Somerset,

ss.

MICHAEL P. BARTA 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.

Michael P. Barta
(Petitioner)

Subscribed and sworn to before me this 22nd day
of March 19 73 at Somerville, N. J.

Herbert Moransky, An Attorney at Law
of N. J.

(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 M, 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

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF WORKMEN'S COMPENSATION

Form No. 20c
(Revised 12-1-54)
DIVISION OF WORKMEN'S COMPENSATION
TREASURY

CAR No. 171 P765

EMPLOYEE'S CLAIM PETITION FOR COMPENSATION

MICHAEL P. BARTA, Petitioner,
vs.
NATIONAL GYPSUM CO., Respondent.
Self-insured
(Name of Insurance Company)
HERBERT KORANSKY, ESQ.
(Attorney for Petitioner)
39 Mechanic Street, Somerville, N.J.
(Address)

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(THIS CLAIM PETITION CANNOT BE PROCESSED WITHOUT THIS INFORMATION)
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(at time of accident)
- Name of employer NATIONAL GYPSUM Co.
(a) Address Division Avenue, Millington, New Jersey 07946
(b) Business Manufacturer of Building Materials
- Did employer have notice or knowledge of injury? From beginning of On what date? employment 1943 to
19
- Place of accidental injury _____ Date _____
- Describe the accident Exposure to harmful dust, fumes, and asbestos at
work over the last 28 years.
- Date petitioner stopped work ----- Date returned to work -----
- 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 chest, heart, lungs,
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Michael P. Barta
MICHAEL P. BARTA (Petitioner)

STATE OF NEW JERSEY,

COUNTY OF SOMERSET ss.

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Michael P. Barta
MICHAEL P. BARTA (Petitioner)

Subscribed and sworn to before me this 7 - 11th day
of March, 1974, at 39 Mechanic Street, Somerville, N.J.

HERBERT KORANSKY, ESQ.
An attorney at Law of N.J.

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

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