

FILE NAME: Johns-Manville (JMA)

DATE: 1961

DOC#: JMA218

DOCUMENT DESCRIPTION: Asbestos Bag Packing Machine - Purchase Specification



Johns-Manville

Ken-Caryl Ranch
Denver, Colorado 80217
(303) 978-2000

May 19, 1982

Garrick Cole, Esq.
Hill & Barlow
225 Franklin
Boston, MA 02110

RE: Commercial Union vs. Johns-Manville

Dear Garrick:

I have enclosed a copy of the "complete" file relating to the workers' compensation claim of Dean Templeton, filed in Michigan. I do not see any document which appears to be privileged, thus, you may turn over the complete set to the Commercial Union attorneys.

Very truly yours,


Kenneth G. Gulley
Senior Attorney

KGG:ns

cc: Paul W. Sugarman, Esq.

Enclosure

[REDACTED]

RECEIVED

an attorney fee of \$32.00, including expenses of \$2.00
to answer.

SECRET

RECEIVED



MAILED
MAY 6 1967
BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

PLAINTEXT

Dean Tappan

Clarence R. Wooten, Esq.

David H. Roberts, Esq. of
Council

DEFENDANTS

John Marshall Sales Corp.
Travelers Insurance Co.
Sunfield, Swift & Smith, Esqs.
Westburn Fibreglass Corp.
John Casella & Safety Co.
Alexander, Buchanan & Conklin, Esqs.
Green Insulating Co. - Mich. Mutual Ins.
Wheeler & Wainwright, Esqs.
J. H. Anderson, Inc. - State Accident Ins.
Richard H. Rogers, Esq.
Hans & William Co.
General Accident Assur. Corp.
Judy, Jones, Esqs.
United Cast Company
Bryant & Son Construction Co.
Employers Mutual Ins. Co.
Hill's Corp. Co.
General Accident Ins. Co.
Windsor Corp.
West Insurance Co.

WORKMEN'S COMPENSATION DEPARTMENT

DECISION

See Employees on attached sheet

Employee-Injured (s)
Employee had an average weekly wage of \$ _____ in 1961 () Season () labor, and had the following dependents:

It is hereby recommended to the Board of Workmen's Compensation that the employee be compensated at the rate of \$ _____ per week for _____ weeks from _____ to _____ inclusive, and for partial disability at the rate of \$ _____ per week, and further, that said employee is still totally - partially disabled and Defendant(s) shall pay compensation at the rate of \$ _____ until further order of the Department; and that said Defendant(s) shall reimburse said employee with interest thereon at the rate of 6% per annum from the date each weekly payment was due until paid.

IT IS THEREFORE ORDERED that the employee be removed from said defendant(s) compensation at the rate of \$ _____ per week for the specific period _____ weeks from _____ to _____ inclusive, and that said Defendant(s) shall reimburse said employee with interest thereon at the rate of 6% per annum from the date each weekly payment was due until paid.

IT IS THEREFORE ORDERED that said Defendant(s) shall pay compensation to said Applicant(s) at the rate of \$ _____ per week in total - partial dependents of _____ (Employee) until further order of the Department but not to exceed 450 weeks from the date of death of said employee; and further, that said Defendant(s) shall pay \$ _____ as follows:
_____ with interest thereon at the rate of 6% per annum from the date each weekly payment was due until paid.

Plaintiff's Application to Revoke Dismissed
Due Lack of Prosecution.
MAILED
OCT 4 1961
WORKMEN'S COMPENSATION DEPT.
LANSING, MICH.

Robert E. McFarland
Director

NOTICE: A CLAIMANT MUST REVIEW HIS RECORD BY RETURN MAIL WITHIN TEN DAYS FROM THE DATE STAMPED "RECEIVED" OR "FILED" DATE. THIS DECISION SHALL BE MADE AS THE FINAL DECISION OF THE WORKMEN'S COMPENSATION DEPARTMENT. IF THE EMPLOYEE IS NOT SATISFIED WITH THE DECISION, HE MAY APPEAL TO THE BOARD OF WORKMEN'S COMPENSATION. IF THE EMPLOYEE IS NOT SATISFIED WITH THE DECISION OF THE BOARD, HE MAY APPEAL TO THE COURT OF CLAIMS AND DAMAGES. IF THE EMPLOYEE IS NOT SATISFIED WITH THE DECISION OF THE COURT, HE MAY APPEAL TO THE SUPREME COURT. IF THE EMPLOYEE IS NOT SATISFIED WITH THE DECISION OF THE SUPREME COURT, HE MAY APPEAL TO THE U.S. SUPREME COURT.

WORKMEN'S COMPENSATION DEPARTMENT

JUN 12 1961

WORKMEN'S COMPENSATION DEPT.
LANSING, MICH.

1. T. H. HANCOCK, JR., - HANCOCK INS. CO.
 2. JAMES CHURCHILL, - CHURCHILL & SUTHER CO.
 3. JAMES FINE, - FINE & SUTHER CO.
 4. JAMES GALE, - GALE & SUTHER CO.
 5. JOHN HENNINGSON, - HENNINGSON, HENRIK LIA, CO.
 6. JOHN & WILLIAM CO., - JOHN & WILLIAM CO.
 7. JOHN & WILLIAM CO., - JOHN & WILLIAM CO.
 8. JOHN & WILLIAM CO., - JOHN & WILLIAM CO.
 9. JOHN & WILLIAM CO., - JOHN & WILLIAM CO.
 10. JOHN & WILLIAM CO., - JOHN & WILLIAM CO.

THE ABOVE ORDER IS ENTERED IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 10, PUBLIC ACTS, FIRST EXTRA SESSION OF 1912, AS AMENDED. IF A REQUEST BY ANY OF THE PARTIES FOR REVIEW BY THE DIRECTOR, OR NOTICE OF REVIEW BY THE DIRECTOR ON HIS OWN MOTION, IS NOT FILED WITHIN 15 DAYS FROM THE MAILING DATE OF THIS ORDER, IT SHALL STAND AS THE FINAL DECISION OF THE WORKMEN'S COMPENSATION DEPARTMENT.

STATE OF MICHIGAN
WORKMEN'S COMPENSATION DEPARTMENT
LANSING, MICHIGAN

NOTICE OF HEARING

PLAINTIFF

Don Tompkins,
2225 Michigan,
Taylor, Mich.

James R. Gorman, Atty.,
238 Van Duse Rd.,
Dearborn, Mich.

STATE OF MICHIGAN,
County of Ingham

John-Macville Sales Corp.,
532 Fisher Bldg.,
Detroit, Mich.

Brothers Inc. Co.,
930 Main Bldg.,
Detroit, Mich.

Lacey & Jones, Atty.,
1204 Main Bldg.,
Detroit, Mich.

Quinn-Crawling Fiberglass
Corp.,
1530 E. 8 Mile Rd.,
Oak Park, Mich.

John E. & Son Co.,
2000 Guardian Bldg.,
Detroit, Mich.

DEFENDANTS

John Maculation Co.,
16000 Hubbard,
Detroit, Mich.

Michigan Mutual Lmb.
20 N. Adams,
Detroit, Mich.

Harmon J. LeVasseur
Atty.,
222 Penobscot Bldg.,
Detroit, Mich.

Date of Injury **Jan. 27, 1946**

To the above named parties and each of them:

PLEASE TAKE NOTICE that a hearing on this case will be held before a Representative of the Workmen's Compensation Department on the matter indicated below:

- (☒) application for hearing and adjustment of claim
- () agreement to redeem liability
- () application for a lump sum advance
- () petition for additional medical benefits
- () order or petition for additional testimony
- () petition for determination of rights
- ()

at the 18th FLOOR, CADILLAC SQUARE BUILDING, in the city of DETROIT, county of WAYNE, State of Michigan, on the 28th DAY OF December, 19 46 commencing at 9:00 o'clock in the forenoon, LOCAL time.

YOU ARE DIRECTED to be present at the time and place above mentioned and to be prepared to proceed with the hearing with such witnesses and proofs as are necessary.

If approval of attorney fees is required, the attorney must file a statement of the proposed fee on or before the date of the hearing.

WORKMEN'S COMPENSATION DEPARTMENT

Dated at Lansing, Michigan, this 28th day of Nov. 1946

Workmen's Compensation Department

NOTICE OF HEARING DATE

DEAN TREFLETON

Plaintiff

CLARENCE H. CONSTAN
DAVID M. ROBERTS

Attorney

✓ JOHN-TRANSVILLE BRICK CORP.
OWENS-CORNING FIBERGLASS CORP.
BROWN INSULATING CO.
R. H. ANDERSON INC.
GLAZZ & KILLIAN CO.

Defendant

TRAVELERS INS. CO.
AETNA CASUALTY & SURETY CO.
MICHIGAN MUTUAL LIABILITY CO.
STATE ACCIDENT FUND Insurance Company
GENERAL ACCIDENT ASSURANCE CORP.

MARSHFIELD, DEWITT & SULLIVAN
ALEXANDER, COCHRAN & CO. LLP
LEVA-CORP., Plaintiff Attorney & Counsel
RICHARD ROBERTS, ATTY.

The above captioned matter will be heard on March 20, 1961
or as soon thereafter as possible at 1800 Cadillac Square Building, in the
city of Detroit, Michigan, commencing at 9:00 o'clock in the forenoon, LOCAL
time.

You are directed to be present at the time and place above mentioned
and to be prepared to proceed with the hearing with such witnesses and proofs
as are necessary.

WORKMEN'S COMPENSATION DEPARTMENT

David G. Gump
Director

Dated March 6, 1961

Workmen's Compensation Department

AMENDED NOTICE OF HEARING DATE

DEAN TEMPLETON

Plaintiff

CLARENCE R. CONSTAN
DAVID M. ROBERTS

Attorney

JOHN-MANSVILLE SALES CORP.
OWENS-CORNING FIBERGLAS CORP.
BROWN INSULATING CO.
R. H. ANDERSON INC.
GLANZ & KILLIAN CO.

Defendant

TRAVELERS INSURANCE CO.
AETNA CASUALTY & SURETY CO.
MICHIGAN MUTUAL LIABILITY CO.
STATE Insurance Company
GENERAL ACCIDENT ASSURANCE CORP.

MANSFIELD, DEWITT & SULZBACH
ALEXANDER, BUCHANAN & CORNELL
LEVASSEUR, WERNER Attorney & MITSEFF
RICHARD ROGERS, ATTY.

The above captioned matter will be heard on April 12, 1961
or as soon thereafter as possible at 1800 Cadillac Square Building, in the
city of Detroit, Michigan, commencing at 9:00 o'clock in the forenoon, LOCAL
time. This matter has been reset because the medical examinations
will not be completed until March 27, 1961.

You are directed to be present at the time and place above mentioned
and to be prepared to proceed with the hearing with such witnesses and proofs
as are necessary.

WORKMEN'S COMPENSATION DEPARTMENT

David H. Young
Director

Dated March 9, 1961

C
O
P
Y

February 22, 1961

Workmen's Compensation Department
Lansing 13, Michigan

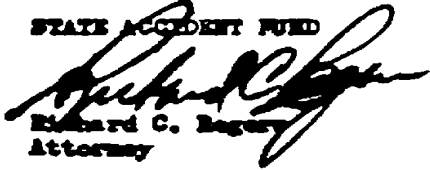
RE: Dean Templeton vs R. E. Anderson, Inc.

Gentlemen:

Enclosed herewith please find Motion to Dismiss in the above
entitled cause.

Very truly yours,

STATE ACCIDENT FUND


Richard C. Bagery
Attorney

RCR:bjo

Encl.

cc: John-Manville Sales Corp. ✓
Travelers Ins. Co.
Hazenfield, Edgett, Sulzbach & Jenkins, Attys.
Owens-Corning Fibreglas Corp.
Aetna Casualty & Surety Co.
Alexander, Buchanan & Conklin, Attys.
Brown Reclamation Co.
Michigan Mutual Liability Co.
LeVasseur & Warner, Attys.
R. E. Anderson, Inc.
Glenn & Hillman Co.
General Accident Assurance Corp.
Mr. David M. Roberts, Atty.
Mr. E. F. Briggs

STATE OF MICHIGAN
WORKMEN'S COMPENSATION DEPARTMENT

DEAN TRIPLETON,
Plaintiff

vs

R. M. ANDERSON, INC. and
STATE ACCIDENT FUND,
Defendants.

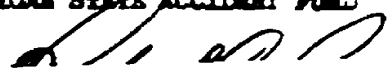
MOTION TO DISMISS

Now comes the Michigan State Accident Fund and moves to dismiss as against itself the Application filed by the last employer and its insurance carrier and Attorneys in connection with an Application for Apportionment under Section 9, Part VII of the Workmen's Compensation Act for the reason that the above named plaintiff, Dean Tripleton, was employed by the R. M. Anderson, Inc. on April 17, 1958 and April 18, 1958 -- a period of two days -- on which dates the State Accident Fund was not the duly recorded Workmen's Compensation carrier for R. M. Anderson, Inc.

Further, in support of this Motion to Dismiss, the Michigan State Accident Fund avers that their policy became effective on July 15, 1958.

WHEREFORE, the State Accident Fund respectfully requests an Order from the Department dismissing them as a Defendant under the Apportionment Application.

R. M. ANDERSON, INC. and
MICHIGAN STATE ACCIDENT FUND



PRAECIPE FOR HEARING
Workmen's Compensation Department
State of Michigan

Dean Templeton, 5885 McQuire, Taylor, Mich.

Plaintiff

Johns-Manville Sales Corp., et al (See attached list)

Defendant

Date of Injury, June 17, 1960

To:

Director
Workmen's Compensation Department
1800 Cadillac Square Building
Detroit 26, Michigan

Please place the above entitled cause for hearing on the () First Hearing Docket or (X) Regular Trial Docket.

I, counsel for Plaintiff in the above cause, hereby certify that a copy of this praecipe has been served upon all opposite parties.

I, counsel for the Plaintiff have discussed this cause with counsel for Defendant and we have discussed all possibilities of amicable agreement and I am prepared for trial on the issues.

I, counsel for the Plaintiff certify that () no medical examination needed in this cause or () Defendant has complied with Section 19 of Part II and has furnished medical reports to the plaintiff.

/s/ David M. Roberts
David M. Roberts
Attorney for Plaintiff

23460 Church Rd., Oak Park 37, Mich.

Address

See attached list.

Attorney for Defendant

Address

Detroit 26, Michigan

February 17, 1961

This praecipe must be filed with the Workmen's Compensation Department, Detroit, Michigan

TO: WORKMEN'S COMPENSATION DEPARTMENT
DETROIT 26, MICHIGAN

STATE OF MICHIGAN

COUNTY OF WAYNE

} ss.

PROOF OF SERVICE

Mary Flehmek, being first duly sworn, deposes and says that on the 17th day of February, A.D. 1961, she caused to be served on (See attached list) attorney(s) for the above named defendant, a copy of this PRAECIPE FOR HEARING by placing same in an envelope addressed to (See attached list) All companies and attorneys.

and depositing the same with postage duly prepaid in the United States mail clerk in the David Starr Building
David Starr Building

Subscribed and sworn to before me
this 17th day of Feb. A.D., 1961

Notary Public, Wayne County, Michigan

My commission expires:

DEFENDANTS

Johns-Manville Sales Corp.
832 Fisher Bldg.
Detroit, Mich.

Travelers Ins. Co.
930 Pine Bldg.
Detroit 26, Mich.

Mansfield, DeWitt,
Sulsbach & Jenkins
Attorneys at Law
1912 Guardian Bldg.
Detroit 26, Mich.

Owens-Corning Fibreglas Corp.
15300 W. 8 Mile Rd.
Oak Park, Mich.

Aetna Casualty & Surety Co.
1000 Guardian Bldg.
Detroit 26, Mich.

Alexander, Buchanan & Conklin
Attorneys at Law
2217 First National Bldg.
Detroit 26, Michigan

Brown Insulation Co.
16200 Hubbell
Detroit, Mich.

Michigan Mutual Liability Co.
28 W. Adams
Detroit 26, Mich.

LeVasseur and Werner
Attorneys at Law
515 Ford Bldg.
Detroit 26, Mich.

R. H. Andersen, Inc.
20483 Woodingham
Detroit, Mich.

Michigan State Accident Fund
1602 Cadillac Tower
Detroit 26, Michigan

Glans & Millian Co.
1761 W. Forest
Detroit, Michigan

General Accident Assurance Corp.
15440 W. McNichols
Detroit, Michigan

STATE OF MICHIGAN
WORKMEN'S COMPENSATION DEPARTMENT
LANSING 13, MICHIGAN



August 3, 1960

- Travelers Insurance Co.
930 Dime Bldg.
Detroit, Michigan.
- Metna Casualty & Surety Co.
1000 Guardian Bldg.
Detroit, Michigan.
- Michigan Mutual Liability Co.
28 W. Adams
Detroit, Michigan.

George R. Constan, Atty.
1400 Van Born Rd.
Farmington, Michigan.

Johns-Manville Sales, Corp.
122 Fisher Bldg.
Detroit, Michigan.

DuPont-Corning Fibreglas Corp.
15300 W. 8 Mile Rd.
Oak Park, Michigan.

Brown Insulation Co.
16200 Hubbell
Detroit, Michigan.

RE: DEAN TEMPLETON VS: JOHNS-MANVILLE SALES CORP., ET AL.
Gentlemen:

An Application for Hearing and Adjustment of Claim has been filed and the case will be set for hearing at the earliest possible date. You will be duly notified of the exact time and place of hearing.

It will be necessary for you and your witnesses, if any, to be present at this hearing. If medical testimony is important you should have your doctor present. A mere statement or affidavit from him cannot be accepted as evidence.

If any medical or funeral expenses have been incurred an itemized statement of such expenses should be presented at the time of the hearing.

If for any reason you will not be able to proceed when the case is set for hearing, kindly advise the Department immediately. We are forwarding a copy of the Application for Hearing and Adjustment of Claim to the opposite party.

Very truly yours,

Ernest J. Wiles
Secretary of the Department

STATE OF MICHIGAN
WORKMEN'S COMPENSATION DEPARTMENT
APPLICATION FOR HEARING AND ADJUSTMENT OF CLAIM

THIS FORM TO BE USED FOR	
1. All compensation claims	☐
2. Petitions for adjustment of claims	☐
3. Petitions for benefits	☐
4. Claims for death benefits	☐

EMPLOYEE Dean Templeton 5885 McGuire Taylor Township
Street Address City
Johns-Manville Sales Corp., 832 Fisher Bldg., Detroit, Mich.
 EMPLOYERS Corning Fibreglas Corp., 15300 W. 8 Mile Rd., Oak Park, Mich.
Brown Insulation Company, 16200 Hubbell, Detroit, Mich.
Street Address City
 INSURANCE CARRIER State of Michigan Third Party Ind
(Do not fill in unless known)

The applicant respectfully shows:

1. That this claim relates to a personal injury which occurred on or about _____;

OR to a disablement from occupational disease which occurred on or about 6/17/60

2. That the injury or disablement occurred at Detroit Wayne Michigan
City County State and in the following

manner: Employee exposed to unusual amounts of dust, asbestos and other
(Give details)

irritants.

6/17/60

(Last day worked)

(Daily Wage at time of injury or disablement)

(Weekly earnings)

MAILED

AUG 3 1960

WORKMEN'S COMPENSATION DEPT.
LANSING, MICH.

3. Nature of disability Injury to lungs and chest, pneumoconiosis, asbestosis, bronchitis
(Describe part of body injured. If occupational disease, state specific disease)
ronchiectasis,
pneumothorax, related conditions and the sequelae thereof; traumatic
neurosis.
 Date of recovery Not recovered. Date of return to work Not returned.
 4. If death resulted, give date of death _____ Relationship of applicant to deceased _____
 5. Names of persons dependent upon injured employee on date of injury Wife, Charlene; Son, Mark.

6. If adjustment of attorney or medical fees or funeral expense is sought, please state which and amount _____

Wherefore applicant requests that he be granted such relief as he is entitled to under the Workmen's Compensation Law of Michigan and that the Department set this matter for hearing so that the parties hereto may have a determination of their rights under the Workmen's Compensation Law.

Dated at Detroit this 8th day of July 19 60
 Clarence R. Constan
 Attorney for Plaintiff
 23800 Van Born Road
 Dearborn, Michigan
 CR 8-1110

Signed Dean Templeton
(Applicant must sign here)

Address 5885 McGuire, Taylor, Mich.

NOTE:—Either party to a dispute regarding compensation matters may apply to the Department for an adjustment of its claim. Three copies of this application must be mailed to the Workmen's Compensation Department, Lansing 13, Michigan. The applicant should keep one copy.

RECEIVED

JUL 19 1960

WORKMEN'S COMPENSATION DEPT.
LANSING, MICHIGAN