

**UNDER PENNSYLVANIA
WORKERS' COMPENSATION ACT**

1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2801

EMPLOYEE

CHARLES LAKE

CLAIMANT IF OTHER THAN EMPLOYEE

SOCIAL SECURITY NUMBER

□ □ □ - □ □ - □ □ □ □

STREET ADDRESS

RR 1 BOX 202A

CITY/TOWN

EARLTON NY 12058

STATE

ZIP CODE

DATE

2-28

19

95

VS.

DEFENDANT EMPLOYER

M P C TRUCKING INC

STREET ADDRESS

PO BOX 700, 1110 ROUTE 113

CITY/TOWN

KIMBERTON PA 19442

STATE

ZIP CODE

INSURANCE CARRIER AND/OR ADJUSTING COMPANY

STATE WORKMEN'S INSURANCE FUND

STREET ADDRESS

100 LACKAWANNA AVENUE

CITY/TOWN

SCRANTON, PA 18503

STATE

ZIP CODE

TO YOUR HONORABLE JUDGE:

Answers must be identified by numerical order in direct response to corresponding numbered allegations on claim petition.

In answer to the captioned claim, the Defendant respectfully pleads as follows:

1. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
2. NO ANSWER REQUIRED.
3. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
4. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
5. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
6. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
7. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
8. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
9. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
10. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
11. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
12. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
13. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
14. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.
15. DENIED AS NOT HAVING KNOWLEDGE. STRICT PROOF DEMANDED.

(OVER)

(OVER)

As a matter of further defense, the Defendant states the following:

STATE WORKMEN'S INSURANCE FUND RESERVES THE RIGHT TO ASSERT
ADDITIONAL DEFENSES PENDING INVESTIGATION.

THE STATE WORKMEN'S INSURANCE FUND WAS NOT THE INSURANCE CARRIER FOR
M P C TRUCKING INC., PO BOX 700, 1110 ROUTE 113, KIMBERTON PA 19442
AT THE TIME OF THE ALLEGED INJURY OF 4-6-92 AS STATED ON THE CLAIM
PETITION.

WHEREFORE, the Defendant requests that the claim petition be dismissed or in the alternative disallowed.

NAME (typed)

MARY T FOX, ASSISTANT COUNSEL

SIGNATURE

Mary T. Fox

Mary T. Fox, Assistant Counsel

Please enter my appearance for the Defendant:

ATTORNEY NAME

ATTORNEY SIGNATURE

ADDRESS

TELEPHONE NUMBER

NOTICE: This answer should be filed in a typed or printed original and three copies directly with the office of the Judge to whom the matter is assigned. Answers must be filed within 15 days. Every fact alleged in the claim petition not specifically denied by this answer shall be deemed to be admitted.

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