

TPA for AMERICAN ZURICH INS.
P O Box 13933
Reading, PA 19612-3933

10/02/2006

Lilia V. Odhner
212 West Bristol Rd. B
Warminster, PA 18974

Employer: Pnc Bank Corp
Employee: Lilia V. Odhner
Date of Loss: 09/28/2006
File Number: 145-CB-CDL2280-K
State Case Num:

Dear Lilia Odhner

Your employer has notified us about your injury. I will be responsible for managing your claim for Workers' Compensation benefits.

The number shown above has been assigned to your claim. Please keep this number handy so that you can refer to it when you need to contact me.

Thank you for your cooperation.

Sincerely,

Carrie L Kemp, CI Rep
(610)371-3790 Fax: (800)896-9547
1-800-832-0606 Ext.
CLKEMP@stpaultravelers.com
Workers' Compensation Unit

Constitution State Services

TPA for AMERICAN ZURICH INS.
P O Box 13933
Reading, PA 19612-3933

10/09/2006

Lilia V. Odhner
212 West Bristol Rd. B
Warminster, PA 18974

Employer: Pnc Bank Corp
Employee: Lilia V. Odhner
Date of Loss: 09/28/2006
File Number: 145-CB-CDL2280-K
State Case Num:

Dear Lilia Odhner

Enclosed is the Employee's Injury Report form. Please complete and return it to me.

If you have any questions, please call me.

Sincerely,

Carrie L Kemp, CI Rep
(610)371-3790 Fax: (800)896-9547
(800)832-0606 Ext.
CLKEMP@stpaultravelers.com
Workers' Compensation Unit

TPA for AMERICAN ZURICH INS.
P O Box 13933
Reading, PA 19612-3933

10/09/2006



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Employer: Pnc Bank Corp
Employee: Lilia V. Odhner
Date of Loss: 09/28/2006
File Number: 145-CB-CDL2280-K
State Case Num:

Dear Lilia Odhner

Sincerely,

Carrie L. Kemp, CI Rep
(610)371-3790 Fax: (800)896-9547
(800)832-0606 Ext.
CLKEMP@stpaultravelers.com
Workers' Compensation Unit

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF LABOR AND INDUSTRY
 BUREAU OF WORKERS' COMPENSATION
 1171 S. CAMERON STREET, ROOM 103
 HARRISBURG, PA 17104-2501
 (TOLL-FREE) 800 482-2383

NOTICE OF WORKERS' COMPENSATION DENIAL

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY

09/28/2006

DATE OF NOTICE

10/16/2006

MONTH DAY YEAR

PA BWC CLAIM NUMBER (IF KNOWN)

MONTH DAY YEAR

EMPLOYEE				EMPLOYER			
First Name	Lilia			Name	Pnc Bank Corp		
Last Name	Odhner			Address	398 N Main St		
Address	212 West Bristol Rd. B			Address			
City/Town	Warminster	State	PA	City/Town	Doylstown	State	PA
County	Bucks	Zip	18974	County	Bucks	Zip	18901-3462
Telephone	(215)820-9465			Telephone	FEIN		
INSURER or THIRD PARTY ADMINISTRATOR (if self insured)							
Name	American Zurich Ins.			Address	P O Box 13933		
Address				Address			
City/Town	Reading	State	PA	City/Town	Reading	State	PA
County	Berks	Zip	19612-3933	County	Berks	Zip	19612-3933
Telephone	(610)371-3711			Telephone	(610)371-3711		
Bureau Code	2123			Bureau Code	2123		
Claim #	145-CB-CDL2280-K			FEIN	363141762		

NOTICE: A copy of this Notice of employer/insurer intent to deny the claimant's rights to workers' compensation benefits must be sent to the employee or dependent not later than 21 days of employer's notice or knowledge of employee's disability or death. The original to be filed with the Bureau. Failure to comply may result in imposition of penalties.

The employer/insurer declines to pay workers' compensation benefits to claimant because:

- 1. The employee did not suffer a work-related injury. The definition of injury also includes aggravation of a pre-existing condition or disease contracted as a result of employment.
- 2. The injury was not within the scope of employment.
- 3. The employee was not employed by the defendant.
- 4. Although the injury took place, the employee is not disabled as a result of this injury within the meaning of the Workers' Compensation Act.
- 5. The employee did not give notice of his/her injury or disease to the employer within 120 days within the meaning of Sections 311-313 of the Workers' Compensation Act.
- 6. Other good cause. Please explain fully in the space below. Failure to obtain medical confirmation of the injury will not be considered good cause to deny benefits if caused by dilatory conduct of insurance carrier or employer.

If it is alleged that physician's reports were requested and not received, please give the date(s) they were requested. Attach a copy of request(s) for release(s). List dates:

Name of Claims Representative

Carrie L Kemp

Carrie L Kemp
 Signature of Claims Representative

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.



496 1197-1

Phone Number (610)371-3790

SEE OTHER SIDE FOR EMPLOYEE'S RIGHT TO FILE PETITION CONTESTING DENIAL
 LIBC-496 REV 11-97 C24524 5/02

Law Offices
STEINER, SEGAL, MULLER & DONAN

SUITE 1C-44
2401 PENNSYLVANIA AVENUE
PHILADELPHIA, PENNSYLVANIA 19130
215-769-8505
FAX: 215-763-9520
Email: steinerlaw@cs.com

BRIAN R. STEINER
ERIC SEGAL
JAMES J. MULLER
PATRICK M. DONAN

*ADMITTED IN PA & NJ



BERKS COUNTY OFFICE
535 COURT STREET
1st FLOOR
READING, PA 19601

LANCASTER COUNTY OFFICE
1025 N. DUKE STREET
LANCASTER, PA 17002

October 20, 2006

Bureau of Workers' Compensation
1171 S. Cameron Street, Room 103
Harrisburg, PA 17104

Re: Lilia Odhner v. PNC Back Corp.
Claim:

Dear Sir or Madam:

Enclosed for filing please find Claimant's Claim Petition.

Thank you.

Very truly yours,

PATRICK M. DONAN, ESQUIRE

PMD:cm
Enclosures
Cert:

Lilia Odhner

American Zurich

PNC Bank Corp.

CLAIM PETITION
FOR
WORKERS' COMPENSATION

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY

09 28 2006

MONTH DAY YEAR

PA BWC CLAIM NUMBER (IF KNOWN)

EMPLOYEE

First Name LILIA
Last Name ODHNER
If Deceased - Dependent or Guardian
First Name
Last Name
Address 212 WEST BRISTOL PIKE
Address B
City/Town WARMINSTER State PA Zip 18974
County BUCKS
Telephone 215 820-9465

EMPLOYER

Name PNC BANK CORP.
Address 398 N. MAIN STREET
Address
City/Town DOYLESTOWN State PA Zip 18901
County
Telephone FEIN

VS INSURER or THIRD PARTY ADMINISTRATOR (if self insured)

Name AMERICAN ZURICH
Address P.O. BOX 13933
Address
City/Town READING State PA Zip 19612
Telephone Bureau Code
County
Claim # FEIN

1. Complete description of injury or illness including all parts of body affected. (If you are seeking additional compensation from the Subsequent Injury Fund for total disability as a result of a previous permanent loss, or loss of use of one hand, one arm, one foot, one leg or one eye, and a subsequent injury causing loss, or loss of use of, another hand, arm, foot, leg, or eye, you must also submit form LIBC-375.)
HEAD INJURY, TREMOR, DIFFICULTY SPEAKING, HEADACHES, PAIN IN BASE OF NECK.

2. If occupational disease, give the last date of employment N/A and/or
last date of exposure

3. Give date of injury or onset of disease 09 28 2006

4. How did the injury or disease happen? WHILE AT WORK, I FELL FROM A HIGH CHAIR

5. Did injury or disease occur on employer's premises? Yes No Where? (Be specific.)

6. Notice of your injury or disease was served on your employer on 09 28 2006 in the following manner: THE EMT WERE CALLED AND I WAS TAKEN TO DOYLESTOWN HOSPITAL.

7. What was your job title at the time of injury or disease? BANK TELLER



362 1197-1

8. Were you working for more than one employer at the time of your injury? Yes No If Yes, list additional employers:

9. Did this problem cause you to stop working? Yes No If Yes, give date. MONTH DAY YEAR 09 29 2006

10. Are you back to work with the same employer? Yes No If Yes, Regular Job Other Job / Give title.

11. Are you working with another employer? Yes No If Yes, give name and address of new employer:

12. What were your wages at the time of injury? \$ 550.00 Hour Day or Week

13. If you have returned to work since your injury or illness, are you earning More Same Less than you were at the time of injury? Current earnings \$ Hour Day or Week

14. I am seeking payment for (check all that apply):

Loss of wages.

Partial disability from MONTH DAY YEAR to MONTH DAY YEAR

Full disability from 09 29 2006 to ON GO ING

Medical bills (give name of doctor/hospital, address, type of treatment and bill in space below).

Counsel fees to be paid by the employer.

Loss or loss of use of arm, hand, finger, leg, foot or toe.

Disfigurement (scars) of head, face, or neck.

Loss of sight.

Loss of hearing.

15. Other Doylestown Hosp. Neurocare Dianostic. Dr. Cohen, Dr. Meller, Abington Hosp. Nerological Assoc., AMH Neurosurgical, Northern Ophthalmic Assoc.

16. Is there other pending litigation in this case? Yes No If Yes, explain below:

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

Date of Petition

Attorney Name PATRICK M. DONAN, ESQUIRE

10 20 2006
MONTH DAY YEAR

PA Attorney ID Number 53354

A copy of this petition has been sent to the employer.

Firm Name STEINER SEGAL MULLER & DONAN

Address 2401 PENNSYLVANIA AVENUE

Address SUITE 1C44

City/Town PHILADELPHIA State PA Zip Code 19130

Telephone 215 769-8505

Signature
Employee Attorney

NOTICE: This Petition must be filled out as fully as possible. The original must be sent to the Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, PA 17104-2501. A copy must be sent by you to the employer. Information on the completion of this form may be obtained by calling the Bureau of Workers' Compensation Helpline at 800-492-1333.



362 1197-2

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may be subject to criminal and civil penalties through Pennsylvania Act 165.

U

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION**

LILIA ODHNER
212 West Bristol Pike
Warminster, PA 18974

ANSWER

v.

PNC Bank Corp.
398 N. Main Street
Philadelphia, PA 19139

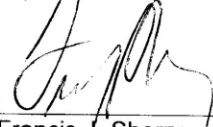
American Zurich
c/o Constitution State Services
P.O. Box 13933
Reading, PA 19612

I hereby certify that on 10/30/06, I served a true and correct copy of Answer to Claim Petition upon the person below and in the manner noted:

Service by United States First Class Mail

Patrick M. Donan, Esquire
Suite 1C-44
2401 Pennsylvania Avenue
Philadelphia, PA 19130

FOLEY & SHERRY, LLC
117-119 N. Olive Street
Media, PA 19063

BY: 
Francis J. Sherry
Attorney for Defendant

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION
100 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
TOLL FREE) 800-482-2383
TTY 800-362-4228

**DEFENDANT'S ANSWER
TO CLAIM PETITION
UNDER
PENNSYLVANIA WORKERS'
COMPENSATION ACT**

Social Security Number: _____
Date of Injury 09 / 28 / 2006
MM DD YYYY
PA BWC Claim Number: _____
(IF KNOWN)

Employee

First Name	Last Name	
LILIA	ODHNER	
Street 1		
212 WEST BRISTOL PIKE		
Street 2		
City/Town	State	Zip Code
WARMINSTER	PA	18974
County	Telephone	
BUCKS	(215) 820 - 9465	

Employer

Name		
PNC BANK CORP.		
Street 1		
398 N. MAIN STREET		
Street 2		
City/Town	State	Zip Code
DOYLESTOWN	PA	18901
County	Telephone	FEIN
	()	

VS. Insurer or Third Party Administrator (if self-insured)

Name		
AMERICAN ZURICH		
Street 1		
P.O. BOX 13933		
Street 2		
City/Town	State	Zip Code
READING	PA	19612
Telephone	Bureau Code	
()		
County	Claim Number	FEIN

TO YOUR HONORABLE JUDGE:

In answer to the captioned claim, the Defendant respectfully pleads as follows: (Answers must be identified by numerical order in direct response to corresponding numbered allegations on claim petition.)

1. Specifically denied. Proof of same demanded.
2. Claimant has referenced as to occupational disease, "N/A". To the extent "N/A" means not applicable, then employer takes from this that claimant is not making an allegation as far as occupational disease. If "N/A" means anything other than "not applicable", then employer specifically denies said allegation and demands strict proof thereof during the course of this matter.
3. Specifically denied. Proof of same demanded.
4. Specifically denied. Proof of same demanded.

Continued on a Separate Page

NOTICE: This answer should be clearly completed (preferably typed) and original mailed directly to the office of the Judge to whom the case is assigned. Answers must be filed within 20 days. Every fact alleged in the claim petition not specifically denied by this answer shall be deemed to be admitted.

(OVER)

LILIA ODHNER

Claimant,

, V.

PNC BANK CORP.

Defendant.

S.S. No. 09/28/2006

Date of Injury: 09/28/2006

**DEFENDANT'S ANSWER
TO CLAIM PETITION
UNDER
PENNSYLVANIA WORKERS'
COMPENSATION ACT - Cont.**

Page 1

Defendant's Plea

5. Specifically denied. Proof of same demanded.
6. Specifically denied. Proof of same demanded.
7. Denied as stated. Claimant's title at PNC on 9/28/06 was that of "Customer Service Associate II SL/SRV".
8. Denied. Proof of same denied.
9. Specifically denied. Proof of same demanded.
10. Specifically denied. Proof of same demanded.
11. Specifically denied. Proof of same demanded.
12. Specifically denied. Proof of same demanded.
13. Specifically denied. Proof of same demanded.
14. Specifically denied. Proof of same demanded.
15. Specifically denied. Proof of same demanded.
16. Specifically Denied. Proof of same demanded.

Defendant's Further Defense

7. THE DEFENDANT RESERVES THE RIGHT TO RAISE OTHER DEFENSES THROUGH THE COURSE OF LITIGATION.

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

IN ORDER TO PRESERVE ITS DEFENSES, DEFENDANT EMPLOYER ASSERTS THE FOLLOWING:

1. CLAIMANT'S CLAIM IS BARRED UNDER THE STATUTE OF LIMITATIONS AS PROVIDED UNDER THE WORKERS' COMPENSATION ACT.
2. CLAIMANT'S CLAIM IS BARRED UNDER THE NOTICE PROVISIONS OF THE WORKERS' COMPENSATION ACT.
3. THIS COURT LACKS JURISDICTION OVER THE CLAIM.
4. THE MEDICAL CONDITION FROM WHICH THE CLAIMANT ALLEGEDLY SUFFERES WAS NOT CAUSALLY RELATED TO HIS WORK ACTIVITY.
5. CLAIMANT'S CLAIM IS BARRED UNDER THE DOCTRINES OF RES JUDICATA AND/OR COLLATERAL ESTOPPEL.
6. CLAIMANT WAS NOT IN THE COURSE OF EMPLOYMENT AT THE TIME OF THE ALLEGED INJURIES.

Continued on a Separate Page

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

Defendant

First Name	PNC Bank Corp.		Last Name	
Signature				
Date:	10 / 30 / 2006			
	MM DD YYYY			

Attorney

Signature				
Date:	10 / 30 / 2006			
	MM DD YYYY			

PLEASE ENTER MY APPEARANCE FOR DEFENDANT: Attorney

First Name	FRANCIS J.		Last Name	SHERRY	
Firm Name	FOLEY & SHERRY, LLC				
Street 1	117-119 N. OLIVE STREET				
Street 2					
City/Town	MEDIA	State	PA	Zip Code	19063
Telephone	(610) 627 - - 212		PA Attorney ID Number	35967	

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165 of 1994.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

FOLEY & SHERRY, LLC

WILLIAM L. FOLEY, JR.
(610) 627-2119
wlfoley@netzero.net

117-119 N. OLIVE STREET
MEDIA, PA 19063
FAX (610) 627-2118

FRANCIS J. SHERRY
610-627-2129
fsherry@covad.net
FAX (610) 627-2148

May 21, 2007

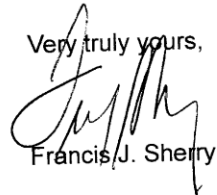
Patrick M. Donan, Esquire
Steiner, Segel, Muller & Donan
Suite 1C-44
2401 Pennsylvania Avenue
Philadelphia, PA 19130

**Re: Odhner v. PNC
Our File No.: 3900-22**

Dear Mr. Donan:

Enclosed please find stills of the video taken on the internal bank cameras at the Doylestown Branch on September 28, 2006 that show the emergency medical team arriving around 5:17 p.m.

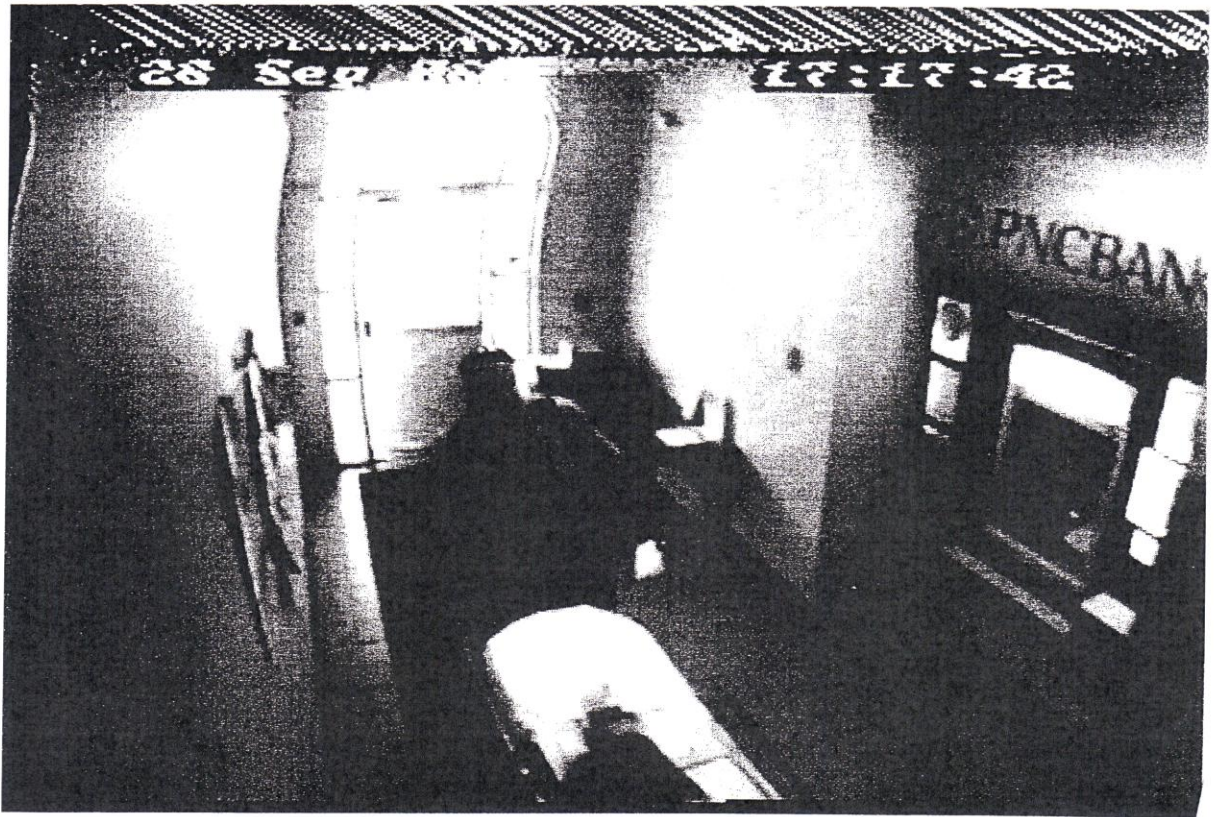
Very truly yours,

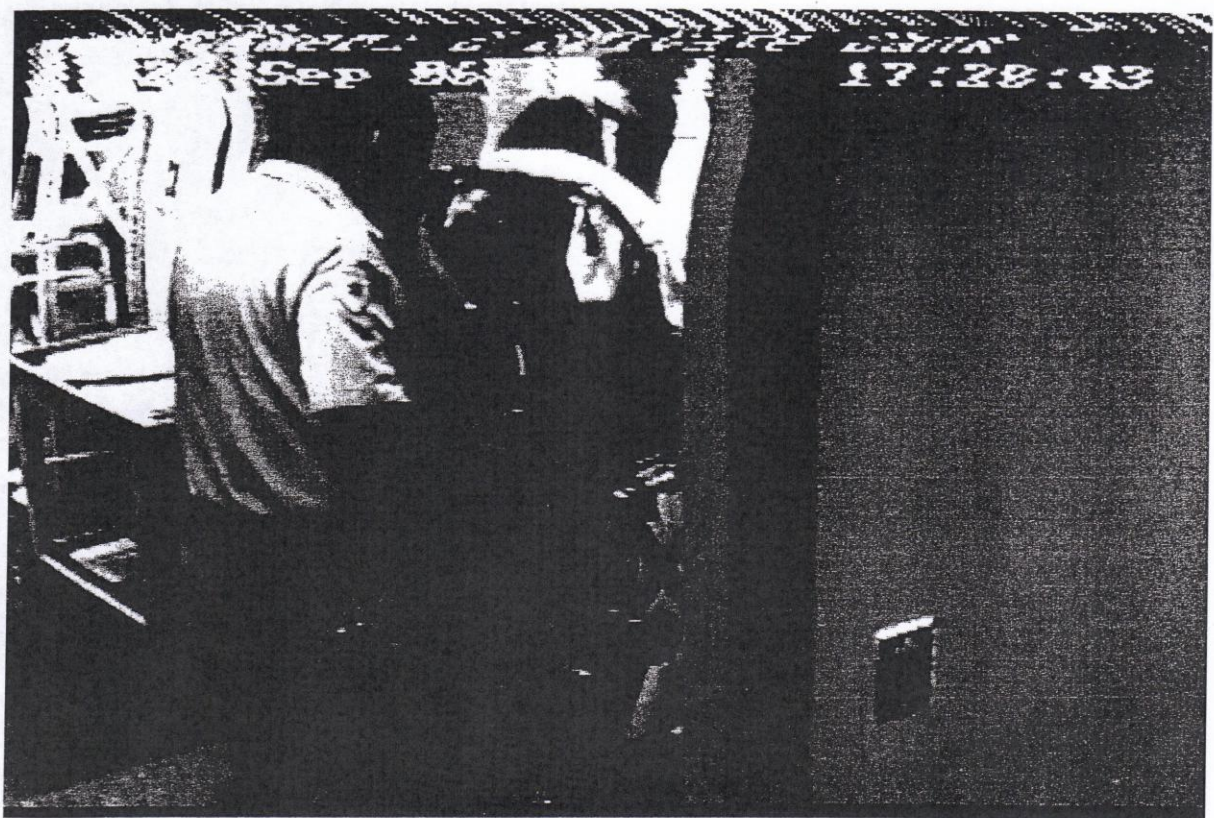


Francis J. Sherry

FJS/mes
Enclosure

Cc: Carrie Kemp
Andrew Kush
Elaine Crable







Law Offices
STEINER, SEGAL, MULLER & DONAN

SUITE 1C-44
2401 PENNSYLVANIA AVENUE
PHILADELPHIA, PENNSYLVANIA 19130
215-769-8505
FAX: 215-763-9520
Email: steinerlaw@cs.com

BRIAN R. STEINER
ERIC SEGAL*
JAMES J. MULLER
PATRICK M. DONAN

*ADMITTED IN PA & NJ

BERKS COUNTY OFFICE
535 COURT STREET
1st FLOOR
READING, PA 19601

LANCASTER COUNTY OFFICE
1025 N. DUKE STREET
LANCASTER, PA 17002

November 28, 2007

Robert Guiles, Secretary
Workers' Compensation Appeal Board
901 N. 7th Street, 3rd Floor South
Harrisburg, PA 17102

Re: Lilia Odhner v. PNC Bank Corp.
Bureau CI: 3045650
SS#:

Dear Secretary Guiles:

Enclosed for filing please find an original and four copies of Claimant's Appeal in the above.

Thank you.

Very truly yours,

PATRICK M. DONAN, ESQUIRE

PMD:cm
Enclosures
Cert: Lilia Odhner
Frank Sherry, Esquire
American Zurich Ins. Co.
Judge Michael Rosen



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKERS' COMPENSATION OFFICE OF ADJUDICATION
215-781-3274

Circulation Date: 11/26/2007

PATRICK M DONAN ESQ
STEINER SEGAL MULLER & DONAN
2401 PENNSYLVANIA AVE STE 1C-44
PHILADELPHIA PA 19130

DECISION RENDERED COVER LETTER

Bureau Claim Number: 3045650

Injury Date: 09/28/2006

Insurer Claim Number: 145CBCDL2280K

Petitions:

Claim-Pet

LILIA ODHNER
212 WEST BRISTOL PIKE B
WARMINSTER, PA 18974

PATRICK M DONAN ESQ
STEINER SEGAL MULLER & DONAN
2401 PENNSYLVANIA AVE STE 1C-44
PHILADELPHIA, PA 19130

Judge: Michael J Rosen
Box 802
1242 New Rodgers Road
Bristol, PA 19007

Vs

PNC BANK CORP
398 N MAIN ST
DOYLESTOWN, PA 18901

FRANCIS J. SHERRY, ESQ.
FOLEY & SHERRY LLC
117-119 N OLIVE ST
MEDIA, PA 19063

AMERICAN ZURICH INSURANCE COMPANY
PHILADELPHIA CLAIMS
PO BOX 13761
PHILADELPHIA, PA 19104

AMERICAN ZURICH INS
CARRIE KEMP
PO BOX 13933
READING, PA 19612-3933

The attached Decision of the Judge is final unless an appeal is taken to the Workers' Compensation Appeal Board as provided by law.

If you do not agree with this Decision, an appeal must be filed with the Workers' Compensation Appeal Board within 20 days from but not including the date of this notice.

Forms for an appeal may be obtained from the Workers' Compensation Appeal Board, Capital Associates Building
901 North Seventh Street
Third Floor South
Harrisburg, PA 17102

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
WORKERS' COMPENSATION APPEAL BOARD
CAPITOL ASSOCIATES BUILDING
151 NORTH SEVENTH STREET, 3RD FLOOR SOUTH
HARRISBURG, PA 17102-1412
717-783-7838

APPEAL FROM JUDGE'S
FINDINGS OF FACT
AND
CONCLUSIONS OF LAW

LILIA ODHNER

CLAIMANT

P.O. BOX 2394

ADDRESS

WARMINSTER PA 18974

CITY STATE ZIP CODE

VS.

PNC BANK

DEFENDANT

398 N. MAIN STREET

ADDRESS

DOYLESTOWN PA 18901

CITY STATE ZIP CODE

Date: 11-28-07

Petition Type: CLAIM

Circulation Date: 11-26-07

Social Security Number: _____

Bureau Claim Number: 3045650

Date of Injury: 9-28-06

AMERICAN ZURICH INS.

INSURANCE CARRIER

P.O. BOX 13933

ADDRESS

READING PA 19612

CITY STATE ZIP CODE

TO THE WORKERS' COMPENSATION APPEAL BOARD, HARRISBURG, PENNSYLVANIA:

I hereby appeal from the decision of Judge MICHAEL ROSEN and allege the following findings of fact are in error and are not supported by substantial evidence, or contain other errors as specifically set forth below. **A copy of the Judge's decision is attached.** #9, #13, #14, #15, #16, #17, #18. The judge's findings are inconsistent and unsupported by the record. The findings are not well reasoned. Defendant's medical evidence does not support a denial of the claim and the judge erred in failing to draw a negative inference from the Bank not presenting the requested bank surveillance tape. The findings on the other surveillance is not supported.

I hereby appeal from the decision of Judge MICHAEL ROSEN and specify the following errors of law committed by the said Judge, and the reasons why the decision does not conform to the provisions of the Workers' Compensation Act or the Occupational Disease Act. **A copy of the Judge's decision is attached** COL #2. The judge's decision denyng the claim entirely is not supported by the record and is not wellreasoned. The judge erred in failing to draw a negative inference from the bank's failure to present the tape of the fall.

Please enter my appearance for appellant:

PATRICK M. DONAN, ESQUIRE

NAME

2401 PENNSYLVANIA AVENUE, STE. 1C44

ADDRESS

PHILADELPHIA PA 19130

CITY STATE ZIP CODE

LILIA ODHNER

NAME OF PARTY TAKING APPEAL
(CLAIMANT OR DEFENDANT)

Appeal Instructions

APPEAL SHOULD BE FILED IN AN ORIGINAL AND TWO (2) COPIES
COPY OF JUDGE'S DECISION WITH THE DECISION RENDERED COVER LETTER MUST BE ATTACHED TO ORIGINAL APPEAL ONLY.
PROOF OF SERVICE MUST BE COMPLETED.

U