

NOTICE OF CONTROVERSION OF RIGHT
TO COMPENSATION

This report is authorized by law and regulation (33 USC 914(d), (e); 20 CFR 702.233). Failure to report when controverting right to compensation can result in liability for 10 per cent additional compensation.

INSTRUCTIONS: This form may be used by the employer/carrier to controvert the right to compensation. 33 USC § 914(a) requires the employer to pay compensation promptly and without an award unless the right to such compensation is controverted by the filing of this form. Failure either to pay each installment of compensation, or controvert the right to such compensation, within fourteen days after it becomes due may result in liability for additional compensation equal to ten percent of each installment not paid when due. 33 USC § 914(d), (e). If the right to compensation is controverted, this form should be submitted in triplicate to the Deputy Commissioner, and the reasons for such controversion should be fully stated in item 12. All prior issues of Forms LS-207 are obsolete and should not be used.

1. OWCP File No.

2. Employer File No.

F83-144

3. Carrier File No.

4. Claimant's Name and Address

Stanley R. Siler
930 N.W. Front
Portland, OR 97209

~~5. Claim File or Injury Reported Under (check one)~~

LHWCA

NFIA

DCWCA

DBA

OCS

6. Employee's Name and Address -
If different from Claimant's

7. Employer's Name and Address

Dillingham Ship Repair
PO Box 4367
Portland, OR 97208

8. Carrier's Name and Address

(Employer self-insured)

9. Nature of Injury or Occupational Disease

Possible cerebro-vascular disease.

10. Date of Injury (Month, Day, Year)

7/7/83

11. Date of Employer's First Knowledge of Injury
(Month, Day, Year)

7/7/83

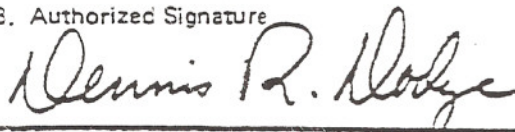
12. Right to compensation is controverted for the following reason(s)

~~Any claim for compensation or medical care is hereby denied because there is no medical evidence that medical condition arose out of or in the course of employment with Dillingham Ship Repair.~~

EX. 18

PAGE

13. Authorized Signature



14. Title

Dennis R. Dodge
Director, Risk Management

15. Date of this Notice
(Month, Day, Year)

7/12/83

16. (OWCP USE) A copy of the form was mailed to the claimant and/or representative

on _____ Initials _____