

U.S. DEPARTMENT OF LABOR  
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL  
DISEASE  
(Under the Federal Employee's Compensation  
Act)

The immediate superior should complete the reverse side of this form.

1. Name of Injured Employee (Last, first, middle) 2. Date of this Notice (mo, day, yr)

BELLA, Thomas V.

22 NOV 1968

3. Place of Employment (Name & Location)

USNS GEN JOHN POPE, (T-AP 110)

4. Date of Injury (mo, day, yr)

November 22, 1968

5. Occupation

Oiler

6. Hour of Injury (a.m. or p.m.)

1350

7. Place or Location Where Injury Occurred

Forward Engine Room

8. Cause of Injury (Describe how and why injury occurred)

While removing top cover of Vacuum cleaner to remove bag ~~and~~ dirt collector bag I did not notice the lead was pulled off and bare wire exist and shorted and produce flash cuasing a very slight burn on my left palm.

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)

Left palm, very slight burned.

10. Names of Witnesses to Injury

None

11. If this Notice was not given within 48 hours after injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

I certify that the injury described above was sustained in the performance of my duties as an employee of the U.S. Government and that it was not caused by my willful misconduct, intention to bring about the injury or death of myself, or another, nor by my intoxication. I hereby make claim for compensation and medical treatment to which I may be entitled by reason of this injury.

12. Signature

13. Home Address of Injured Employee

**STATEMENTS OF THE IMMEDIATE SUPERIOR AND WITNESSES TO THE INJURY**

The immediate superior should submit a statement and secure statements of witnesses where possible. The statements should tell just what each personally knows about the injury, and how and when such knowledge was obtained.

14. Date CA-1 Received by Agency (mo, day, yr.) 15. CA-1 Received by whom

16. Statement of immediate superior

17. Signature of immediate superior

18. Date (mo, day, yr.)

19. Statement of Witness

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)