

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

None.

Signed this day of , 19.

(Signature of witness)

None

Signed this day of , 19.

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that James W. Fisher, Civ.Mar.Personnel was given first-aid treatment, or examined, on 20 May 1968, at 0200 m., and was not disabled for work. Probable length of disability will be In my opinion disability due to injury on , 19.

Nature of injury as found on examination Contusion of right foot.

Hospitalized Will return for further treatment

Discharged Other disposition

Remarks

Signed this 21st day of May, 1968.

at USNS GEN JOHN POPE, T AP 110

D. WEISSBOD, Lt (MC) USNR

Lt (MC) USNR

(Title)