

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department <u>NAVY</u>	2. Bureau or office <u>MSTSPAC</u>
	3. Place of employment <u>Naval Supply Center</u>	<u>Oakland</u> <u>California</u> <u>94625</u>
	4. Reporting office <u>USNS GENERAL JOHN POPE, (T-AP 110)</u>	
	5. Name of superintendent or foreman in charge when injury occurred	
The injured employee	6. Name of injured employee <u>Robert N. Wheatley</u>	7. Age <u>40</u>
	8. Sex <u>M</u>	9. Citizenship <u>USA</u>
	10. Home address	
	11. Occupation and division <u>Third Assistant Engineer</u>	12. Was employee doing his regular work? <u>No</u> If not, what work? <u>On liberty</u>
	13. Total length of service with the Government as a civilian? <u>1 1/2 years</u>	
	14. How long at present work in this establishment? <u>Assigned on board 1 April 1968.</u>	
	15. Dates of other injuries <u>Unknown</u>	
	16. Rate of pay on date of injury, <u>\$9397.00</u> per annum	{ and subsistence valued at \$ <u>421.00</u> per annum and quarters valued at \$ <u>183.60</u> per annum
	17. Employee begins work at <u>0000-0400</u> m.	18. Regular day's work ends <u>1200-1600</u> m.
	19. Hours worked per day <u>8</u>	20. Days paid per week <u>7</u>
The injury	21. Place where injury occurred <u>Ladderwell, 2-103-2-I</u>	
	22. Date of injury <u>22 May</u> , 19 <u>68</u> ; day of week <u>Wednesday</u> ; hour of day <u>1500</u> m.	
	23. Date employee stopped work <u>23 May</u> , 19 <u>68</u> ; day of week <u>Thursday</u> ; hour of day <u>0000-0400</u> m.	
	24. Date employee's pay stopped <u>No</u> , 19 <u>68</u> ; day of week <u> </u> ; hour of day <u> </u> m.	
	25. Has employee returned to work? <u>yes</u> , <u>5/23/68</u> <u>1200</u> (Give date and hour)	
	26. Will employee receive pay for any portion of above absence on account of:	
	(a) Annual leave <u>No</u>	
	(b) Sick leave <u>0000-0400</u> <u>5/23/68</u> (Give exact dates)	
	(c) Any other reason <u>None</u> (Give exact dates)	
	27. Describe in full how injury occurred	<u>Accident happened as not stated in paragraph 5 Navexos 108 (Rev.1-60)</u>
The injury	28. State part of body injured and nature and extent of injury	<u>Above right eye, one (1) inch laceration.</u>
	29. Did injury cause loss of any member or part of member? <u>No</u> If so, describe exactly	
	30. Was employee injured while in performance of duty? <u>No</u> If not, or in doubt, give detailed statement	<u>On liberty.</u>
	31. Was injury caused by:	
	(a) Willful misconduct of the employee? <u>No</u>	(b) Intention of employee to bring about injury or death of himself or another? <u>No</u>
	(c) Employee's intoxication? <u>No</u>	
	32. Was written notice of injury given within 48 hours? <u>yes</u> If not, did immediate superior have actual knowledge of injury?	
	33. Names and addresses of witnesses to injury	<u>C. M. STEELE, Quartermaster, USNS GEN JOHN POPE, T AP 110</u>
	34. Was injury caused by a third party other than a Government employee or agency? <u>No</u> If so, has employee been instructed in procedure under the Bureau's regulations?	
	Medical attendance	35. Name and address of physician who first attended case <u>J. DUNST, Lt(MC) usnr, USNS GEN POPE</u>
36. How soon after injury? <u>Immediately</u>		
37. To what hospital sent? <u>Ship's Hospital</u> Location <u>USNS GEN POPE, T AP 110</u>		
38. Name and address of physician now attending case <u>J. DUNST, Lt(MC) USNR, USNS GEN POPE T AP 110</u>		

Signed this 23rd day of MAY, 1968
at USNS GENERAL JOHN POPE, T AP 110

M. S. CHAMBERLAIN
Chief Engineer
(Signature of reporting officer)
(Title)