

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): 23 May 1968

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN JOHN POPE, T AP 110 (Engine Dept)										FLEET OR NAV. DIST. NO. MSTSPAC		Do not use	
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)				AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT					EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES	
Robert N. WHEATLEY, 32475, 3rd Asst. Engineer				40	18 Mos.	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER		
3. PROPERTY/EQUIPMENT DAMAGE						ESTIMATED DAMAGE COST							
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL			
N/A													
4. DATE AND TIME OF ACCIDENT						WEATHER			LIGHT				
HOUR	DAY	MONTH		YEAR	GOOD	ADVERSE	NOT APPLIC.		GOOD	POOR	NOT APPLIC.		
1500	Wed	22 May 68		68			X				X		
5. DESCRIPTION OF ACCIDENT: Describe the accident so that the Reviewing Official can get a clear picture of the accident and the reasons for it. Select and check closest applicable item in each section on back of form.													
<p>The accident happened during coffe break which would be between 1500 and 1530, 22 May, 1968 while made fast to dock at Cam Ranh Bay, Vietnam. Mr. Wheatley had been ashore on liberty and to my knowledge, was on duty at the time of the accident. However, M r. Pfeil, First Assistant Engineer informed me that an agreeable change of watches was made between M r. Harris, Watch second Assistant Engineer and Mr. Wheatley on proper form agreeable to First Assistant Engineer &amp; the two (2) watch engineers which is standard order of procedure in this department in order to provide "generous liberty". He further informed me that Mr. Wheatley had been looking for me so he could be relieved of his responsibility as Third Assistant Engineer to accept a position on another vessel in port. However, this was never communicated to me by M r. Wheatley.</p> <p>There are no actual witness to the accident. However, Quartermaster Steel's report is quite authentic and reliable which in turn accounts for the cause of the accident. Mr. Wheatley having a suitcase in each hand decending a wet downward ladder slipped and fell. From the position he was found it is also quite evident that he cut his head on the door sill. Wet steps were probably due to numerous troops walking thru troop mess which was being which was being cleaned to the weatherdeck above.</p>													
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES													
A. C.A.1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B. C.A.2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				C. OTHER (INDICATE):					
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?													

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:		TITLE, RANK, RATE OR GRADE		DATE
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL				
SIGNATURE OF REVIEWING OFFICIAL:		TITLE, RANK, RATE OR GRADE		DATE

SECTION 9 AGENCY INVOLVED	Check (x) and specify in space provided the object or substance most closely associated with the injury and which in general could have been properly guarded or corrected. One check (x) MUST be entered in this section.			Do not use
	<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)  <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)  <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)  <input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)  <input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)  <input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)	<input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight)  <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)  <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)  <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)  <input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)	<input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.)  <input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)  <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.)  <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)  <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)  <input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)	
WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED				
SECTION 10 UNSAFE MECHANICAL CONDITION	Check (x) and specify the PRINCIPAL unsafe condition which led to or was responsible for the accident. One check (x) MUST be entered in this section.			
	<input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)  <input checked="" type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	<input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)  <input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)  <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsafe or defective shoes, goggles, gloves, respirators, etc.)  <input type="checkbox"/> 24. NO UNSAFE CONDITION:  <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)	
SECTION 11 TYPE OF ACCIDENT	Check (x) type of accident. One check (x) MUST be entered in this section.			
	<input checked="" type="checkbox"/> 26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.)  <input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)  <input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.  <input type="checkbox"/> 29. FALL ON SAME LEVEL.	<input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.  <input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)  <input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)  <input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)	<input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.  <input type="checkbox"/> 35. ELECTRIC WELDING FLASH.  <input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)  <input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain)	
SECTION 12 UNSAFE ACT	Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.			
	<input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)  <input checked="" type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)  <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)  <input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.  <input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)  <input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)  <input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)  <input type="checkbox"/> 47. NO UNSAFE ACT.  <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)	
SECTION 13 UNSAFE PERSONAL FACTOR	Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.			
	<input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)  <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)  <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:	<input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):	
SECTION 14 TYPE OF INJURY	Check (x) type of injury, one check (x) MUST be entered in this section.			
	<input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)  <input type="checkbox"/> 55. SPRAINS  <input type="checkbox"/> 56. STRAINS (Muscular)  <input type="checkbox"/> 57. HERNIA  <input type="checkbox"/> 58. FRACTURES	<input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)  <input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)  <input type="checkbox"/> 61. BURNS AND SCALDS  <input type="checkbox"/> 62. FOREIGN BODY IMBEDDED  <input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	<input type="checkbox"/> 64. FLASHES  <input type="checkbox"/> 65. FUMES AND GASES  <input type="checkbox"/> 66. POISONS  <input type="checkbox"/> 67. SKIN DISEASE (Occupational)  <input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocutation, Heat Exhaustion, etc.)	
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).			
	<input type="checkbox"/> 69. HEAD FACE  <input type="checkbox"/> 70. BACK	<input type="checkbox"/> 71. EYES  <input type="checkbox"/> 72. TRUNK	<input checked="" type="checkbox"/> 73. ARMS  <input type="checkbox"/> 74. HANDS	
<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)  <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)				