

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)

WHEATLEY, ROBERT NEIL

3. Place of Employment (Name & Location)

USNS GEN JOHN POPE (T-RP-110)

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

5-22-68

5. Occupation

3RD ASST. ENGINEER

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

APPROX. 1600 (PM)

7. Place or Location Where Injury Occurred

LADDERWELL 2-103-2-L

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

Slipped & fell while descending ladder

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

LACERATED RIGHT EYE-LID - BRUISED RIGHT ARM - SHOULDER -  
& RIGHT THIGH & LEG

10. Names of Witnesses to Injury

O-N. Stein, Roommate -

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.

12. Signature

R. N. Wheatley

13. Home Address of Injured  
Employee

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 treat-  
ment to which I may be entitled by reason of  
this injury.

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.)