

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)
SILVA, Edward G 14045 May 11, 1968

3. Place of Employment (Name & Location) 4. Date of Injury (mo, day, yr)
USMS CHIN JACK PUMP, T-10 (Eng. Dept) May 10, 1968

5. Occupation 6. Hour of Injury (a.m. or p.m.)
Reefer Engineer (Day work) 2130

7. Place or Location Where Injury Occurred

Frigidaire Ice Flaker Machine, frame 3-103-1

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

At 2130, Friday, May 10, 1968, of my own volition and free will, I was checking the Frigidaire Ice Flaker Machine at frame 3-103-1 to make sure in operation and while palpating the anger freezer assembly with my left hand to find out if running hot, the worm shaft accidentally caught tip of my ring finger of my left hand.

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

Tip of ring finger left hand was cut.

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

Edward G. Silva
Edward G. Silva

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

Accident occurred as employee stated, but with differences as he related to me. He stated that "his attention was momentarily directed elsewhere due to roll of the ship and his finger slipped in to the worm."

17. Signature of immediate superior

W. C. Champlain
W. C. CHAMPLAIN, Chief Engineer

18. Date (mo, day, yr.)

May 13, 1968

19. Statement of Witness

None

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)