

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.]

	1. Department NAVY <small>(Army, Navy, etc.)</small>	2. Bureau or office ENGINEERING MSTSPAC <small>(Engineer, Navigation, etc.)</small>	
Place of employment	3. Place of employment Naval Supply Center Oakland California 94625 <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	(City)	(State)
	4. Reporting office USNS GEN JOHN POPE, (T-AP 110) <small>(Location of reporting office or division headquarters)</small>		
5. Name of superintendent or foreman in charge when injury occurred _____			
The injured employee	6. Name of injured employee Edward G. Sylva <small>(Full)</small>		7. Age 62
	8. Sex M		9. Citizenship USA
	10. Home address _____ <small>(Street and number)</small> <small>(City or town)</small> <small>(State)</small>		
	11. Occupation and division Reefing Engineer (DM) <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>		
	12. Was employee doing his regular work? No If not, what work? His own volition & free will checking ice machine.		
The injury	13. Total length of service with the Government as a civilian? 26 years		
	14. How long at present work in this establishment? 15 years		
	15. Dates of other injuries Unknown		
	16. Rate of pay on date of injury, \$ 7620.00 per annum { and subsistence valued at \$ 421.20 per annum and quarters valued at \$ 126.00 per annum		
	17. Employee begins work at 0800 m. 18. Regular day's work ends 1700 m. <small>(Hour, a. m. or p. m.)</small> <small>(Hour, a. m. or p. m.)</small>		
19. Hours worked per day 8 20. Days paid per week 7			
21. Place where injury occurred Frigidaire Ice Flaker Machine, frame 3-103-1 <small>(Give exact location, as name or number of building and division, etc.)</small>			
22. Date of injury 10 May , 19 68 ; day of week Friday ; hour of day 2130 m. <small>(a. m. or p. m.)</small>			
23. Date employee stopped work No , 19____; day of week____; hour of day____ m. <small>(a. m. or p. m.)</small>			
24. Date employee's pay stopped No , 19____; day of week____; hour of day____ m. <small>(a. m. or p. m.)</small>			
25. Has employee returned to work? Yes 0800, 5/13/68 <small>(Give date and hour)</small>			
26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave _____ <small>(Give exact dates)</small> (b) Sick leave _____ <small>(Give exact dates)</small> (c) Any other reason _____ <small>(Give exact dates)</small>			
27. Describe in full how injury occurred Accident occurred as employee stated, but with this difference as he related to me. He stated that "his attention was momentarily directed elsewhere due to roll of the ship and his finger slipped into the worm."			
28. State part of body injured and nature and extent of injury Tip of ring finger left hand was cut.			
29. Did injury cause loss of any member or part of member? Yes If so, describe exactly Loss of bony substances.			
30. Was employee injured while in performance of duty? No If not, or in doubt, give detailed statement Employee begins work at 0800 and ends at 1700 Monday thru Friday.			
31. Was injury caused by: (a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small>			
32. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury? <small>(Answer to question 3, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>			
33. Names and addresses of witnesses to injury None			
<small>(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)</small>			
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under the Bureau's regulations? <small>(A detailed statement should be forwarded with this report)</small>			
35. Name and address of physician who first attended case Ship's Medical Officer, D.M. Weisbond, Lt (MC)			
Medical attendance	36. How soon after injury? Immediately		
	37. To what hospital sent? Ship's Hospital Location USNS GENERAL JOHN POPE T AP 110		
38. Name and address of physician now attending case Fit for duty at 0800, 5/13/68.			
Signed this 13th day of MAY , 19 68 H. S. CHAMBERLAIN at USNS GENERAL JOHN POPE, (T-AP 110) Chief Engineer <small>(Signature of reporting officer)</small> <small>(Title)</small>			