

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 NAVY (Army, Navy, etc.)	2. Bureau or office Naval Supply Center (Army, Navy, etc.)	3. Bureau or office Naval Supply Center (Army, Navy, etc.)	4. Bureau or office USNS GEN JOHN POPE, (T-AP 110) (Army, Navy, etc.)	5. Bureau or office USNS GEN JOHN POPE, (T-AP 110) (Army, Navy, etc.)	6. Bureau or office USNS GEN JOHN POPE, (T-AP 110) (Army, Navy, etc.)	7. Bureau or office USNS GEN JOHN POPE, (T-AP 110) (Army, Navy, etc.)	8. Bureau or office USNS GEN JOHN POPE, (T-AP 110) (Army, Navy, etc.)	9. Bureau or office USNS GEN JOHN POPE, (T-AP 110) (Army, Navy, etc.)	
	10. Name of superintendent or foreman in charge when injury occurred	11. Name of injured employee Edward G. Sylva (Last, first, middle initial)	12. Age 62	13. Sex M	14. Citizenship USA	15. Home address 1234 1/2 Main Street, San Francisco, California 94625 (Street and number)	16. Occupation and division Boiler Engineer (DM) (Give both, as laborer, full division; helper, machine shop, etc.)	17. Total length of service with the Government as a civilian? 26 years	18. Was employee doing his regular work? No	19. If not, what work? His own volition & free will checking ice machine.
	20. How long at present work in this establishment? 15 years	21. Dates of other injuries Unknown	22. Employee begins work at 0800 (Hour, a. m. or p. m.)	23. Regular day's work ends 1700 (Hour, a. m. or p. m.)	24. Hours worked per day 8	25. Days paid per week 7	26. Place where injury occurred Frigidaire Ice Flaker Machine, frame 3-103-1 (Give exact location, as name or number of building and division, etc.)	27. Date of injury 10 May 68 (a. m. or p. m.)	28. Date employee stopped work No (a. m. or p. m.)	29. Date employee's pay stopped No (a. m. or p. m.)
	30. Has employee returned to work? Yes (Give date and hour)	31. Will employee receive pay for any portion of above absence on account of: (a) Annual leave — (b) Sick leave — (c) Any other reason —	32. 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."	33. State part of body injured and nature and extent of injury Tip of ring finger left hand was cut.	34. Did injury cause loss of any member or part of member? Yes If so, describe exactly Loss of bony substances.	35. 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.	36. 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 (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)	37. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury? — (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)	38. Names and addresses of witnesses to injury None	39. 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? (A detailed statement should be forwarded with this report)
	40. Name and address of physician who first attended case Ship's Medical Officer, D.M. Weisbond, Lt (MC)	41. How soon after injury? Immediately	42. To what hospital sent? Ship's Hospital	43. Name and address of physician now attending case Fit for duty at 0800, 5/13/68	44. Name and address of physician who first attended case Ship's Medical Officer, D.M. Weisbond, Lt (MC)	45. How soon after injury? Immediately	46. To what hospital sent? Ship's Hospital	47. Name and address of physician now attending case Fit for duty at 0800, 5/13/68		
Signed this 13th day of MAY , 19 68 at USNS GENERAL JOHN POPE, (T-AP 110)				M. S. CHAMBERLAIN (Signature of reporting officer) Chief Engineer (Title)						