

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

NONE.

Signed this day of 19.....

(Signature of witness)

Signed this day of 19.....

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Edward G. Sylvia, Civ. Marine Per. was given first-aid treatment, or examined, (Name of employee) on 10 May, 1968, at 2130 m., and was (Was or was not) disabled for work. Probable length of disability will be 2 to 3 weeks. In my opinion disability was (Was or was not) due to injury on 13 May 68, 1968. Nature of injury as found on examination amputation, distal 2/3 of terminal phalanyx, ring finger, left hand.

Hospitalized 13 May 68 Will return for further treatment yes

Discharged 14 May 68 Other disposition light duty

Remarks

Signed this 15 day of May, 1968
at USNS GEN JOHN POPE T-AT 110

D. L. L. M.D.
(Signature of medical officer)

J. M. MULSBY, Lt. MC USNR
(Title)