

## 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. Sylva, Civ. Marine Per. was given first-aid treatment, or examined,  
on 10 May, 1968, at 2130 m., and was disabled for work. Probable length of  
disability will be 2 to 3 weeks. In my opinion disability was due to injury  
on 13 May 68, 1968.  
Nature of injury as found on examination amputation, distal 2/3 of terminal phalanx, 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-AF 110

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

D. M. WISBROD Lt. MC USNR  
(Title)