

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)

ARCHER, TONY ALLEN

OCT. 12, 1966

3. Place of Employment (Name & location)

4. Date of Injury (Mo, day, yr.)

MSTSPAC (USNS GEN. JOHN POP. T-AGT 115)

OCT. 12, 1966

5. Occupation

6. Hour of Injury (a.m. or p.m.)

DAY 2ND ASST. ENGINEER

1530 p.m.

7. Place or Location Where Injury Occurred

MACHINING SHOP

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

I was removing rod from lathe and cut thumb on

metal cutting tool.

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

1/2 in. laceration Right thumb

10. Names of Witnesses to Injury

R. MC GINNIS

11. If this Notice was not given within 48 hours after the injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

12. Signature

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.

TONY ALLEN ARCHER

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

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16. Statement of immediate superior

17. Signature of immediate superior

18. Date (Mo., day, yr.)

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19. Statement of Witness

Cut thumb on cutting tool while removing stock from lathe.

20. Signature of Witness

21. Date (Mo., day, yr.)

Ray H. Mc Me Guire

! 13 OCT. 1966

22. Statement of Witness

23. Signature of Witness

24. Date (Mo., day, yr.)

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