

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)  
**ARCURI, PETER JOHN** **DEC. 21, 1966**

3. Place of Employment (Name & Location) 4. Date of Injury (mo, day, yr)  
**USNS GEN. POPE (T-AP116), NSC OAKLAND, CALIF.** **DEC. 16, 1966**

5. Occupation 6. Hour of Injury (a.m. or p.m.)  
**WIPER** **2:00 P.M.**

7. Place or Location Where Injury Occurred  
**USNS GEN. J. POPE, TOOL ROOM OVER REEFER FLAT**

8. Cause of Injury (Describe how and why injury occurred)  
**AS I WAS MOVING STRAINER VALVES I FELT SOMETHING PULL OUT IN MY BACK.**

**MY BACK WAS FULL WITH PAIN SO I ASKED PERMISSION TO SEE THE DR.**

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

10. Names of Witnesses to Injury  
**JIM HIGHERS**

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

**NOTICE WAS GIVEN OR BEEN NOTIFIED TO DR. IN USNS POPE.**

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 treat-  
ment to which I may be entitled by reason of  
this injury.

12. Signature

*Peter John Arcuri*  
**PETER JOHN ARCURI**

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

**16. Statement of immediate superior**

17. Signature of immediate superior

18. Date (mo, day, yr.)

**19. Statement of Witness**

WHILE MOVING STRAINER VALVES FROM REEFER FLAT TO TOOL ROOM FOR STORAGE.

MR. ARGUELHE'S DOWN TO MOVE ONE HURTING HIS BACK

20. Signature of witness

## JAMES HIGHERS

21. Date (mo. day, yr.)

SEPTEMBER 21 - 1966

**22. Statement of Witness**

**23. Signature of Witness**

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