

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
DISEASE
(Under the Federal Employee's Compensation
Act)

The immediate superior should complete the reverse side of this form.

1. Name of Injured Employee (Last, first, middle) **ARCURI, PETER JOHN** 2. Date of this Notice (mo, day, yr) **DEC. 21, 1966**

3. Place of Employment (Name & Location) **USNS GEN. POPE (T-AP113), NSC OAKLAND, CALIF.** 4. Date of Injury (mo, day, yr) **DEC. 16, 1966**

5. Occupation **WIPER** 6. Hour of Injury (a.m. or p.m.) **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 of 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.

12. Signature

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 KEEPER FLAT TO TOOL ROOM FOR STORAGE,
MR. ARGENTI BENT DOWN TO MOVE ONE HURTING HIS BACK

20. Signature of witness

JAMES HIGHERS

21. Date (mo. day, yr.)

DECEMBER 21, 1966

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)