

OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department	NAVY	2. Bureau or office	M.S.T.S.
	3. Place of employment	USNS GEN. J. POPE (T-AP113)		
	4. Reporting office	MSC OAKLAND, CALIF.		
	5. Name of superintendent or foreman in charge when injury occurred	HIGHERS, JAMES		
	6. Name of injured employee	PETER J. ARCURI	7. Age	23
The injured employee	8. Sex	M	9. Citizenship	U.S.
	10. Home address			
	11. Occupation and division	WIFE (ENGINE DEPT.)		
	12. Was employee doing his regular work?	YES		
	13. Total length of service with the Government as a civilian?	1 MONTH		
	14. How long at present work in this establishment?	1 MONTH		
	15. Dates of other injuries	16 DECEMBER 1966		
	16. Rate of pay on date of injury, \$			
	17. Employee begins work at	8:00 a. m.		
	18. Regular day's work ends	1730 P. m.		
19. Hours worked per day	8 HRS.			
20. Days paid per week	7 DAYS			
The injury	21. Place where injury occurred	USNS GEN. J. POPE (T-AP113), BOIL ROOM OVER REEFER FLAT.		
	22. Date of injury	16 DECEMBER 66		
	23. Date employee stopped work	N/A		
	24. Date employee's pay stopped	N/A		
	25. Has employee returned to work?	YES		
	26. Will employee receive pay for any portion of above absence on account of:	NONE		
	(a) Annual leave	NONE		
	(b) Sick leave	NONE		
	(c) Any other reason	NONE		
	27. Describe in full how injury occurred	EMPLOYEE STRAINED HIS BACK AS HE WAS MOVING A DISCONNECTED EVAPORATOR STRAINER ALONG THE DECK FOR THE PURPOSE OF STOWAGE.		
	28. State part of body injured and nature and extent of injury	BACK		
	29. Did injury cause loss of any member or part of member?	NO		
	30. Was employee injured while in performance of duty?	YES		
	31. Was injury caused by:	NO		
	(a) Willful misconduct of the employee?	NO		
(b) Intention of employee to bring about injury or death of himself or another?	NO			
(c) Employee's intoxication?	NO			
32. Was written notice of injury given within 48 hours?	YES			
33. Names and addresses of witnesses to injury	JAMES HIGHERS,			
34. Was injury caused by a third party other than a Government employee or agency?	NO			
35. Name and address of physician who first attended case	S.R. EDWARDS LT MC USNR. USNS POPE			
36. How soon after injury?	DISPENSARY			
37. To what hospital sent?	DISPENSARY			
38. Name and address of physician now attending case	DISPENSARY			
Signed this	21 day of DEC 1966			
at	USNS GEN. J. POPE (T-AP113)			
	B. C. QUINN			
	CHIEF ENGINEER			

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.]

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 PETER JOHN ARCURI was given first-aid treatment, or examined,
on 16 DECEMBER, 1966, at 8:00 a m., and was not disabled for work. Probable length of
disability will be None In my opinion disability not due to injury
on 16 DECEMBER, 1966

Nature of injury as found on examination was completely within normal limits. No evidence of
injury was noted

Hospitalized - No Will return for further treatment No
Discharged No Other disposition No other.

Remarks _____

Concur with above examination.

Signed this 22 day of DECEMBER, 1966
at USNS GEN. J. POPE (T-AP110)

SAMUEL R. EDWARDS

(Signature of medical officer)

LT (MC) USNSR (SMO)

(Title)