

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) 2. Date of this Notice (mo, day, yr)
PIERCE, Carl (NMN) 25 March 1968

3. Place of Employment (Name & Location) 4. Date of Injury (mo, day, yr)
USNS JOHN POPE T AP 110, NSC OAKLAND CA March 24, 1968

5. Occupation 6. Hour of Injury (a.m. or p.m.)
Wiper 0130

7. Place or Location Where Injury Occurred

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

Automobile accident - injured his head

Was walking at 4th & Broadway. This auto picked me up
and told me he will bring me to NSC & we have a collision
between Broadway & NSC. I don't know the driver

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

Post concussion syndrome

10. Names of Witnesses to Injury

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.

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

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

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)
