

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.]

1. Department NAVY 2. Bureau or office ENGINEERING
(Army, Navy, etc.) (Engineer, Navigation, etc.)
 Place of employment 3. Place of employment M.S.T.S. N.S.C. Oakland California
(Arsenal, navy yard, etc.) (City) (State)
 4. Reporting office USNS GENERAL JOHN POPE, T AP 110
(Location of reporting office or division headquarters)
 5. Name of superintendent or foreman in charge when injury occurred _____
 6. Name of injured employee Carl PIERCE 7. Age _____ 8. Sex M 9. Citizenship USA
 10. Home address _____
(Street and number) (City or town) (State)
 11. Occupation and division Wiper, Engine Department 12. Was employee doing his regular work? No If not, what work? Day off being Sunday.
(Give both, as laborer, hull division; helper, machine shop, etc.)
 The injured employee 13. Total length of service with the Government as a civilian? _____
 14. How long at present work in this establishment? _____
 15. Dates of other injuries Unknown
 16. Rate of pay on date of injury, \$4986.00 per annum { and subsistence valued at \$ 421.20 per annum
 and quarters valued at \$ 126.00 per annum
 17. Employee begins work at 0800 m. 18. Regular day's work ends 1700 m.
(Hour, a. m. or p. m.) (Hour, a. m. or p. m.)
 19. Hours worked per day 8 20. Days paid per week 7

21. Place where injury occurred _____
(Give exact location, as name or number of building and division, etc.)
 22. Date of injury 24 March, 1968; day of week Sunday; hour of day _____ m.
 23. Date employee stopped work 25 March, 1968; day of week Monday; hour of day 0800 m.
(a. m. or p. m.)
 24. Date employee's pay stopped No, 19____; day of week _____; hour of day _____ m.
(a. m. or p. m.)
 25. Has employee returned to work? yes, 0800, 3/26/68
(Give date and hour)
 26. Will employee receive pay for any portion of above absence on account of:
 (a) Annual leave _____
 (b) Sick leave yes 3/25/68
(Give exact dates)
 (c) Any other reason _____
 27. Describe in full how injury occurred Employee was waiting Bus at 4th & Broadway sts.,
a car stopped by and driver asked him where he was going and he said he was
going to Naval Supply Center Oakland. Driver said hopped in and will take you
to N.S.C., while car passing thru Street we have a collision, Employee don't
know the driver.
 28. State part of body injured and nature and extent of injury _____
Head, post concussion syndrom e.
 The injury 29. Did injury cause loss of any member or part of member? No If so, describe exactly _____
 30. Was employee injured while in performance of duty? No If not, or in doubt, give detailed statement _____
Employee was off duty being Sunday.

31. Was injury caused by:
 (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
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
 32. Was written notice of injury given within 48 hours? yes If not, did immediate superior have actual knowledge of injury? _____
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
 33. Names and addresses of witnesses to injury _____

(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
 34. Was injury caused by a third party other than a Government employee or agency? _____ If so, has employee been instructed in procedure under the Bureau's regulations? _____
(A detailed statement should be forwarded with this report)

35. Name and address of physician who first attended case USPH Hosp. 15th & Lake St SF CA
 Medical 36. How soon after injury? Soon after the accident.
 attendance 37. To what hospital sent? USPH Hosp. Location 15th & Lake St SF CA
 38. Name and address of physician now attending case _____

Signed this 26th day of Mar, 1968
 at USNS Gen John Pope Topua

(Signature of reporting officer)
Chief Engineer
 (Title)

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 _____ was given first-aid treatment, or examined,
 _____ (Name of employee)
 on _____, 19____, at _____ m., and _____ disabled for work. Probable length of
 _____ (Was or was not)
 disability will be _____. In my opinion disability _____ due to injury
 _____ (Was or was not)
 on _____, 19_____.

Nature of injury as found on examination _____

Hospitalized * _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks -----

Signed this _____ day of _____, 19____

at _____

(Signature of medical officer)

(Title)