

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)

CLARK, JOHN 28713743

NOVEMBER 21, 1966

3. Place of Employment (Name & location)

4. Date of Injury (Mo, day, yr.)

USNS GEN. JOHN POPE (T-AP 116)

NOVEMBER 21, 1966

5. Occupation

6. Hour of Injury (a.m. or p.m.)

WIPER

04:15 p.m.

7. Place or Location Where Injury Occurred

APT. ENGINE ROOM, USNS GEN. JOHN POPE (T-AP 116)

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

WHILE LOOKING UP FOR THE BLANK CHAIN TO BE PURLED, SOMETHING FELL
IN MY LEFT EYE AND I DID'NT REALIZE THAT IT WILL HURT MY LEFT EYES UNTIL
I GET THROUGH BLOWING TUBES. SO AS IT PAINS MY EYE, I CHECK IN RIGHT AWAY
TO THE DISPENSARY.

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

FOREIGN BODY, LEFT EYE

10. Names of Witnesses to Injury

NONE

11. If this Notice was not given within 48 hours after the 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 treatment to which I may be entitled by reason of this injury.

12. Signature

JOHN CLARK

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

NONE

20. Signature of Witness

21. Date (Mo., day, yr.)

;
;
;

22. Statement of Witness

NONE

23. Signature of Witness

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

;
;
;