

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

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

1. NAME OF INJURED EMPLOYEE (Last, first, middle)	2. DATE OF THIS NOTICE (Mo., day, yr.)
GUINAN, Harry McBride	August 13, 1966
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
USNS General John POPE (T-AP110)	August 12, 1966
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
Evaporator Utilityman	2:45 P.M.
7. PLACE OR LOCATION WHERE INJURY OCCURRED	
Evaporator Plant aboard USNS General John POPE (T-AP110)	
8. CAUSE OF INJURY (Describe how and why injury occurred)	
Struck head on thermometer while operating Evaporator Plant	
_____ _____ _____ _____	
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)	
Laceration to scalp	
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
	Harry M. GUINAN
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	
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17. SIGNATURE OF IMMEDIATE SUPERIOR	18. DATE (Mo., day, yr.)
19. STATEMENT OF WITNESS	
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20. SIGNATURE OF WITNESS	21. DATE (Mo., day, yr.)
22. STATEMENT OF WITNESS	
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23. SIGNATURE OF WITNESS	24. DATE (Mo., day, yr.)
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