

U.S. DEPARTMENT OF LABOR  
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE  
(Under the Federal Employees' Compensation Act)

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)

HOUSER, John L.

2. DATE OF THIS NOTICE (Mo., day, yr.)

August 12, 1966

3. PLACE OF EMPLOYMENT (Name and location of office or establishment)

4. DATE OF INJURY (Mo., day, yr.)

August 10, 1966

5. OCCUPATION

Junior Engineer

6. HOUR OF INJURY (a.m. or p.m.)

10:15 P.M.

7. PLACE OR LOCATION WHERE INJURY OCCURRED

Boat Landing ashore at Qui Nhon, South Viet Nam

8. CAUSE OF INJURY (Describe how and why injury occurred)

I was helping a man into a boat. The man had been drinking, he slipped and fell overboard taking me with him. I landed on some rocks.

9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)

Laceration left elbow

10. NAMES OF WITNESSES TO INJURY

JOHNSON, Charley, Oiler., WENNER, David, Fireman-Watertender

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.

12. SIGNATURE

John L. HOUSER

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.

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

Statement of David WENNER: Mr. Houser was helping a man aboard the liberty boat  
when the man being assisted slipped and fell overboard. The man, who had been  
drinking, pulled Mr. Houser overboard with him where they both hit submerged  
rocks.

20. SIGNATURE OF WITNESS

David WENNER

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

August 12, 1966

22. STATEMENT OF WITNESS

Statment of Charlie JOHNSON: Mr. Houser was pulled over the side of the liberty  
boat in which he was riding after assisting another man back aboard after he had  
fell off.

23. SIGNATURE OF WITNESS

Charlie JOHNSON

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

August 12, 1966