

KLINT: Will put & Return to maintenance off.
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)

KLINT BILLY MARSHALL 9-22-66

3. Place of Employment (Name & location)

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

USNS GENERAL JOHN POPE

9-22-66

5. Occupation

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

ENGINE UTILITY

900 AM

7. Place or Location Where Injury Occurred

JUST FORWARD CHIEF ENGINEERS OFFICE

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

I WAS CROUCHED DOWN CLEANING
VENTILATOR SCREEN I RAISED UP
AND HIT HEAD ON VENTILATOR
COVER

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

BROKE SKIN ON SKULL HAD CLEANED
AND TETNUS SHOT GIVEN

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.

NOTICE WAS GIVEN VERBALLY TO DUTY COXSMAN
SAME AS ABOVE

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

Billy M Klint

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.)