

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)

MARVIN, CHARLES HERMAN

1 APRIL 1967

3. Place of Employment (Name & Location)

USNS GEN. JOHN POPE (T-AP114), NRTSPAC

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

31 MARCH 1967

5. Occupation

3RD REFRIGERATION ENGINEER

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

11:30 P.M. (2330)

7. Place or Location Where Injury Occurred

ON GANGWAY OF GEN. JOHN POPE

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

SLIPPED ON WET SPOT ON GANGWAY, CAUSING MYSELF TO SLIP FORWARD AND HIT

MY HAND ON GANGWAY RAILING

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

FRACTURED SMALL KNUCKLE OF RIGHT HAND

10. Names of Witnesses to Injury

QUARTERMASTER ON WATCH, MR. STEEL

11. If this Notice was not given within 48 hours after injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

TO MR. STEEL AT TIME OF ACCIDENT.

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

Charles H. Marvin

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

3/31/67 WHILE I WAS ON WATCH AT 22:30, MARVIN HIT HARD ON A STATION AT THE

CANALWAY WHILE GOING ASHORE - NOT SERIOUS AT THE TIME

20. Signature of witness

21. Date (mo. day, yr.)

19 APRIL 1967

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)