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)

McCABE, PETER ALLISON

2. Date of this Notice (mo, day, yr)

12 APRIL 1967

3. Place of Employment (Name & Location)

USNS CUR, JOHN ROSE (T-AK119)

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

11 APRIL 1967

5. Occupation

YN2/E

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

2230

7. Place or Location Where Injury Occurred

S.S. CUR - MAIN DECK AFT. STAR SIDE

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

RIGHT WRIST STRAINED WHEN ENTERING MY ROOM CARRYING A THERMOS OF COFFEE FROM GALLEY, THE ROLL OF THE SHIP CAUSED ME TO LOSE BALANCE AND I BRACED THE THERMOS AND FELL ON THE FRAME OF A DECK, INJURING RIGHT WRIST

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

RIGHT WRIST STRAIN

10. Names of Witnesses to Injury

ANDRE ARCHILLO

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.

DR. EDWARDS AND CHIEF ENGINR. MR. QUINN 0900 WED. 12 APRIL

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 of 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

13. Home Address of Injured Employee

Form CA-1

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

EMPLOYEE WAS CARRYING A CUP OF COFFEE FROM THE GALLEY TO HIS ROOM. AS THE SHIP ROLLED, HE WAS CAUGHT OFF BALANCE AND FELL AGAINST THE FRAME OF A DOOR, INJURING HIS RIGHT ARM.

17. Signature of immediate superior	18. Date (mo, day, yr.)
Scott E Simmons	4/14/67

19. Statement of Witness

MR. McCABE LOST HIS BALANCE AS THE SHIP ROLLED, AND HE FELL, HITTING A DOOR RAILING

20. Signature of witness	21. Date (mo, day, yr.)
James P Quill	4/25/67

22. Statement of Witness

23. Signature of Witness	24. Date (mo. day, yr.)