

Mc GINNIS FILL OUT & RETURN TO MAINT. OFC.

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)

Mc Ginnis, Roy Duane 7-20-1966

3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)

ISNS Gen. Pkge (TAPIIC) 137° E. Long. 7-20-1966

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

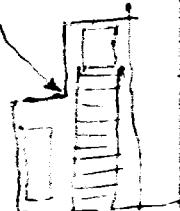
Eng. Util. 6:30 A.M.

7. Place or Location Where Injury Occurred

Ladder at FR 12C, 2nd. fl., 3rd. site.

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

I leaned over the ladder rail as I walked up the ladder, and bumped my head on the overhead.



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

Small cut on head.

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.

12. Signature

R. D. T. Ginnis  
13. Home Address of Injured Employee

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.

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

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16. Statement of immediate superior

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17. Signature of immediate superior

18. Date (Mo., day, yr.)

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19. Statement of Witness

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20. Signature of Witness

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

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22. Statement of Witness

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23. Signature of Witness

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

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