

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)

MORGAN JOSEPH ROBERT

3/20/67

3. Place of Employment (Name & Location)

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

USNS GEN. JOHN POPE (T-AP110)

3/20/67

5. Occupation

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

FIREWATER TENDER

0900

7. Place or Location Where Injury Occurred

ENGINE ROOM #1

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

WREST WAS OBTAINED REMOVING AIR ALLEGEDLY FROM PIPES

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

STRAINED WRIST (RIGHT)

10. Names of Witnesses to Injury

JAMES HIGHERS

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.

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

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

WHILE FILLING THE CENTER SUMMER REGISTER ON THE #2 BOLLER, MR. MORGAN'S

HAND SLIPPED DUE TO THE WEIGHT OF THE REGISTER AND ALSO LIFTING WHILE

IN A FORWARD POSITION, STRAINING HIS WRIST. HE WAS SENT TO THE DISPENSARY.

17. Signature of immediate superior

Ralph L. Summers

18. Date (mo, day, yr.)

3/20/67

19. Statement of Witness

WHILE REMOVING CENTER REGISTER ON #2 BOLLER MR. MORGAN'S HAND SLIPPED

DUE TO FULL ON REGISTER, THUS CAUSING MR. MORGAN TO STRAIN HIS WRIST.

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)