

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)

MCGAN JOSEPH R

3/20/67

3. Place of Employment (Name & Location)

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

USMC GEN. JOHN RUTT (T-4110)

3/20/67

5. Occupation

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

PIRELL WATER TOWER

1000

7. Place or Location Where Injury Occurred

LAGINE ROCK #1

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

WAIST WAS STRETCHED REMOVING AIR VIGAS IN THE BELL

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

SIMPLY BENT (ALMOST)

10. Names of Witnesses to Injury

JAMES HIGHMAN

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.

12. Signature


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

16. Statement of immediate superior

WHILE PULLING THE CENTER BURNER REGISTER ON THE #2 MILLE, THE MAN'S HAND SLIPPED DUE TO THE WEIGHT OF THE REGISTER AND ALSO DROPPED HIS
IN A FORWARD POSITION, STRAINING HIS WRIST. HE WAS SENT TO THE HOSPITAL.

17. Signature of immediate superior

Ralph L Summers

18. Date (mo, day, yr.)

3/20/67

19. Statement of Witness

WHILE REMOVING CLERK REGISTER OF #2 FULLON MFG. MFG. CO. FROM CLERK
DUE TO FULLON REGISTER, THUS CAUSING MRS. MORGAN TO STAY IN HIS PLANT.

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

11. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 11)

23. Signature of Witness

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