

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

The immediate superior should also complete the reverse side of this form.

1. NAME OF INJURED EMPLOYEE (Last, first, middle)	2. DATE OF THIS NOTICE (Mo., day, yr.)
JOHN Andrew B.	4 August 1966
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
U.S. General John POPE (T-121C)	30 July 1966
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
	10:00 A.M.
7. PLACE OF INJURY (Where injury occurred)	
Operating machinery space aboard U.S. General John POPE (T-121C)	
8. CAUSE OF INJURY (Describe how and why injury occurred)	
July 30 I lifted a heavy pipe and noticed a pain in my lower left side. On August 3 I attempted to lift a heavy weight in the Tool Room and noticed the pain again. At 0900 on 4 August I reported to sick bay aboard ship.	
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)	
See Doctor's Report.	
10. NAMES OF WITNESSES TO INJURY	
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	
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.	
13. HOME ADDRESS OF INJURED EMPLOYEE B. POPE	

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	
<p>Employee states he felt a pain in his lower left side. He reports that he noticed this on 30 July, after assisting in moving a piece of pipe, and then again on Wednesday 3 August when he lifted on a set of weights that go with a gauge testing outfit. He reported to my office at approx. 0830 4 August for a dispensary permit. As of this date he is on very light duty. There is no way to determine whether the lifting caused a hernia or not.</p>	
17. SIGNATURE OF IMMEDIATE SUPERIOR	18. DATE (Mo., day, yr.)
<p>J. L. CHALMERS, CHIEF ENGINEER</p>	
19. STATEMENT OF WITNESS	
<p>_____ _____ _____ _____ _____ _____</p>	
20. SIGNATURE OF WITNESS	21. DATE (Mo., day, yr.)
22. STATEMENT OF WITNESS	
<p>_____ _____ _____ _____ _____ _____</p>	
23. SIGNATURE OF WITNESS	24. DATE (Mo., day, yr.)