

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)

MASHER, ANDREW. B.

4 AUG. 66

3. Place of Employment (Name & location)

U.S.N. GEN. JOHN POPE

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

30 JULY 66

5. Occupation

ENG. UTILITY

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

APPROX. 1900.

7. Place or Location Where Injury Occurred

EVAPORATING MACH. SPACE

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} AUG 3, 1966
I ATTEMPTED TO LIFT A HEAVY WEIGHT IN
THE TOOL ROOM AND NOTICED THE PAIN AGAIN.
I THEN REPORTED TO SICK BAY ON SHIP.

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

UNDETERMINED;

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.

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

Andrew B. Masher

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

August 4-1966 Chief Engineers Office

16. Statement of immediate superior

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 Wed after noon when he lifted on a set of

17. Signature of immediate superior

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

Weights that go with a gauge testing outfit - He reported to my office at approx 0830 4 Aug for a dispensary per hit - As of this date he is on very light duty.

19. Statement of Witness

There is no way to determine that a hernia was - The lifting caused an hernia or not.

20. Signature of Witness

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

22. Statement of Witness

23. Signature of Witness

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