

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)
PECK, CLARENCE C. **AUG. 22, 1966**

3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)
USNS GEN. POPE (T-4P 116) **AUG. 22, 1966**

5. Occupation 6. Hour of Injury (a.m. or p.m.)
WIPER **0315 a.m.**

7. Place or Location Where Injury Occurred
3RD DECK PASSAGeway

8. Cause of Injury (Describe how and why injury occurred)
**I WAS WALKING THROUGH A WATERTIGHT DOOR & STEPPED ON BUTTON
OF DOOR STRIKING HEAD ON TOP OF DOOR.**

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

10. Names of Witnesses to Injury
RON NIGGINS (UNABLE TO OBTAIN STATEMENTS DUE TO RAID MEN GOT OFF THE SHIP).

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

CLARENCE C. PECK

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

17. Signature of immediate superior

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

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19. Statement of Witness

20. Signature of Witness

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

1

22. Statement of Witness

23. Signature of Witness

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

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