

Peck Make Statement & Turn to go off.

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)

PECK CLARENCE CHYDE

Aug, 29, 1966

3. Place of Employment (Name & location)

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

M.S.T.S. 26 F.P.O. SAN FRANCISCO CALIF.

AUG. 29, 1966

5. Occupation

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

WIPER

0315

7. Place or Location Where Injury Occurred

3rd DECK PASSAGEWAY NEAR MESS AREA

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

WALKING THRU WATERTIGHT DOOR. STEPED ON
BOTTOM OFF DOOR, STRICKING HEAD ON TOP OFF
DOOR.

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

LACERATION OFF SCALP

10. Names of Witnesses to Injury

RON WIGGINS (not available, 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.)

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22. Statement of Witness

23. Signature of Witness

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

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