

PIERCE/PILL & Return to Yeoman's Office

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)

PIERCE, RALPH

SEPT 30, 1966

3. Place of Employment (Name & location)

GEN JOHN POPE

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

SEPT 30, 1966

5. Occupation

MACHINIST

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

1440

7. Place or Location Where Injury Occurred

MACHINING MACHINE SHOP

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

CUTTING COPPER WITH TIN SNIPS

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

CUT ON RIGHT THUMB

10. Names of Witnesses to Injury

None

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.

FORM DID NOT REACH ME OVER THE  
WEEK END

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

Ralph Pierce

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

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16. Statement of immediate superior

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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

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23. Signature of Witness

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

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