

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) ROGERS 2. Date of this Notice (mo, day yr)
3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)
5. Occupation 6. Hour of Injury (a.m. or p.m.)
7. Place or Location Where Injury Occurred
8. Cause of Injury (Describe how and why injury occurred)

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

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

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

16. Statement of immediate superior

17. Signature of immediate superior

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

19. Statement of Witness

FINLEY He was blowing around
a weld with air hose and
got something in eye

20. Signature of Witness

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

22. Statement of Witness

CARTER, ALVIN.
I WAS STANDING WHEN ^{ROGERS} ~~HE~~ SAID SOME WAS
IN HIS EYS. IN THE TROOP MESS.

23. Signature of Witness

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