OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment

1. Department NAVY (War, Navy, etc.) 2. Bureau or office ENGINEERING (Engineer, Navigation, etc.)
3. Place of employment NAVAL SHIPYARD CENTER, OAKLAND (City), CALIFORNIA (State)
4. Reporting office U.S. GEN. J.M. POE, (T-AP 119) (Engine Dept.) (Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred

The injured employee

6. Name of injured employee Errol R. [illegible] (In full) 7. Age [illegible] 8. Sex M 9. Citizenship USA
10. Home address [illegible] (Street and number), [illegible] (City or town), [illegible] (State)
11. Occupation and division Oiler (Give both, as laborer, hull division; helper, machine shop, etc.) 12. Was employee doing his regular work? No If not, what work? Returning from liberty about 0645 12 JAN 1970
13. Total length of service with the Government as a civilian?
14. How long at present work in this establishment? 2 months
15. Dates of other injuries Unknown
16. Rate of pay on date of injury, $[illegible] per [illegible] and subsistence valued at $421.20 per [illegible] and quarters valued at $126.00 per [illegible]
17. Employee begins work at 0730 (Hour, a. m. or p. m.) m. 18. Regular day's work ends 1600 (Hour, a. m. or p. m.) m.
19. Hours worked per day 8 20. Days paid per week 7

21. Place where injury occurred Gangway, USNS GEN J.M. POE, (T-AP 119) (Give exact location, as name or number of building and division, etc.)
22. Date of injury 12 JAN, 19 70; day of week Monday; hour of day 0645 (a. m. or p. m.) m.
23. Date employee stopped work 12 JAN, 19 70; day of week Monday; hour of day 0645 (a. m. or p. m.) m.
24. Date employee's pay stopped No, 19 ; day of week ; hour of day (a. m. or p. m.) m.
25. Has employee returned to work? No (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave (Give exact dates)
(b) Sick leave 13 January 1970 (Give exact dates)
(c) Any other reason (Give exact dates)
27. Describe in full how injury occurred Employee was on work station when I was called to gangway area at 0745, 12 JAN 1970 and informed by him that he had slipped on the gangway upon reporting for duty at about 0645 that morning. He stated he twisted his right knee and it appeared swollen when I examined it at 0745. Employee was immediately sent to the dispensary at Hunters Point Naval Shipyard for further examination and treatment.

The injury

28. State part of body injured and nature and extent of injury Strains, right knee
29. Did injury cause loss of any member or part of member? No If so, describe exactly
30. Was employee injured while in performance of duty? No If not, or in doubt, give detailed statement Returning from liberty about 0645, 12 JAN 1970.
31. Was injury caused by:
(a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury?
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury Leonard W. Bradley,
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under the Bureau's regulations?
(A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case Dispensary Hunters Point, SFNSYD
36. How soon after injury? about two (2) hours.
37. To what hospital sent? US Public Health Service location 19th Ave. & Lake St SF CA
38. Name and address of physician now attending case Unknown

Signed this 12th day of JANUARY, 19 70 — OTTO L. DANIZ (Signature of reporting officer)
at USNS GENERAL J.M. POE, (T-AP 119) — CHIEF ENGINEER (Title)

C. A. 2
December 1961

(OVER)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

On the 12th of Jan at 0645 when Williams and I were reporting for duty, when we were coming up the gangway Williams slipped and hurt his knee.

Signed this 12th day of Jan, 19 75

(Signature of witness)

Signed this _____ day of _____, 19_____

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined,
(Name of employee)

on _____, 19_____, at _____ m., and _____ disabled for work. Probable length of
(Was or was not)

disability will be _____ In my opinion disability _____ due to injury
(Was or was not)

on _____, 19_____

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks _____

Signed this _____ day of _____, 19_____

at _____

(Signature of medical officer)

(Title)

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