

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE
(Under the Federal Employees' Compensation Act)

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

The immediate superior should also complete the reverse side of this form.

1. NAME OF INJURED EMPLOYEE (Last, first, middle) WILLIAMS, Errol M., #34148, Oiler		2. DATE OF THIS NOTICE (Mo., day, yr.) 12 JAN 1970	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) USNS GENERAL JOHN POPE, (T-AP 110)		4. DATE OF INJURY (Mo., day, yr.) 12 JAN 1970	
5. OCCUPATION Oiler		6. HOUR OF INJURY (a.m. or p.m.) 0645X 0645	
7. PLACE OR LOCATION WHERE INJURY OCCURRED Gangway, USNS GEN JOHN POPE, (T-AP 110)			
8. CAUSE OF INJURY (Describe how and why injury occurred) At 0645 when reporting aboard for work I slipped on the gangway and fell on my right knee. 			
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) Strains, right knee			
10. NAMES OF WITNESSES TO INJURY Leonard O. Bradley, 25253, Oiler			
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 s/s Errol M. Williams	
		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

Employee was on a work status when I was called to gangway area at 0905, 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 had twisted his right knee, and it appeared swollen when I examined it at 0905. Employee was immediately sent to the dispensary at Hunters' Point Naval Shipyard for further examination and treatment.

17. SIGNATURE OF IMMEDIATE SUPERIOR

OTTO L. BANTZ, Chief Chief Engineer

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

JAN 12, 1970

19. STATEMENT OF WITNESS

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.

20. SIGNATURE OF WITNESS

Leonard O. Bradley

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

Jan 12, 1970

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

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