

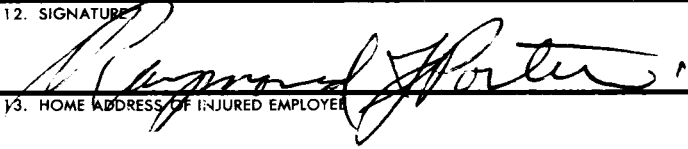
U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

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) RAYMOND J.		2. DATE OF THIS NOTICE (Mo., day, yr.) 11 July 1969	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) SUPPLY CENTER, OAKLAND, CA (USNS GEN POPE (T-AP 116))		4. DATE OF INJURY (Mo., day, yr.) 10 July 1969	
5. OCCUPATION 2nd Electrician		6. HOUR OF INJURY (a.m. or p.m.) 2:30 p.m.	
7. PLACE OR LOCATION WHERE INJURY OCCURRED After Engine Room, USNS WILLIAM WEIGEL (T-AP 119)			
8. CAUSE OF INJURY (Describe how and why injury occurred) On the tenth (10) of July, 1969 at approximately 2:30 p.m., while blowing out an electric motor with compressed air, dust blew into my left eye. This accident happened in the After Engine Room aboard USNS GEN WILLIAM WEIGEL (T-AP 119). I washed my eye with water. The following day, 11 July 1969 at approximately 10 a.m. blood shade developed in my left eye. I reported to the Naval Dispensary at Hunters Point for treatment.			
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) Foreign matter in left eye.			
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. 			
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

On 11 July 1969, employee obtained permission to seek medical attention for a bloodshot eye. He stated that the previous day, while cleaning an electric motor with compressed air, a foreign particle blew in his eye.

17. SIGNATURE OF IMMEDIATE SUPERIOR

Otto L. Bantz

OTTO L. BANTZ, Chief Engineer

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

11 July 1969

19. STATEMENT OF WITNESS

20. SIGNATURE OF WITNESS

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

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

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