

# OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, 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.]

	NAVY	ENGINEERING		
<b>Place of employment</b>	1. Department	2. Bureau or office		
	(Army, Navy, etc.)			
	3. Place of employment	Oakland	California	
	(Arsenal, navy yard, etc.) (City) (State)			
	4. Reporting office	USNS GEN JOHN FOLEY, T. AF 119 (Location of reporting office or division headquarters)		
5. Name of superintendent or foreman in charge when injury occurred				
6. Name of injured employee R. J. Porter, Jr 7. Age 46 8. Sex M 9. Citizenship USA (Give first name in full)				
10. Home address , , (Street and number) (City or town) (State)				
11. Occupation and division 2nd Electrician 12. Was employee doing his regular (Give both, as laborer, hull division; helper, machine shop, etc.) work? Yes If not, what work?				
13. Total length of service with the Government as a civilian? 3 years, 9 months				
<b>The injured employee</b>	14. How long at present work in this establishment? 3 years, 9 months			
	15. Dates of other injuries Unknown			
	16. Rate of pay on date of injury, \$ 8736.00 per annum { and subsistence valued at \$ 6.50 per day and quarters valued at \$ 6.50 per day			
	17. Employee begins work at 0700 m. 18. Regular day's work ends 1600 m. (Hour, a. m. or p. m.) (Hour, a. m. or p. m.)			
	19. Hours worked per day 8 20. Days paid per week 7			
21. Place where injury occurred After Engine Room, USNS GEN WILLIAM WEIGEL (T-AF 119) (Give exact location, as name or number of building and division, etc.)				
22. Date of injury 10 July 1969; day of week Thu. XXIX; hour of day 1430 m. (a. m. or p. m.)				
23. Date employee stopped work ==, 19; day of week ==; hour of day == m. (a. m. or p. m.)				
24. Date employee's pay stopped ==, 19; day of week ==; hour of day == m. (a. m. or p. m.)				
25. Has employee returned to work? Yes (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 == (Give exact dates) (c) Any other reason Employee reported (Give exact dates)				
27. Describe in full how injury occurred On 10 July 1969 on or about 1430, while blowing out an electric motor with compressed air, dust blew into the employee's left eye. This accident occurred in the After Engine room aboard the USNS WILLIAM WEIGEL, (T-AF 119). Employee washed eye with water. About 1000 11 July 1969, blood shade developed in left eye. Employee reported to Naval Dispensary at Hunters Point for treatment.				
28. State part of body injured and nature and extent of injury Left eye, foreign body				
<b>The injury</b>	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? Yes If not, or in doubt, give detailed statement			
	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 None			
(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)				
35. Name and address of physician who first attended case N.C. NSY Hunters Point, San Fran Ca.				
<b>Medical attendance</b>	36. How soon after injury? Within 24 hours			
	37. To what hospital sent? Naval Dispensary Location NSY, Hunters Point, SF CA			
	38. Name and address of physician now attending case See attached Maxx 1000 NAVSD 5100/9			

Signed this 11th day of July, 1969  
at USNS GEN JOHN FOLEY, T. AF 119

OTTO L. BANTZ,  
(Signature of reporting officer)  
Chief Engineer  
(Title)

## 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.]

None

Signed this ..... day of ....., 19.....

(Signature of witness)

Signed this ..... day of ....., 19.....

(Signature of witness)

## STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

See attached NAVSO 5100/9

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)