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.]

Place of employment

1. Department ..... (Army, Navy, etc.) 2. Bureau or office ..... (Engineer, Navigation, etc.)
3. Place of employment ..... (Navy yard, hospital, etc.) Naval Supply Center, Oakland (City), California (State)
4. Reporting office ..... (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 ..... (Give first name in full) 7. Age 44 8. Sex M 9. Citizenship US
10. Home address ..... (City or town) (State)
11. Occupation and division ..... (Give both, as "Boilermaker, hull division," "machinist, machine shop," etc.) 12. Was employee doing his regular work? yes If not, what work? .....
13. Total length of service with the Government as a civilian? 8 years
14. How long at present work in this establishment? 2 years
15. Dates of other injuries None
16. Rate of pay on date of injury, $ 4450.00 per annum { and subsistence valued at $ 431.90 annum; and quarters valued at $ 126.00 per annum
17. Employee begins work at 0700 m. (Hour, a. m. or p. m.) 18. Regular day's work ends 1600 m. (Hour, a. m. or p. m.)
19. Hours worked per day 8 20. Days paid per week 7

The injury

21. Place where injury occurred USNS GEN HUGH J GAFFEY T AP 121 Hatch No. 5 fr. 155 (Give exact location, as name or number of building and division, etc.)
22. Date of injury 1 November, 19 68 day of week Friday; hour of day 0845 m. (a. m. or p. m.)
23. Date employee stopped work 1 November 68 day of week Friday; hour of day 0900 m. (a. m. or p. m.)
24. Date employee's pay stopped No, 19 ; day of week ; hour of day m. (a. m. or p. m.)
25. Has employee returned to work? Yes, 11/1/68 @ 1035 (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
    (a) Annual leave None (Give exact dates)
    (b) Sick leave None (Give exact dates)
    (c) Any other reason None (Give exact dates)
27. Describe in full how injury occurred .....

    See paragraph 5 of Navexos-108 (Rev. 1-60)

28. State part of body injured and nature and extent of injury .....

    left side of head laceration and left leg bruised.

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? ..... (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 .....

    W. C. Brooks, 2nd Electrician, USNS GEN J HF POST, (T-AP 110)

    (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 U.S.N. DSY, Hunters Point, San Fran. CA
36. How soon after injury? about fifteen (15) minutes after
37. To what hospital sent? Naval Dispensary Location USN, Hunters Point, S.F. CA
38. Name and address of physician now attending case See attached Navexos 107 (7-52)

Signed this 1st day of November, 19 68

at USNS GEN J HF POST, (T-AP 110)

..... (Signature of reporting officer)

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.]

Accident happened as stated by Magallanes.

Signed this 1st day of November, 19 60

W. C. Brooks.
W. C. BROOKS
(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 ..... (Name of employee) was given first-aid treatment, or examined, on ....., 19....., at ..... m., and ..... (Was or was not) disabled for work. Probable length of disability will be ..... In my opinion disability ..... (Was or was not) due to injury on ....., 19.....

Nature of injury as found on examination See Reverse - 107 (7-52) attached.

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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