

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 NAVY		2. Bureau or office MSTSPAC
	(Army, Navy, etc.)		
	3. Place of employment USNS GENERAL HUGH J. GAFFEY T AP 121		(Engineer, Navigation, etc.)
	(Arsenal, navy yard, etc.)		California
	4. Reporting office USNS GENERAL JOHN POPE, (T-AP 110)		(City)
5. Name of superintendent or foreman in charge when injury occurred			
The injured employee	6. Name of injured employee Emil J. AGAJIANES	7. Age 44	8. Sex M
	(Give first name in full)		
	10. Home address	(Street and number)	(City or town)
	11. Occupation and division	Engine Utilityman	12. Was employee doing his regular work? YES
	(Give both, as laborer, hull division; helper, machine shop, etc.)		
13. Total length of service with the Government as a civilian? 8 yrs			
14. How long at present work in this establishment? 2 yrs			
15. Dates of other injuries 4/1/68			
16. Rate of pay on date of injury, \$ 6450.00 per annum { and subsistence valued at \$ 401.20 per month and quarters valued at \$ 126.00 per "			
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			
USNS GEN HUGH J GAFFEY T AP 121 Hatch No. 5 fr.			
21. Place where injury occurred (Give exact location, as name or number of building and division, etc.)			
22. Date of injury 1 November 1968 ; day of week Friday ; hour of day 0845 m.			
(a. m. or p. m.)			
23. Date employee stopped work 1 November 1968 ; day of week Friday ; hour of day 0900 m.			
(a. m. or p. m.)			
24. Date employee's pay stopped No , 19 1968 ; day of week Friday ; hour of day 0845 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 N/A (Give exact dates)			
(b) Sick leave N/A (Give exact dates)			
(c) Any other reason N/A (Give exact dates)			
27. Describe in full how injury occurred 888			
28. State part of body injured and nature and extent of injury Laceration left side of head and bruised left leg.			
The injury	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? Yes (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 Wayian C. Brooks, 3d Electrician, USNS GEN JOHN POPE, 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? Yes (A detailed statement should be forwarded with this report)			
Medical attendance	35. Name and address of physician who first attended case M.O. NSY, Hunters Point, San Francisco		
	36. How soon after injury? about fifteen (15) minutes		
	37. To what hospital sent? Naval Dispensary Location NSY, Hunters Point San Fran.		
	38. Name and address of physician now attending case Patient told to return 1300, 11-4-68.		

Signed this **1st** day of **November**, 19 **68** at **USNS GEN JOHN POPE, (T-AP 110)**

M. S. CHAMBERLAIN,
(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.]

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**

I CERTIFY that _____ was given first-aid treatment, or examined,
(Name of employee) on _____, 19_____, at _____ m., and _____ disabled for work. Probable length of
disability will be _____ (Was or was not) 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)