

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.]

	1. Department <u>NAVY</u>	2. Bureau or office <u>MSTSPAC</u>
Place of employment	3. Place of employment <u>USNS GENERAL HUGH J. GAFFEY T AP 121</u> <small>(Army, Navy, etc.) (City) (State)</small>	<u>California</u>
	4. Reporting office <u>USNS GENERAL JOHN POPE, (T-AP 110)</u> <small>(Location of reporting office or division headquarters)</small>	
	5. Name of superintendent or foreman in charge when injury occurred _____	
The injured employee	6. Name of injured employee <u>Emil J. AGAJIANES</u> <small>(Give first name in full)</small>	7. Age <u>44</u>
	8. Sex <u>M</u>	9. Citizenship <u>USA</u>
	10. Home address _____ <small>(Street and number) (City or town) (State)</small>	
	11. Occupation and division <u>Engine Utilityman</u> <small>(Give both, as laborer, hull division, helper, machine shop, etc.)</small>	12. Was employee doing his regular work? <u>YES</u> If not, what work? _____
	13. Total length of service with the Government as a civilian? <u>8 yrs</u>	
	14. How long at present work in this establishment? <u>2 yrs</u>	
	15. Dates of other injuries <u>unknown</u>	
	16. Rate of pay on date of injury, \$ <u>6450.00</u> per annum { and subsistence valued at \$ <u>421.00</u> per annum and quarters valued at \$ <u>126.00</u> per " }	
	17. Employee begins work at <u>0700</u> m. <small>(Hour, a. m. or p. m.)</small>	18. Regular day's work ends <u>1600</u> m. <small>(Hour, a. m. or p. m.)</small>
	19. Hours worked per day <u>8</u>	20. Days paid per week _____
The injury	21. Place where injury occurred <u>USNS GEN HUGH J GAFFEY T AP 121 Hatch No. 5 fr.</u>	
	22. Date of injury <u>1 November 1968</u> ; day of week <u>Friday</u> ; hour of day <u>0845</u> m. <small>(a. m. or p. m.)</small>	
	23. Date employee stopped work <u>1 November 1968</u> ; day of week <u>Friday</u> ; hour of day <u>0900</u> m. <small>(a. m. or p. m.)</small>	
	24. Date employee's pay stopped <u>No</u> , 19____; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	25. Has employee returned to work? <u>Yes, 11/1/68 @ 1035</u> <small>(Give date and hour)</small>	
	26. Will employee receive pay for any portion of above absence on account of:	
	(a) Annual leave <u>No</u> <small>(Give exact dates)</small>	<u>N/A</u>
	(b) Sick leave <u>No</u> <small>(Give exact dates)</small>	<u>N/A</u>
	(c) Any other reason <u>No</u> <small>(Give exact dates)</small>	<u>N/A</u>
	27. Describe in full how injury occurred _____ <u>888</u>	
	28. State part of body injured and nature and extent of injury _____ <u>Laceration left side of head and bruised left leg.</u>	
	29. Did injury cause loss of any member or part of member? <u>No</u> If so, describe exactly _____	
	30. Was employee injured while in performance of duty? <u>Yes</u> If not, or in doubt, give detailed statement _____	
	31. Was injury caused by: (a) Willful misconduct of the employee? <u>No</u> (b) Intention of employee to bring about injury or death of himself or another? <u>No</u> (c) Employee's intoxication? <u>No</u> <small>(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)</small>	
	32. Was written notice of injury given within 48 hours? <u>YES</u> If not, did immediate superior have actual knowledge of injury? _____ <small>(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>	
33. Names and addresses of witnesses to injury _____ <u>Waylan C. Brooks, 3d Electrician, USNS GEN JOHN POPE, T AP 110</u>		
34. Was injury caused by a third party other than a Government employee or agency? <u>No</u> If so, has employee been instructed in procedure under the Bureau's regulations? _____ <small>(A detailed statement should be forwarded with this report)</small>		
Medical attendance	35. Name and address of physician who first attended case <u>M.O. NSY, Hunters Point, San Francisco</u>	
	36. How soon after injury? <u>about fifteen (15) minutes</u>	
	37. To what hospital sent? <u>Naval Dispensary</u>	Location <u>NSY, Hunters Point San Fran.</u>
	38. Name and address of physician now attending case <u>Patient told to return 1300, 11-4-68.</u>	
Signed this <u>1st</u> day of <u>November</u> , 19 <u>68</u> <u>M. S. CHAMBERLAIN,</u> at <u>USNS GEN JOHN POPE, (T-AP 110)</u> <u>Chief Engineer,</u> C. A. 2 <small>(Signature of reporting officer)</small> December 1961 <small>(Title)</small>		

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)