


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) MAGALLANES, Emil J., 30911, Engine Utilityman		2. DATE OF THIS NOTICE (Mo., day, yr.) November 1, 1968	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) USNS GENERAL JOHN POPE, (T-AP 110)		4. DATE OF INJURY (Mo., day, yr.) November 1, 1968	
5. OCCUPATION Engine Utilityman		6. HOUR OF INJURY (a.m. or p.m.) 0845	
7. PLACE OR LOCATION WHERE INJURY OCCURRED USNS GENERAL HUGH J. GAFFEY, (T-AP 121), Hatch No. 5, frame 155			
8. CAUSE OF INJURY (Describe how and why injury occurred) At 0845, Friday, 1 November 1968, while moving air hose from starboardside to portside in Hatch No. 5, frame 155, for the purpose of cleaning motors, accidentally tripped on motor and fell to another motor, causing laceration left side of my head and bruised on my left leg. I was wearing hard hat but the hat fell off.			
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) Left side of head lacerated, bruised left leg.			
10. NAMES OF WITNESSES TO INJURY Waylan C. Brooks, 2d Electrician, USNS GEN JOHN POPE, (T-AP 110)			
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  Emil J. Magallanes	
		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

In addition to injured employee's report of "cause of injury", it should be noted that these motors that are being cleaned were removed from weather decks and stowed in #5 cargo hold as part of deactivation of the vessel. These motors are stowed in the lower hold where but limited lighting is available and only shoring/or blocking provided under the armature winding considered adequate for deactivation. Should a person step on one of the armature shafts, it no doubt would give enough to create an unbalanced body position and cause a fall such as this.

17. SIGNATURE OF IMMEDIATE SUPERIOR

M. S. CHAMBERLAIN

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

November 1, 1968

19. STATEMENT OF WITNESS

Accident happened as stated by Magallanes.

20. SIGNATURE OF WITNESS

W. C. BROCKS

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

November 1, 1968

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

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