

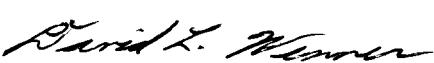
U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

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)	2. DATE OF THIS NOTICE (Mo., day, yr.)
WENNER, David Lawrence, 30902	August 30, 1968
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
USNS GENERAL JOHN POPE, (T-AP 110)	August 28, 1968
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
Third Assistant Engineer	1000
7. PLACE OR LOCATION WHERE INJURY OCCURRED	
After Engine Room, lower deck by #4 Feed pump.	
8. CAUSE OF INJURY (Describe how and why injury occurred)	
While working on piping to make-up evaporator, left foot slipped off the deck plates and I dropped into the bilges, hitting my lower spine and middle back on the edge of #4 feed pump casing. This took place on Wednesday, 28 August 1968 and thought it will not bother me but by Friday morning I developed a sharp pain in my middle back.	
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)	
Pain lower spine and middle back.	
10. NAMES OF WITNESSES TO INJURY	
NON E.	
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.	
_____ _____ _____	
12. SIGNATURE	
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.	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

Mr. Werner was assigned to remove the return steam manifold from the make-up evaporator. In the process of loosening the union type connections, he placed his foot on top of the floor plate boundary bar as a brace, as per his statement noted in item #8.

17. SIGNATURE OF IMMEDIATE SUPERIOR



M. S. CHAMBERLAIN, Chief Engineer

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

August 30, 1968

19. STATEMENT OF WITNESS

None

20. SIGNATURE OF WITNESS

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

22. STATEMENT OF WITNESS

None

23. SIGNATURE OF WITNESS

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