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 (Army, Navy, etc.) 2. Bureau or office MSTSPAC (Engineer, Navigation, etc.)
3. Place of employment Naval Supply Center (Arsenal, navy yard, etc.) Oakland (City), California (State)
4. Reporting office USNS General [illegible], T AP 119 (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 Thomas V. Sella (Give first name in full) 7. Age 52 8. Sex M 9. Citizenship USA
10. Home address (Street and number), (City or town), (State)
11. Occupation and division Oiler, Engine Dept (Give both, as laborer, hull division; helper, 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? 25 years
14. How long at present work in this establishment? 9 months
15. Dates of other injuries Unknown
16. Rate of pay on date of injury, $5834.[illegible] per annum { and subsistence valued at $421.24 per annum; and quarters valued at $126.[illegible] 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 [illegible] Port, T AP 119 Forward Engine Room (Give exact location, as name or number of building and division, etc.)
22. Date of injury 22 November, 1968; day of week Friday; hour of day 1350 m. (a. m. or p. m.)
23. Date employee stopped work 22 Nov, 1968; day of week Friday; hour of day 1350 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, 11/22/68 @ 1440 (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
   (a) Annual leave — (Give exact dates)
   (b) Sick leave — (Give exact dates)
   (c) Any other reason — (Give exact dates)
27. Describe in full how injury occurred
   Employee was removing motor from vacuum cleaner to empty dust bag, one lead was apparently pulled loose causing a contact to ground creating a flash burn on left palm.
28. State part of body injured and nature and extent of injury
   Left palm, slightly burn.
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? (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
   None
   (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? 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 NSY Dispensary, Hunters Point, CA
36. How soon after injury? Immediately
37. To what hospital sent? NSY Dispensary Location Hunters Point, S.F. Calif
38. Name and address of physician now attending case Returned to work @ 1440, 11/22/68

Signed this 25th day of November, 1968 [signature] L. J. [illegible] (Reporting officer)

at USNS Gen [illegible] Port, T AP 119 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.]

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 See attached NAVS. 5100/9 (Rev. 10/65). _____ was given first-aid treatment, or examined,
(Name of employee)
on _____, 19_____, at _____ m., and _____ disabled for work. Probable length of
(Was or was not)
disability will be _____ 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)

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