

FROM

FILE NUMBER

P-25/an

COMSTSPA C

SUBJECT

COOK, RAYMOND #33106 - request for Form CA-2, injury of 14 August 1967

REFERENCE

ENCLOSURE

1-cc/Form CA-1

This form may be used in a window envelope.

TO:

MASTER, USNS GEN POPE

OCT 20 1967

USNS POPE T-AP110

Endorsement on

VIA

<input checked="" type="checkbox"/> FORWARDED	<input type="checkbox"/> RETURNED	<input type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> REQUEST	<input type="checkbox"/> ADVISE	<input checked="" type="checkbox"/> SUBMIT
MESSAGE		MESSAGE		MESSAGE	
X FOR APPROPRIATE ACTION		SUBJECT DOCUMENT(S) WAS/WERE FORWARDED TO YOUR OFFICE AS A MATTER UNDER YOUR JURISDICTION.		CERTIFY ENCLOSURE AS TO RECEIPT AND ACCEPTANCE OF MATERIAL AND FORWARD TO	
FOR INFORMATION OR CERTIFICATION AND/OR FILE.		SUBJECT DOCUMENTS WAS/WERE APPROVED AND FORWARDED TO YOU		COPIES OF SUBJECT CHANGE ORDER AMENDMENT OR MODIFICATION	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		COPY(IES) OF THIS CORRESPONDENCE WITH YOUR REPLY.		CHANGE NOTICE TO THE SUPPLIER	
APPROVAL <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED		ENCLOSURE(S) IS/ARE FORWARDED AS REQUESTED BY REFERENCE		COPIES OF APPLICABLE PLANS AND/OR SPECIFICATIONS.	
CONCURRING IN RECOMMENDATIONS MADE IN THE BASIC CORRESPONDENCE.		ENCLOSURE(S) IS/ARE RETURNED FOR CORRECTION AS INDICATED.		FOR PLAN ACTION AS INDICATED	
COMMENTS AND/OR RECOMMENDATIONS.		CORRECTED ENCLOSURE(S) AS REQUESTED		CLASSIFICATIONS OF DEFECTS FOR SUBJECT ITEMS	
MAILING LIST ACTION		SUBJECT PERSON'S ATTENTION SHOULD BE INVITED TO THIS MATTER		CONFIRMATION THAT INSPECTION OR SOURCE INSPECTION IS NOT REQUIRED	
FOR ASSIGNMENT OF BUREAU FILE NUMBER(S)		SUBJECT PERSON(S) REPORTED TO THIS COMMAND		INSPECTION UNDER THE SUBJECT SUBCONTRACT IS NOT REQUIRED	
ON A LOAN BASIS RETURN BY		SUBJECT PERSON(S) COMPLETED HIS/HER DUTY AND WAS/WERE DETACHED FROM THIS COMMAND		COPIES OF SUBJECT PURCHASE DOCUMENT, IF SOURCE INSPECTION OR	
NAME AND LOCATION OF SUPPLIER OF SUBJECT ITEMS.		NAME AND LOCATION OF SUPPLIER OF SUBJECT ITEMS.		STATUS OF MATERIAL ON SUBJECT PURCHASE DOCUMENT	
SUBJECT FILES, WHICH ARE LOCATED IN BOX NO. SHIPMENT NO.		SUBCONTRACT NUMBER FOR SUBJECT ITEM		CLEARANCE AS INDICATED IN BASIC CORRESPONDENCE VERIFIED. NO REPLY UNLESS NEGATIVE.	
REPLY TO THE ABOVE REFERENCE(S) BY		SUBJECT PURCHASE DOCUMENT HAS BEEN REQUESTED AND WILL BE FORWARDED WHEN RECEIVED.		VERIFICATION OF NEED-TO-KNOW FOR VISIT PERSONNEL CLEARANCES VERIFIED.	
COPY(IES) OF REFERENCE DESCRIBED ABOVE WAS/WERE NOT RECEIVED.		ENDORSEMENT OF SUBJECT SUBCONTRACT IS BEING DEFAYED PENDING RECEIPT OF BASIC PURCHASE DOCUMENT.		X Request Form CA-2. Submit CA-2 in all cases where employee is treated by Govt Med.Off. Made not FF Duty PHSH/SF 8/21/67	
SUBJECT DOCUMENT(S) WAS/WERE FORWARDED TO		APPROPRIATION SYMBOL SUBHEAD AND CHARGEABLE ACTIVITY		SEE REMARKS ON THE REVERSE SIDE.	
SUBJECT DOCUMENT(S) IS/ARE WAS/WERE RETURNED FOR		WHETHER SUBJECT ITEMS ARE TO BE COMMERCIALLY SHIPPED OR AT GOVERNMENT EXPENSE			
COPY TO		SIGNATURE			

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C.W. Lockard

C.W. LOCKARD,
By direction.

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

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
DISEASE
(Under the Federal Employee's Compensation
Act)

The immediate superior should complete the reverse side of this form.

1. Name of Injured Employee (Last, first, middle) 2. Date of this Notice (mo, day, yr)

COOK, RAYMOND

18 August 1967

3. Place of Employment (Name & Location)

4. Date of Injury (mo, day, yr)

MAIL ROOM, JOHN PAPK (B-4P 115)

18 August 1967

5. Occupation

6. Hour of Injury (a.m. or p.m.)

AM/PM

2:25 P.M.

7. Place or Location Where Injury occurred

Paint Locker (1-305-1)

8. Cause of Injury (Describe how and why injury occurred)

lost balance, dropped a 5 gal. can of paint on left thumb.

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)

bruised left thumb.

REPORTED TO

MARINE INDEX BUREAU, INC.

11 BATTERY PLACE, N.Y. N.Y. 10004

Original card sent (date) 9/19/67

Suppl. card sent (date)

10. Names of Witnesses to Injury

None

11. If this Notice was not given within 48 hours after injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

None

12. Signature

Raymond Cook

13. Home Address of Injured Employee

9514 N. Burr Street
Portland, Oregon

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.

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: Employee was transferring a 5 gallon paint can from one storeroom to another; can was balanced on left side ladder while being suspended. In placing can on deck, because of unbalance conditions, much weight of can suddenly shifted forward and dropped to deck causing man to lose balance and to fall on one throat, left hand resulting in fracture and laceration of left thumb.

17. Signature of immediate superior

P. J. FERRETT

18. Date (mo, day, yr.)

15 August 1967

19. Statement of Witness

None

20. Signature of witness

None

21. Date (mo, day, yr.)

22. Statement of Witness

RECEIVED

OCT 20 1967

USNS POPE T-AP110

23. Signature of Witness

24. Date (mo, day, yr.)