

VIA *Post Mail* DATE *9/27/67*

FROM **COMSTSPA C** FILE NUMBER **P-25/an**

SUBJECT **BOOK, RAYMOND #33106 - request for Form CA-2, injury of 14 August 1967**

REFERENCE

RECEIVED

OCT 20 1967

MASTER, USNS GEN POPE

USNS POPE T-AP110
Endorsement on

ENCLOSURE **1-cc/FormCA-1**

This form may be used in a window envelope.

☒ FORWARDED
 ☐ RETURNED
 ☐ FOLLOW-UP
 ☐ REQUEST
 ☐ ADVISE
 ☒ SUBMIT

X	MESSAGE	X	MESSAGE	X	MESSAGE
<input checked="" type="checkbox"/>	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 _____
	FROM _____ BEING _____ IN THIS OFFICE.		NAME AND LOCATION OF THE SUPPLIER ON 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 OBTAINED PENDING RECEIPT OF BASIC PURCHASE DOCUMENT.	<input checked="" type="checkbox"/>	Request Form CA-2. Submit CA-2 in all cases where employee is treated by Govt Med. Off. Made not FF Duty PHSH/SF 8/22/67
	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 COMMERCIAL SHIPPED OR AT GOVERNMENT EXPENSE		
			A CERTIFICATE IN LIEU OF SUBJECT BILL OF LADING WHICH HAS BEEN LOST.		

COPY TO _____ SIGNATURE **C.W. LOCKARD,**
By direction.

(375)

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

14 August 1967

3. Place of Employment (Name & Location)

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

MARINE INDEX, JOHN FORD (1-42-112)

14 August 1967

5. Occupation

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

AD/E

2:25 P.M.

7. Place or Location Where Injury Occurred

Paint Locker (1-395-1)

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.

10. Names of Witnesses to Injury

None

REPORTED TO
MARINE INDEX BUREAU, INC.
17 BATTERY PLACE, N.Y., N.Y. 10004

Original card sent (date)

Suppl. card sent (date)

9/17/67

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.

NA

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

Raymond Cook

13. Home Address of Injured Employee

9514 N. Burr Street
Portland, Oregon

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 shoulder while being carried. In placing can on deck, because of unbalanced conditions, weight of can suddenly shifted forward and dropped to deck causing man to lose balance and to fall on one thrust, left hand resulting in fracture and laceration of left wrist.

17. Signature of immediate superior

P. I. [Signature]

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

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23. Signature of Witness

24. Date (mo. day, yr.)