

ACCIDENT REPORT

REPORT EXDS-5100-6

DATE (Day, Month, Year): **3 August 1967**

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN. JOHN POPE (T-AP 110)										FLEET OR NAV. DIST. NO. MSTSPAC		Do not use						
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)										AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT				EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES	
TRUONG, VAN HUNG RVN National Stevedore - signalman.										?	?	X					?	
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST								
TYPE					OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL					
None																		
4. DATE AND TIME OF ACCIDENT										WEATHER			LIGHT					
HOUR	DAY	MONTH			YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.							
1030	28	July			1967	X			X									
5. DESCRIPTION OF ACCIDENT: Describe the accident so that the Reviewing Official can get a clear picture of the accident and the reasons for it. Select and check closest applicable item in each section on back of form.																		
<p>While Vietnamese stevedores were uncovering #6 hatch at Vung Tau, RVN, a hatch beam which was being landed on deck momentarily jammed at each end between a ventilator and a ladder; when winch driver took a strain, beam broke free and swung against signalman, Van Hung Truong, pinning him between the beam and the hatch coming, resulting in a laceration of right knee and possible fractured patella. Man was given first aid aboard ship by ship's doctor and sent ashore in Alaska Barge and Transport tugboat, upon instructions from MSTSO Saigon, and supervisor, Mr. Glenn J. Golden, Alaska Barge and Transport employee.</p>																		
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES																		
A. C.A.1 <input type="checkbox"/> YES <input type="checkbox"/> NO				B. C.A.2 <input type="checkbox"/> YES <input type="checkbox"/> NO				C. OTHER (INDICATE):										
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?																		
Augmented safety indoctrination, training, and supervision of stevedores.																		

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL: **D. I. BERNEY** **FIRST OFFICER** DATE: **3 August 1967**

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Recommendations considered adequate.

SIGNATURE OF REVIEWING OFFICIAL: **H. L. HEINZ** TITLE, RANK, RATE OR GRADE: **MASTER** DATE: **3 August 1967**

SECTION 9 AGENCY INVOLVED	Check (x) and specify in space provided the object or substance most closely associated with the injury and which in general could have been properly guarded or corrected. One check (x) MUST be entered in this section.			Do not use
	1. MACHINES: (Agitators, grinders, sewing machines, vice, saws, lathes, welding machines, etc.) <input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.) <input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters) <input checked="" type="checkbox"/> 4. HOISTING APPARATUS: (Crane, hoists (air or electric), shovels, dredges, jacks, etc.) <input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.) <input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)	7. VEHICLES: (All types; except in traffic or flight) <input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles) <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.) <input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.) <input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motor power; hammers, wrenches, welding tools, sandblasters, etc.)	12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.) <input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, points, etc.) <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.) <input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.) <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, rungs, stairs, platforms, stagings, scaffolds, etc.) <input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)	
WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?				
SECTION 10 UNSAFE MECHANICAL CONDITION	Check (x) and specify the PRINCIPAL unsafe condition which led to or was responsible for the accident. One check (x) MUST be entered in this section.			
	18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) <input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) <input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.) <input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	23. UNSAFE CLOTHING: (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.) <input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION: <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)	
SECTION 11 TYPE OF ACCIDENT	Check (x) type of accident. One check (x) MUST be entered in this section.			
	26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc., due to striking against, kneeling on, or slipping on objects.) <input checked="" type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.) <input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN. <input type="checkbox"/> 29. FALL ON SAME LEVEL.	30. FALL TO DIFFERENT LEVEL. <input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.) <input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.) <input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)	34. CONTACT WITH ELECTRIC CURRENT. <input type="checkbox"/> 35. ELECTRIC WELDING FLASH. <input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.) <input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain)	
SECTION 12 UNSAFE ACT	Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.			
	38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn) <input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.) <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.) <input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	42. UNSAFE LOADING, PLACING, MIXING, ETC. <input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.) failure to stand clear <input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.) <input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)	46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.) <input type="checkbox"/> 47. NO UNSAFE ACT. <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)	
SECTION 13 UNSAFE PERSONAL FACTOR	Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.			
	49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.) disregard of safe practices <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:	53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):		
SECTION 14 TYPE OF INJURY	Check (x) type of injury, one check (x) MUST be entered in this section.			
	54. WOUNDS (Concussion, abrasion, incision, laceration) <input type="checkbox"/> 55. SPRAINS <input type="checkbox"/> 56. STRAINS (Muscular) <input type="checkbox"/> 57. HERNIA <input checked="" type="checkbox"/> 58. FRACTURES	59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away) <input type="checkbox"/> 61. BURNS AND SCALDS <input type="checkbox"/> 62. FOREIGN BODY IMBEDDED <input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	64. FLASHES <input type="checkbox"/> 65. FUMES AND GASES <input type="checkbox"/> 66. POISONS <input type="checkbox"/> 67. SKIN DISEASE (Occupational) <input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)	
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).			
	69. HEAD <input type="checkbox"/> 70. BACK <input type="checkbox"/> 71. EYES <input type="checkbox"/> 72. TRUNK <input checked="" type="checkbox"/> 73. ARMS <input type="checkbox"/> 74. HANDS <input type="checkbox"/> 75. FINGERS <input type="checkbox"/> 76. LEGS <input type="checkbox"/> 77. FEET <input type="checkbox"/> 78. TOES	79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)		

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)

PANZO, THOMAS (NMN)

3. Place of Employment (Name & Location)

USNS GEN. JOHN POPE (T-AP 116)

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

26 July 1967

5. Occupation

Able Seaman (Maint.)

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

1145

7. Place or Location Where Injury Occurred

Number 6 Hatch

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

Employee states that he caught his finger between hatch pontoon and bulkhead
while guiding pontoon during closing of hatch.

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

Laceration of 4th. finger, left hand.

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.

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 of death of myself,
or another, nor by my intoxication. I hereby
make claim for compensation and medical treat-
ment to which I may be entitled by reason of
this injury.

12. Signature

Thomas Panzo

13. Home Address of Injured
Employee

180 Dewey Avenue
Trenton New Jersey

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

While covering #6 cargo hatch, employee was assisting in guiding hatch pontoons into place. When pontoon swung, he failed to remove his hand and finger was caught between the pontoon and a bulkhead, resulting in a laceration.

17. Signature of immediate superior

18. Date (mo, day, yr.)

D. L. HERVEY

3 August 1967

19. Statement of Witness

None.

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)

DISPENSARY PERMIT

NAVEXOS-107 (7-52)

CASE NO.

TO DISPENSARY (Location) *(T-AP-110)*

DATE

EMPLOYEE'S NAME

BADGE NO.

RATING

TIME LEFT JOB

TIME RETURNED

RETURN TO SUPERVISOR (Name)

SHOP

REASON FOR REFERRAL

MEDICAL OFFICER'S REPORT

TIME REPORTED

TIME RELEASED

OCCUPATIONAL

OTHER



YES



NO

QUES-
TIONABLE

DISPOSITION

RETURN FOR FURTHER TREATMENT



AW



LD



LT



SH

REMARKS

Wts

SIGNATURE

(17 M. C. U. S. N)

DATE TO REPORT FOR RE-TREATMENT	TIME			
	SUPERVISOR	DISPENSARY		SUPERVISOR
	LEFT WORK	ARRIVED	LEFT	RETURNED TO WORK
DISCHARGED, TREATMENT TERMINATED			DATE	HOUR
SIGNED BY _____				
SUPERVISOR IS TO RETURN THIS REPORT TO SAFETY OFFICE IMMEDIATELY UPON TERMINATION OF TREATMENTS.			RECEIVED BY _____	
			MEDICAL OFFICER. SAFETY OFFICER.	