

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 Stevedores - signalman		?	?	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER		
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 items in each section or 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 coaming, 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			C. OTHER (INDICATE):		
A. C.A.1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	B. C.A.2	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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: <u>D. I. BERNY</u>		TITLE, RANK, RATE OR GRADE <u>FIRST OFFICER</u>	DATE <u>3 August 1967</u>
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8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Recommendations considered adequate.

9. SIGNATURE OF REVIEWING OFFICIAL <u>M. L. HEINZ</u>		TITLE, RANK, RATE OR GRADE <u>MASTER</u>	DATE <u>3 August 1967</u>
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SECTION 9 AGENCY INVOLVED	<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</td> <td><input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight)</td> <td><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.)</td> <td><input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)</td> <td><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, points, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</td> <td><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</td> <td><input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</td> <td><input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</td> <td><input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</td> <td><input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</td> <td><input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, ramps, stairs, platforms, stagings, scaffolds, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</td> </tr> </table>										<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)	<input type="checkbox"/> 7. VEHICLES: (All types; except in traffic or flight)	<input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)	<input type="checkbox"/> 2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air; compressors, fans, blowers, etc.)	<input type="checkbox"/> 8. ANIMALS: (Including insects and reptiles)	<input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, points, etc.)	<input type="checkbox"/> 3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)	<input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)	<input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, smoky, coal, etc.)	<input checked="" type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)	<input type="checkbox"/> 10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)	<input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)	<input type="checkbox"/> 5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)	<input type="checkbox"/> 11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)	<input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, ramps, stairs, platforms, stagings, scaffolds, etc.)	<input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)		<input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)	Do not use	
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	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?																													
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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 (NBB)

3. Place of Employment (Name & Location)

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

USNS NEW JERSEY POPE (T-AP 110)

26 July 1967

5. Occupation

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

Abile Seaman (Mint.)

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 panteon and bulkhead
while guiding panteon 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.

12. Signature

Thomas Panzo

13. Home Address of Injured
Employee

189 Dewey Avenue
Trenton New Jersey

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 treat-
ment 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

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

D. I. BURNEY

18. Date (mo, day, yr.)

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) <i>T-AP-110</i>		DATE
USNS Gen'l John Pope		26 July '67
EMPLOYEE'S NAME		BADGE NO.
<i>PANZO, THOMAS</i>		<i>167-3</i>
RATING	TIME LEFT JOB	TIME RETURNED
<i>A. B. Maint. 1145</i>		
RETURN TO SUPERVISOR (Name)	SHOP	
<i>D. I. Berney - 1st. Ope.</i>		<i>DECK</i>
REASON FOR REFERRAL		
<i>Cut 4th Finger - Left Hand</i>		
MEDICAL OFFICER'S REPORT	TIME REPORTED <i>1150</i>	TIME RELEASED <i>1225</i>
OCCUPATIONAL	OTHER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		
DISPOSITION	RETURN FOR FURTHER TREATMENT	
<input checked="" type="checkbox"/> <i>W</i> <input type="checkbox"/> LD <input type="checkbox"/> LT <input type="checkbox"/> SH		
REMARKS		

Duty

SIGNATURE

112d 17 M.C.U.S.N.

SIGNED BY

MEDICAL OFFICER.

**SUPERVISOR IS TO RETURN THIS REPORT
TO SAFETY OFFICE IMMEDIATELY UPON
TERMINATION OF TREATMENTS.**

RECEIVED BY

SAFETY OFFICER.