

DATE (Day, Month, Year): 13 June 1966

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USNS GEN JOHN F. POPP T-AP 110</b>										FLEET OR NAV. DIST. NO. <b>201678</b>			
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		
<b>Third Officer CDR TOPAC PERKINS, PAUL HARRISON</b>				<b>40</b>	<b>29</b>	<input checked="" type="checkbox"/> REG.	<input type="checkbox"/> TEMP.	<input type="checkbox"/> RECR.	<input type="checkbox"/> LV/LIB.	<input type="checkbox"/> TRAV.	<input type="checkbox"/> OTHER	<b>NONE</b>	<b>NONE</b>
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST			
TYPE			OWNERSHIP			LABOR		MATERIAL		OVERHEAD	TOTAL		
<b>NONE</b>													
4. DATE AND TIME OF ACCIDENT										WEATHER	LIGHT		
HOUR	DAY	MONTH	YEAR		GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.			
<b>0200</b>	<b>2nd</b>	<b>June</b>	<b>1968</b>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					
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><b>While dogging down watertight door on after deck at Fire Drill, The right tip of index finger jammed between dog and "U" clip welded on to the door.</b></p>													
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES													
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> B. C.A.2 <input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO			<b>C. OTHER</b> (INDICATE): <b>None</b>				

**1. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES**

1-641

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B. 5

YES

10

C. OTHER  
(INDICATE):

3. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

Take your time when dropping down watertight doors and use pieces of pipe hanging by door to door down tightly.

SIGNATURE OF SUPERVISOR. CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL	L. S. LARSEN	TITLE, RANK, RATE OR GRADE 1st Officer	DATE 15 June 1946
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**6. REVIEW AND COMMENT OF REVIEWING OFFICIAL**

SIGNATURE OF REVIEWING OFFICIAL:  <b>JOHN WASHINGTON</b>	TITLE, RANK, RATE OR GRADE  <b>Major</b>	DATE  <b>15 June 1966</b>
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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 &amp; 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 &amp; HOT SUBSTANCES: (Fire, alcohol, steam, paint, 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, emery, coal, etc.)</td> </tr> <tr> <td><input 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 &amp; 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, roads, stairs, platforms, stagings, scaffolds, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 6. BOILERS &amp; PRESSURE VESSELS: ( Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: <b>W. T. Deer</b> (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, paint, 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, emery, coal, etc.)	<input 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, roads, stairs, platforms, stagings, scaffolds, etc.)	<input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS: ( Fired or unfired, pressure lines, etc.)		<input type="checkbox"/> 17. AGENCIES: <b>W. T. Deer</b> (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?																														
SECTION 10 UNSAFE MECHANICAL CONDITION	<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, inadequate or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT:  (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</td> <td><input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : (Explain)</td> </tr> </table>												<input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)	<input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, inadequate or defective shoes, goggles, gloves, respirators, etc.)	<input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT:  (Broken, rough, slippery, poorly designed, etc.)	<input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)	<input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:		<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : (Explain)										
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SECTION 11 TYPE OF ACCIDENT	<input type="checkbox"/> 26. STRIKING AGAINST (Contact with rough or sharp objects, resulting in cuts, etc. due to striking against, kneeling on, or slipping on objects.)	<input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.	<input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.																												
	<input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)	<input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)	<input type="checkbox"/> 35. ELECTRIC WELDING FLASH.																												
<input checked="" type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.	<input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)	<input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)																													
<input type="checkbox"/> 29. FALL ON SAME LEVEL.	<input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)	<input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain)																													
SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <table border="0"> <tr> <td><input type="checkbox"/> 36. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</td> <td><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</td> <td><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</td> <td><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</td> <td><input type="checkbox"/> 47. NO UNSAFE ACT.</td> </tr> <tr> <td><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, disadjusting, disconnecting, etc.)</td> <td><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</td> <td><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</td> </tr> <tr> <td><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</td> <td><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</td> <td></td> </tr> </table>												<input type="checkbox"/> 36. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)	<input checked="" type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)	<input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)	<input type="checkbox"/> 47. NO UNSAFE ACT.	<input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, disadjusting, disconnecting, etc.)	<input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)	<input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)	<input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)								
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	Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.																														
SECTION 13 UNSAFE PERSONAL FACTOR	<input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)	<input type="checkbox"/> 51. BODY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)	<input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):																												
	<input checked="" type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:																													
SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)</td> <td><input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substance)</td> <td><input type="checkbox"/> 64. FLASHES</td> </tr> <tr> <td><input type="checkbox"/> 55. SPRAINS</td> <td><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)</td> <td><input type="checkbox"/> 65. FUMES AND GASES</td> </tr> <tr> <td><input type="checkbox"/> 56. STRAINS (Muscular)</td> <td><input type="checkbox"/> 61. BURNS AND SCALDS</td> <td><input type="checkbox"/> 66. POISONS</td> </tr> <tr> <td><input type="checkbox"/> 57. HERNIA</td> <td><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</td> <td><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</td> </tr> <tr> <td><input type="checkbox"/> 58. FRACTURES</td> <td><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</td> <td><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)</td> </tr> </table>												<input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)	<input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substance)	<input type="checkbox"/> 64. FLASHES	<input type="checkbox"/> 55. SPRAINS	<input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)	<input type="checkbox"/> 65. FUMES AND GASES	<input type="checkbox"/> 56. STRAINS (Muscular)	<input type="checkbox"/> 61. BURNS AND SCALDS	<input type="checkbox"/> 66. POISONS	<input type="checkbox"/> 57. HERNIA	<input type="checkbox"/> 62. FOREIGN BODY IMBEDDED	<input type="checkbox"/> 67. SKIN DISEASE (Occupational)	<input type="checkbox"/> 58. FRACTURES	<input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	<input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)				
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	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																														
SECTION 15 PART OF BODY	<input type="checkbox"/> 69. HEAD FACE	<input type="checkbox"/> 71. EYES	<input type="checkbox"/> 73. ARMS	<input checked="" type="checkbox"/> 75. FINGERS	<input type="checkbox"/> 77. FEET	<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)																									
	<input type="checkbox"/> 70. BACK	<input type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 74. HANDS	<input type="checkbox"/> 76. LEGS	<input type="checkbox"/> 78. TOES	<input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)																									

USNS GEN. JOHN POPE (T-AP 110)

c/o FLEET POST OFFICE

SAN FRANCISCO, CALIFORNIA

3 JUNE 66

From: Medical Officer

Subj: Master

Subj: Perkins, Paul, 3rd Mate, 284160; report of injury to:

1. The subject named was injured 0830, 3 June 66.
2. Diagnosis: Contusion, Right Index Finger.
3. Was carrying out duties during boat drill when the accident occurred.
4. Treatment: A small aperture was introduce thru the nail to evacuate the underlying hematoma.
5. Disposition: Fit for duty.

J.L. KITZMILLER  
LT MC USN

COPY TO:

COMILDEPT  
SAFETY OFFICER   
MASTER  
MEDICAL RECORDS OFFICE  
MASTER   
BRIDGE

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)  
PERKINS, PAUL H. 6 - 4 - 66  
3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)  
USNS GEN. JOHN POPE T - AP 110 6 - 3 - 66  
5. Occupation 6. Hour of Injury (a.m. or p.m.)  
THIRD OFFICER 0900

7. Place or Location Where Injury Occurred

WATERTIGHT DOOR AFTER DECK (STERN)

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

INJURY OCCURRED WHILE DOGGING DOWN A WATERTIGHT DOOR AT FIRE DRILL. INDEX

FINGER OF RIGHHAND BECAME JAMMED BETWEEN DOG AND "U" CLIP ON DOOR.

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

RIGHT INDEX FINGER. (TIP OF).

10. Names of Witnesses to Injury

NONE

11. If this Notice was not given within 48 hours after the 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 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

PAUL H. PERKINS

13. Home Address of Injured Employee

4356 POMONA AVE  
LA MESA, CALIFORNIA

Mr. Perkins was advised to be more careful and take his time when digging down watertight doors and also to use small length of pipe which should be used for this purpose.

A handwritten signature in black ink, appearing to read "Lloyd S. Green".

4 June 1966