

DATE (Day, Month, Year): 20 MAY 1966

1. REPORTING SHIP, ACTIVITY OR UNIT <i>POPE</i>								FLEET OR NAV. DIST. NO. <i>Do not use</i>		
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
WALTER E. MORLIN AB MSTS		40	6 Mo	REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	
3. PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST		
TYPE <i>NONE</i>		OWNERSHIP		LABOR		MATERIAL		OVERHEAD	TOTAL	
4. DATE AND TIME OF ACCIDENT				WEATHER			LIGHT			
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.	
1030	20	MAY	66	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>OPENING PORT SIDE PORT. DOORS SWUNG OPEN ABOUT six INCHES AND THEN RETURNED TO CLOSED Position CATCHING END OF MIDDLE FINGER, LEFT HAND, IN BETWEEN.</p>										

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 YES NO

B. C.A.2 YES NO

C. OTHER
(INDICATE):

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

SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL:

TITLE, RANK, RATE OR GRADE

DATE

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF
REVIEWING
OFFICIAL:

TITLE, RANK, RATE OR GRADE

DATE

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, paints, 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: (Crane, 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, roads, 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: SIDE PORT (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, paints, 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: (Crane, 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: SIDE PORT (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, unsuited 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, unsuited 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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USNS GEN. JOHN POPE (T-AP 110)

c/o FLEET POST OFFICE

SAN FRANCISCO, CALIFORNIA

5100
30 May 66

From: Medical Officer
To: Master

Subj: Morlin, Walter Emil, Master at Arms, Z#1205486, report of injury to:

1. The subject named man was injured at 1100 on 20 May 1966.
2. Diagnosis: Fracture, distal phalanx middle finger left hand.
3. Was opening side port when finger was caught in door.
4. Treatment: Armed and bandaged and splint applied. Sent to MSC Oakland dispensary for X-ray and follow up treatment.
5. Disposition: For further duty.

J. L. KITZMILLER
LT MC USN

COPY TO:

COMINDEPT
SAFETY OFFICER ✓
MEDICAL RECORDS OFFICE
MASTER
BRIDGE
DEPARTMENT

"Think Safety—Talk Safety—and Sell Safety"

On 7-2
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)

MORLIN, WALTER E.

5/21/66

3. Place of Employment (Name & location)

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

USNS GEN JOHN POPE (TAP-110)

5/20/66

5. Occupation

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

MASTER AT ARMS

1030

7. Place or Location Where Injury Occurred

(PORT) SIDE PORT

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

OPENING Port SIDE PORT

DOORS OPENED ABOUT SIX INCHES AND SWUNG
BACK CLOSED CATCHING FINGER BETWEEN

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

FRACTURE OF LEFT MIDDLE FINGER TIP

10. Names of Witnesses to Injury

✓

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.

12. Signature

Walter E. Morlin

13. Home Address of Injured
Employee

3403 w. 3rd
SPokane Wash.

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

17. Signature of immediate superior

Lloyd Jansen

18. Date (Mo., day, yr.)

30 MAY 1966

19. Statement of Witness

20. Signature of Witness

21. Date (Mo., day, yr.)

22. Statement of Witness

23. Signature of Witness

24. Date (Mo., day, yr.)