

EXCEPTION TO STANDARD FORM 92

APPROVED BY BUREAU OF THE BUDGET, JAN. 1980

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

1. REPORTING SHIP, ACTIVITY OR UNIT

POPE

FLEET OR NAV. DIST. NO.

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

WALTER E. MORLIN AB  
MSTS

40

6M6

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

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.

OPENING PORT SIDE PORT. DOORS SOUNDING  
OPEN ABOUT SIX INCHES AND THEN  
RETURNED TO CLOSED POSITION CATCHING  
END OF MIDDLE FINGER, LEFT HAND, IN BETWEEN.

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

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: Areamed 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 AC USN

COPY TO:

COMINDEPT  
SAFETY OFFICER ✓  
MEDICAL RECORDS OFFICE  
MASTER  
BRIDGE  
DEPARTMENT

*"Think Safety—Talk Safety—and Sell Safety"*

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) MORLIN, WALTER E.  
2. Date of this Notice (mo, day yr) 5/21/66  
3. Place of Employment (Name & location) USNS GEN JOHN POPE (TAP-110)  
4. Date of Injury (Mo, day, yr.) 5/20/66  
5. Occupation MASTER AT ARMS  
6. Hour of Injury (a.m. or p.m.) 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.

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

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

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16. Statement of immediate superior

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17. Signature of immediate superior

*Lloyd L. Larsen*

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

30 MAY 1966

19. Statement of Witness

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20. Signature of Witness

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

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22. Statement of Witness

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23. Signature of Witness

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

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