

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE
(Under the Federal Employees' Compensation Act)

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in part of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

The immediate superior should also complete the reverse side of this form.

1. NAME OF INJURED EMPLOYEE (Last, first, middle)

Edward Michael Rusbawski

2. DATE OF THIS NOTICE (Mo., day, yr.)

3. PLACE OF EMPLOYMENT (Name and location of office or establishment)

M.S.T.S. FORT MASON, SAN FRANCISCO, CALIF.

4. DATE OF INJURY (Mo., day, yr.)

5. OCCUPATION

AB Seaman - Maint.

6. HOUR OF INJURY (a.m. or p.m.)

7. PLACE OR LOCATION WHERE INJURY OCCURRED

DOWNTOWN - HONOLULU, HAWAII

8. CAUSE OF INJURY (Describe how and why injury occurred)

STEPED OUT OF TAXI ON TO EDGE OF CURB
RIGHT FOOT SLIPPED FROM CURB TO STREET

9. NATURE OF INJURY (Name part of body affected - fractured left leg, bruised right thumb, etc.)

SPRAINED RIGHT ANKLE

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

Edward M. Rusbawski

13. HOME ADDRESS OF INJURED EMPLOYEE

7160 Skyline Dr.
San Diego 14
California

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

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

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.)

ACCIDENT REPORT

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT

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	
				REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	
3. PROPERTY/EQUIPMENT DAMAGE										
TYPE		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.	
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.										
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?										

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
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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
	<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)	<input checked="" 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; compressor, 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, ebony, 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: (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.																	
	<input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)	<input checked="" type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsewed or defective shoes, goggles, gloves, respirators, etc.)															
<input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	<input checked="" type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)	<input 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)																
SECTION 11 TYPE OF ACCIDENT	Check (x) type of accident. One check (x) MUST be entered in this section.																	
	<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 checked="" type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION: (Resulting in strain, hernia, etc.)	<input type="checkbox"/> 35. ELECTRIC WELDING FLASH.																
<input 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	Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.																	
	<input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY: (Failure to secure or warn)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 48. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES: (Hats, goggles, etc.)															
<input 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, misadjusting, disconnecting, etc.)	<input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT: (Cleaning, adjusting, oiling, etc.)	<input type="checkbox"/> 49. 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.)																	
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.																	
	<input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)	<input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)	<input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED: (Explain)															
<input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Un-aware of safe practice, unskilled, etc.)	<input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:																	
SECTION 14 TYPE OF INJURY	Check (x) type of injury, one check (x) MUST be entered in this section.																	
	<input type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)	<input type="checkbox"/> 59. AMPUTATIONS (Loss of body substance)	<input type="checkbox"/> 64. FLASHES															
<input checked="" type="checkbox"/> 55. SPRAINS	<input type="checkbox"/> 60. AVULSION (Loss of non-body 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 Ex-posure, etc.)																
SECTION 15 PART OF BODY	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																	
	<input type="checkbox"/> 69. HEAD FACE	<input type="checkbox"/> 71. EYES	<input type="checkbox"/> 73. ARMS	<input 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 checked="" type="checkbox"/> 76. LEGS	<input type="checkbox"/> 78. TOES	<input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)													