

EXCEPTION TO STANDARD FORM 92

APPROVED BY BUREAU OF THE BUDGET, JAN. 1960

DATE (Day, Month, Year): **29 Nov, 1965**

|  |           |                 |  |  |             |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
|--|-----------|-----------------|--|--|-------------|----------|---------|----------------------|----------|----------------------------|-----------------|-------------------------|-------|--|--|------------------------------------|--------------------------------|--|
| 1. REPORTING SHIP, ACTIVITY OR UNIT<br><b>USNS GEN J. POPE ( 8710 ) MSTSPAGAREA, S.F.CALIF</b>   |           |                 |  |  |             |          |         |                      |          | FLEET OR NAV. DIST. NO.    |                 | Do not use              |       |  |  |                                    |                                |  |
| 2. PERSONNEL INJURED<br>(Name, Rank, Rate or Trade, and Branch of Service)   |           |                 |  |  |             |          |         |                      |          | AGE                        | YEARS<br>EXPER. | DUTY OR WORK ASSIGNMENT |       |  |  | EST. DAYS<br>LOST OR<br>TIME CHGS. | TOTAL<br>DISABLING<br>INJURIES |  |
| <b>HERNANDEZ</b><br><del>XXXXXXXX</del><br><b>HERNANDEZ, LEONARDO, (26360) (170-4)</b>   |           |                 |  |  |             |          |         |                      |          | <b>38</b>                  | <b>2</b>        | <b>X</b>                |       |  |  |                                    |                                |  |
| 3. PROPERTY/EQUIPMENT DAMAGE   |           |                 |  |  |             |          |         |                      |          | ESTIMATED DAMAGE COST      |                 |                         |       |  |  |                                    |                                |  |
| TYPE   |           |                 |  |  | OWNERSHIP   |          | LABOR   |                      | MATERIAL |                            | OVERHEAD        |                         | TOTAL |  |  |                                    |                                |  |
| <b>N/A</b>   |           |                 |  |  | <b>N/A</b>  |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
| 4. DATE AND TIME OF ACCIDENT   |           |                 |  |  |             |          |         |                      |          | WEATHER                    |                 |                         | LIGHT |  |  |                                    |                                |  |
| HOUR   | DAY       | MONTH           |  |  | YEAR        | GOOD     | ADVERSE | NOT APPLIC.          | GOOD     | POOR                       | NOT APPLIC.     |                         |       |  |  |                                    |                                |  |
| <b>1740</b>  | <b>29</b> | <b>November</b> |  |  | <b>1965</b> | <b>X</b> |         |                      |          | <b>X</b>                   |                 |                         |       |  |  |                                    |                                |  |
| 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>HEAVING LINE THROWN BY TUG BOAT CREW ONTO VESSEL, WITHOUT WARNING, STRIKING O/S. HERNANDEZ ON UPPER RIGHT FOREHEAD</b></p>   |           |                 |  |  |             |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
| 6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES  |           |                 |  |  |             |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
| A. C.A.1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |           |                 |  | B. C.A.2 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |             |          |         | C. OTHER (INDICATE): |          |                            |                 |                         |       |  |  |                                    |                                |  |
| 7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?  |           |                 |  |  |             |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
| <p><b>Employee, cautioned to Exercise care when working on deck, while handling Tug lines. Crew On Tug were verbally admonished.</b></p>   |           |                 |  |  |             |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
| SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:  |           |                 |  |  |             |          |         |                      |          | DATE                       |                 | <b>29 Nov.1965</b>      |       |  |  |                                    |                                |  |
| 8. REVIEW AND COMMENT OF REVIEWING OFFICIAL: Personnel in charge of Ships crew should instruct one man to observe the action of the Tug boat crew until the heaving lines are thrown and at time alarm ships crew in that area; thus avoiding the possibility of being hit with a heaving line |           |                 |  |  |             |          |         |                      |          |                            |                 |                         |       |  |  |                                    |                                |  |
| SIGNATURE OF REVIEWING OFFICIAL:   |           |                 |  |  |             |          |         |                      |          | TITLE, RANK, RATE OR GRADE |                 | DATE                    |       |  |  |                                    |                                |  |
|  |           |                 |  |  |             |          |         |                      |          | <b>MASTER</b>              |                 | <b>29 Nov.1965</b>      |       |  |  |                                    |                                |  |

|   |   |   |  |   |            |
|---|---|---|--|---|------------|
| SECTION 9<br>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 style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 1. MACHINES:<br/>(Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)<br/> <input type="checkbox"/> 2. PRIME MOVERS &amp; PUMPS:<br/>(Steam, internal combustion or air; compressors, fans, blowers, etc.)<br/> <input type="checkbox"/> 3. ELEVATORS:<br/>(Passenger, freight, aircraft or dumbwaiters)<br/> <input type="checkbox"/> 4. HOISTING APPARATUS:<br/>(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)<br/> <input type="checkbox"/> 5. CONVEYORS:<br/>(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)<br/> <input type="checkbox"/> 6. BOILERS &amp; PRESSURE VESSELS:<br/>(Fired or unfired, pressure lines, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 7. VEHICLES:<br/>(All types, except in traffic or flight)<br/> <input type="checkbox"/> 8. ANIMALS:<br/>(Including insects and reptiles)<br/> <input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS:<br/>(Belts, gears, couplings, etc.)<br/> <input type="checkbox"/> 10. ELECTRICAL APPARATUS:<br/>(Motors, transformers, lamps, appliances, etc.)<br/> <input type="checkbox"/> 11. HAND TOOLS:<br/>(Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 12. CHEMICALS:<br/>(Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.)<br/> <input type="checkbox"/> 13. HIGHLY INFLAMMABLE &amp; HOT SUBSTANCES:<br/>(Fire, alcohol, steam, points, etc.)<br/> <input type="checkbox"/> 14. DUSTS:<br/>(Explosive, organic or inorganic; leather, emery, coal, etc.)<br/> <input type="checkbox"/> 15. RADIATIONS &amp; RADIATING SUBSTANCES:<br/>(X-Ray, radium, ultra violet rays, etc.)<br/> <input type="checkbox"/> 16. WORKING SURFACES:<br/>(Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)<br/> <input checked="" type="checkbox"/> 17. AGENCIES <b>Heaving Line</b><br/>(Any object or substance not otherwise classified.)         </td></tr> </table> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p> | <input type="checkbox"/> 1. MACHINES:<br>(Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)<br><input type="checkbox"/> 2. PRIME MOVERS & PUMPS:<br>(Steam, internal combustion or air; compressors, fans, blowers, etc.)<br><input type="checkbox"/> 3. ELEVATORS:<br>(Passenger, freight, aircraft or dumbwaiters)<br><input type="checkbox"/> 4. HOISTING APPARATUS:<br>(Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)<br><input type="checkbox"/> 5. CONVEYORS:<br>(Belt, monorail, pneumatic, drag line, tiering or piling, etc.)<br><input type="checkbox"/> 6. BOILERS & PRESSURE VESSELS:<br>(Fired or unfired, pressure lines, etc.)                       | <input type="checkbox"/> 7. VEHICLES:<br>(All types, except in traffic or flight)<br><input type="checkbox"/> 8. ANIMALS:<br>(Including insects and reptiles)<br><input type="checkbox"/> 9. MECHANICAL POWER TRANSMISSION APPARATUS:<br>(Belts, gears, couplings, etc.)<br><input type="checkbox"/> 10. ELECTRICAL APPARATUS:<br>(Motors, transformers, lamps, appliances, etc.)<br><input type="checkbox"/> 11. HAND TOOLS:<br>(Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.) | <input type="checkbox"/> 12. CHEMICALS:<br>(Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.)<br><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & HOT SUBSTANCES:<br>(Fire, alcohol, steam, points, etc.)<br><input type="checkbox"/> 14. DUSTS:<br>(Explosive, organic or inorganic; leather, emery, coal, etc.)<br><input type="checkbox"/> 15. RADIATIONS & RADIATING SUBSTANCES:<br>(X-Ray, radium, ultra violet rays, etc.)<br><input type="checkbox"/> 16. WORKING SURFACES:<br>(Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)<br><input checked="" type="checkbox"/> 17. AGENCIES <b>Heaving Line</b><br>(Any object or substance not otherwise classified.) | Do not use |
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| SECTION 10<br>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 style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 18. IMPROPER GUARDING:<br/>(Unguarded, inadequately guarded, etc.)<br/> <input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT:<br/>(Broken, rough, slippery, poorly designed, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT:<br/>(Unsafe piling, poor layout, etc.)<br/> <input checked="" type="checkbox"/> 21. IMPROPER ILLUMINATION:<br/>(Insufficient light, glare, etc.)<br/> <input type="checkbox"/> 22. IMPROPER VENTILATION:<br/>(Dusty, gassy, impure air source, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 23. UNSAFE CLOTHING:<br/>(Lack of, untested or defective shoes, goggles, gloves, respirators, etc.)<br/> <input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:<br/> <input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)         </td></tr> </table>   | <input type="checkbox"/> 18. IMPROPER GUARDING:<br>(Unguarded, inadequately guarded, etc.)<br><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT:<br>(Broken, rough, slippery, poorly designed, etc.)   | <input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT:<br>(Unsafe piling, poor layout, etc.)<br><input checked="" type="checkbox"/> 21. IMPROPER ILLUMINATION:<br>(Insufficient light, glare, etc.)<br><input type="checkbox"/> 22. IMPROPER VENTILATION:<br>(Dusty, gassy, impure air source, etc.)  | <input type="checkbox"/> 23. UNSAFE CLOTHING:<br>(Lack of, untested or defective shoes, goggles, gloves, respirators, etc.)<br><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:<br><input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)  |            |
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| SECTION 11<br>TYPE OF ACCIDENT  | <p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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.)<br/> <input checked="" type="checkbox"/> 27. STRUCK BY (Falling, sliding, or moving objects)<br/> <input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.<br/> <input type="checkbox"/> 29. FALL ON SAME LEVEL.         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.<br/> <input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION.<br/>(Resulting in strain, hernia, etc.)<br/> <input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES.<br/>(Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)<br/> <input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING.<br/>(Asphyxiation, poisoning, drowning, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.<br/> <input type="checkbox"/> 35. ELECTRIC WELDING FLASH.<br/> <input type="checkbox"/> 36. FOREIGN BODIES IN EYE.<br/>(Resulting from dust, chips, airborne particles, etc.)<br/> <input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain)         </td></tr> </table>   | <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.)<br><input checked="" type="checkbox"/> 27. STRUCK BY (Falling, sliding, or moving objects)<br><input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.<br><input type="checkbox"/> 29. FALL ON SAME LEVEL.   | <input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.<br><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION.<br>(Resulting in strain, hernia, etc.)<br><input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES.<br>(Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)<br><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING.<br>(Asphyxiation, poisoning, drowning, etc.)  | <input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.<br><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.<br><input type="checkbox"/> 36. FOREIGN BODIES IN EYE.<br>(Resulting from dust, chips, airborne particles, etc.)<br><input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: (Explain)   |            |
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| SECTION 12<br>UNSAFE ACT  | <p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY.<br/>(Failure to secure or warn)<br/> <input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED.<br/>(Too slow, too fast, throwing materials, etc.)<br/> <input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE.<br/>(Removing, misadjusting, disconnecting, etc.)<br/> <input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.<br/> <input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC.<br/>(Under suspended loads, lifting with bent back, etc.)<br/> <input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT.<br/>(Cleaning, adjusting, oiling, etc.)<br/> <input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC.<br/>(Quarreling, horseplay, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES.<br/>(Hats, goggles, etc.)<br/> <input checked="" type="checkbox"/> 47. NO UNSAFE ACT.<br/> <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)         </td></tr> </table>  | <input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY.<br>(Failure to secure or warn)<br><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED.<br>(Too slow, too fast, throwing materials, etc.)<br><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE.<br>(Removing, misadjusting, disconnecting, etc.)<br><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.   | <input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.<br><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC.<br>(Under suspended loads, lifting with bent back, etc.)<br><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT.<br>(Cleaning, adjusting, oiling, etc.)<br><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC.<br>(Quarreling, horseplay, etc.)   | <input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES.<br>(Hats, goggles, etc.)<br><input checked="" type="checkbox"/> 47. NO UNSAFE ACT.<br><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)  |            |
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| SECTION 13<br>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> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)<br/> <input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)<br/> <input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):         </td></tr> </table>   | <input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)<br><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)   | <input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)<br><input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:   | <input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):   |            |
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| SECTION 14<br>TYPE OF INJURY  | <p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)<br/> <input type="checkbox"/> 55. SPRAINS<br/> <input type="checkbox"/> 56. STRAINS (Muscular)<br/> <input type="checkbox"/> 57. HERNIA<br/> <input type="checkbox"/> 58. FRACTURES         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)<br/> <input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)<br/> <input type="checkbox"/> 61. BURNS AND SCALDS<br/> <input type="checkbox"/> 62. FOREIGN BODY IMBEDDED<br/> <input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 64. FLASHES<br/> <input type="checkbox"/> 65. FUMES AND GASES<br/> <input type="checkbox"/> 66. POISONS<br/> <input type="checkbox"/> 67. SKIN DISEASE (Occupational)<br/> <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)<br><input type="checkbox"/> 55. SPRAINS<br><input type="checkbox"/> 56. STRAINS (Muscular)<br><input type="checkbox"/> 57. HERNIA<br><input type="checkbox"/> 58. FRACTURES   | <input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)<br><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)<br><input type="checkbox"/> 61. BURNS AND SCALDS<br><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED<br><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)   | <input type="checkbox"/> 64. FLASHES<br><input type="checkbox"/> 65. FUMES AND GASES<br><input type="checkbox"/> 66. POISONS<br><input type="checkbox"/> 67. SKIN DISEASE (Occupational)<br><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)  |            |
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| SECTION 15<br>PART OF BODY  | <p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 69. HEAD FACE<br/> <input type="checkbox"/> 70. BACK         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 71. EYES<br/> <input type="checkbox"/> 72. TRUNK<br/> <input type="checkbox"/> 73. ARMS<br/> <input type="checkbox"/> 74. HANDS         </td><td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 75. FINGERS<br/> <input type="checkbox"/> 76. LEGS<br/> <input type="checkbox"/> 77. FEET<br/> <input type="checkbox"/> 78. TOES<br/> <input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)<br/> <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)         </td></tr> </table>  | <input type="checkbox"/> 69. HEAD FACE<br><input type="checkbox"/> 70. BACK   | <input type="checkbox"/> 71. EYES<br><input type="checkbox"/> 72. TRUNK<br><input type="checkbox"/> 73. ARMS<br><input type="checkbox"/> 74. HANDS   | <input type="checkbox"/> 75. FINGERS<br><input type="checkbox"/> 76. LEGS<br><input type="checkbox"/> 77. FEET<br><input type="checkbox"/> 78. TOES<br><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)<br><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)   |            |
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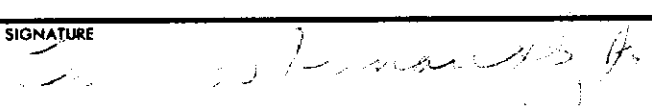
U.S. DEPARTMENT OF LABOR  
Bureau of Employees' Compensation

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 a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report 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)<br><b>HERNANDEZ, LEONARDO, (26364)(170-4)</b>  |  | 2. DATE OF THIS NOTICE (Mo., day, yr.)<br><b>29 Nov. 1965</b>   |
| 3. PLACE OF EMPLOYMENT (Name and location of office or establishment)<br><b>USNS GEN J. POPE ( AFTER DOCKING STATION)</b>  |  | 4. DATE OF INJURY (Mo., day, yr.)<br><b>29 Nov. 1965</b>  |
| 5. OCCUPATION<br><b>Ordinary Seaman</b>  |  | 6. HOUR OF INJURY (a.m. or p.m.)<br><b>17:40</b>  |
| 7. PLACE OR LOCATION WHERE INJURY OCCURRED<br><b>AFTER DOCKING STATION( MAIN DECK OF VESSEL)</b>   |  |   |
| 8. CAUSE OF INJURY (Describe how and why injury occurred)<br><b>HEAVING LINE THROWN BY TUG BOAT CREW WITHOUT WARNING, STRIKING HERNANDEZ ON<br/>UPPER RIGHT FOREHEAD</b>   |  |   |
| 9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)<br><b>LACERATION OF SCALP</b>   |  |   |
| 10. NAMES OF WITNESSES TO INJURY. <b>BROCH, 3RD OFFICER, O/S; JACKSON: J. BABES, O/S.</b>  |  |   |
| 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.<br><br>   |  |   |
| 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<br> |
|  |  | 13. HOME ADDRESS OF INJURED EMPLOYEE<br><b>414 N. 1st St<br/>Vallejo, Calif.</b>                      |

# 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 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 Undocking at night on the Fantail, the Tug that was to assisst, threw a heaving line aboard, without any warning. Monkey fist hit subject on the head and lacerated his head. I sent the Seaman to the Doctors.

17. SIGNATURE OF IMMEDIATE SUPERIOR

*E. R. Brock 3/p*

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

29- Nov. 1965

19. STATEMENT OF WITNESS

While working on the Windlass, undocking vessel, I saw Hernandez, O/S: Staggering after being hit by the heaving line thrown by the crew member of Tug that was assisisting the ship away from the Dock.

20. SIGNATURE OF WITNESS

JAMES, BABB, O/S

*James M. Babb*

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

29 Nov, 1965

22. STATEMENT OF WITNESS

WHILE working on the lines, Undocking the ship from the Dock a heaving line was thrown by a crew member of the after Tug that was assisisting us away, as the line flew by me I ducked and missing me the heaving line struck Hernandez on the forehead.

23. SIGNATURE OF WITNESS

*McKinley Jackson*

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

29 Nov. 1965