

ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): **14, OCT. 1966**

1. REPORTING SHIP, ACTIVITY OR UNIT USNS GEN. JOHN POPE T-AP 110 (08710)										FLEET OR NAV. DIST. NO. NGTS		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	
PHILMORE SHAPIRO, ORDINARY SEAMAN, NGTS										47	2 NO.		X					
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST								
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.								
2300	12	OCTOBER		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>EMPLOYEE STATES: WENT TO MESS HALL TO GET A PIECE OF CAKE AND WAS RETURNING TO MY ROOM VIA LADDERWELL EATING CAKE, SHIP LURCHED AND NOT HOLDING HAND RAIL FELL.</p> <p>MEDICAL DIAGNOSIS: CORNEAL ABRASION, SUPERFICIAL ABRASIONS, PROBABLE ALCOHOL INTOXICATION.</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 checked="" 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?																		
EMPLOYEE HAS BEEN CAUTIONED TO USE HAND RAILS WHEN WALKING ABOUT THE SHIP.																		

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:	TITLE, RANK, RATE OR GRADE FIRST OFFICER	DATE 14 OCT., 1966
---	--	------------------------------

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL:	SIGNATURE OF REVIEWING OFFICIAL: JOHN HARRINGTON	TITLE, RANK, RATE OR GRADE MASTER	DATE 14 OCT., 1966
--	--	---	------------------------------

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

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)

SHAPIRO, PHILMORE

OCT. 14, 1966

3. Place of Employment (Name & location)

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

NEIS - NEWS GEN. JOHN POPE T-AP 110 (08710)

OCT. 13, 1966

5. Occupation

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

ORDINARY SEAMAN

2300, 13 OCT. 1966

7. Place or Location Where Injury Occurred

2-145-3 LADDER WELL

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

WENT TO MESS HALL TO GET A PIECE OF CAKE AND WAS RETURNING TO MY ROOM VIA
LADDERWELL EATING CAKE, SHIP LURCHED AND NOT HOLDING HAND RAIL FELL.

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

WAS BRUISED AND/OR FRACTURED RING, RIGHT SIDE. EYE CUT FROM EYE GLASSES WHEN
BROKEN.

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

PHILMORE SHAPIRO

13. Home Address of Injured Employee

1017 NCH STREET
SAN FRANCISCO, CALIF.

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
INVESTIGATED AREA FOUND NO UNSAFE OR HAZZARDOROUS ITEMS, WITHIN SAME.

QUESTIONED EMPLOYEE REGARDS DRINKING INTOXICANTS. MAN STATED HE HAD NOT
CONSUMED ANY.

17. Signature of immediate superior

WM. H. CUNNINGHAM

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

OCT. 14, 1966

19. Statement of Witness

NONE

20. Signature of Witness

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

22. Statement of Witness

NONE

23. Signature of Witness

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

DISPENSARY PERMIT

NAVEFORM 707 (7-52)

CASE NO.

TO DISPENSARY (Location)

HOSPITAL

DATE

10/14/66

EMPLOYEE'S NAME

SHAPIRO, PHILMORE

BADGE NO.

170-1

RATING

O/S

TIME LEFT JOB

0800

TIME RETURNED

RETURN TO SUPERVISOR (Name)

WM. H. CUNNINGHAM

SHOP

REASON FOR REFERRAL

BRUSED FACE AND RIBS

MEDICAL OFFICER'S REPORT

TIME REPORTED

TIME RELEASED

OCCUPATIONAL

☐

YES

☐

NO

☐

QUESTIONABLE

OTHER

DISPOSITION

☐

RW

☐

LD

☐

LT

☐

SH

RETURN FOR FURTHER TREATMENT

REMARKS

SIGNATURE

M. C., U. S. N.

DATE TO REPORT FOR RE-TREATMENT	TIME			
	SUPERVISOR	DISPENSARY		SUPERVISOR
	LEFT WORK	ARRIVED	LEFT	RETURNED TO WORK

DISCHARGED, TREATMENT TERMINATED	DATE	HOUR
----------------------------------	------	------

SIGNED BY _____ MEDICAL OFFICER.

SUPERVISOR IS TO RETURN THIS REPORT TO SAFETY OFFICE IMMEDIATELY UPON TERMINATION OF TREATMENTS.	RECEIVED BY _____ SAFETY OFFICER.
--	--