

## ACCIDENT REPORT

DATE (Day, Month, Year): 16 OCT 19661. REPORTING SHIP, ACTIVITY OR UNIT X FLEET OR NAV. DIST. NO. 1 Do not useUSNS OEM. JOHN POPE T-AP 110 (OEWTO)MS 15

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.			
<u>KENNETH R. HIATT, A.B.E., MS1B</u>	<u>37</u>	<u>2</u>		<u>X</u>						

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
<u>2000</u>	<u>19</u>	<u>OCTOBER</u>	<u>66</u>		<u>X</u>			

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.

EMPLOYEE SAT DOWN IN CHAIR WHILE VESSEL WAS ROLLING AND WENT RIGHT BACK WITH IT, FELL ON DECK AND INJURED FINGER RIGHT HAND.

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES			C. OTHER (INDICATE):		
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

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

EMPLOYEE CAUTIONED TO SIT DOWN WITH CAUTION WHILE VESSEL IS UNLAWAY, INVESTIGATION OF GUARDS MADE, CHAIR FOUND INTACT, NO HAZZARDOUS CONDITIONS PREVAILING.

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL	TITLE, RANK, RATE OR GRADE	DATE
	<u>FIRST OFFICER</u>	<u>16 OCT., 1966</u>

SIGNATURE OF REVIEWING OFFICIAL:	TITLE, RANK, RATE OR GRADE	DATE
<u>JOHN HARRINGTON</u>	<u>MASTER</u>	<u>16 OCT., 1966</u>

SECTION 9 SECTION OF 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, cans, 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 &amp; 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 &amp; 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, smoky, coal, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 4. HOISTING APPARATUS: (Cranes, 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 &amp; 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 &amp; PRESSURE VESSELS: ( Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified) <b>CHAIR</b></td> </tr> </table>										<input type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, cans, 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, smoky, 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) <b>CHAIR</b>	Do not use
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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)  
HIATT, KENNETH R. OCT. 14, 1964  
3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)  
NO. 2 - USCG CIN. JOHN POPE T-AP 110 (600/10) OCT. 13, 1964  
5. Occupation 6. Hour of Injury (a.m. or p.m.)  
ARMED GUARD/MAINT. 2000

7. Place or Location Where Injury Occurred

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

SAT DOWN IN CHAIR WHILE VESSEL WAS ROLLING AND WENT RIGHT BACK WITH IT.  
FELL ON DECK AND INJURED PINKY, RIGHT HAND.

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

FRACTURE, 4TH PINKY, RIGHT HAND

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 treat-  
ment to which I may be entitled by reason of  
this injury.

12. Signature

KENNETH R. HIATT

13. Home Address of Injured  
Employee

1322 MOODALE CT.  
SAN JOSE, 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

0800, OCT. 14, 1966

FIRST OFFICER

16. Statement of immediate superior

EMPLOYEE CAUTIONED TO SIT DOWN WITH CAUTION WHILE VESSEL IS UNDERTAKEN.

INVESTIGATION OF QUARTERS MADE, CHAIR FOUND INTACT.

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.)

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)

3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)

13 October 1966

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

2200

7. Place or Location Where Injury Occurred

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

Set down in chair while vessel was rolling  
and went right back with it, Fell on deck  
and injured finger right hand

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

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.

12. Signature

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 treat-  
ment to which I may be entitled by reason of  
this injury.

13. Home Address of Injured  
Employee

1322 Woodale Ct. San Jose  
Cal. Fornia

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

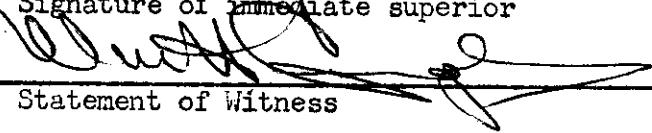
0800, 14 October 1966 : First Officer

16. Statement of immediate superior

~~Employer~~

~~Had on watch below. I was the only person~~  
~~down on the bridge. Person was cautioned to~~  
~~sit down with caution while vessel is~~  
~~underway~~

17. Signature of immediate superior



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

14 Oct. 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.)