

EXCEPTION: STANDARD FORM 92
APPROVED BY BUREAU OF THE BUDGET, JAN. 1960

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT USNS OCM, JOHN ROPE T-AP 110 (08710)										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	
MONTE GENE WAGGONER, A.B.M., MBTS										34	3 MO.	X						
3. PROPERTY/EQUIPMENT DAMAGE										ESTIMATED DAMAGE COST								
TYPE										OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL				
X																		
4. DATE AND TIME OF ACCIDENT										WEATHER			LIGHT					
HOUR	DAY	MONTH			YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.							
1100	29	SEPTEMBER						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>WHILE CUTTING STAGE HOOKS, SAWING WITH HACK SAW. SHIP ROLLED, SAW SLIPPED OFF HOOK AND CUT RIGHT THUMB.</p> <p>X</p> <p>X <i>30 min not 1 hr</i></p> <p>X</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>INVESTIGATION MADE, NO HAZZARDOUS CONDITIONS PREVAILING. EMPLOYEE CAUTIONED TO BE CAREFUL WHILE USING TOOLS.</p>																		
SIGNATURE OF SUPERVISOR CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL						TITLE, RANK, RATE OR GRADE				DATE								
<i>[Signature]</i>						FIRST OFFICER				19 OCT., 1966								
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL																		
SIGNATURE OF REVIEWING OFFICIAL						TITLE, RANK, RATE OR GRADE				DATE								
JOHN HARRINGTON						MASTER				19 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;"> <p><input checked="" type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p><input type="checkbox"/> 2. PRIME MOVERS & 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: (Cranes, 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 & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</p> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.)</p> <p><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & 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 & 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: (Any object or substance not otherwise classified.)</p> </td> </tr> </table> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p>	<p><input checked="" type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p><input type="checkbox"/> 2. PRIME MOVERS & 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: (Cranes, 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 & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</p>	<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>	<p><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetation, etc.)</p> <p><input type="checkbox"/> 13. HIGHLY INFLAMMABLE & 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 & 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: (Any object or substance not otherwise classified.)</p>	Do not use			
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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;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested 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> </td> </tr> </table>	<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>	<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>	<p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested 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>				
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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;"> <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 type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</p> <p><input type="checkbox"/> 29. FALL ON SAME LEVEL.</p> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <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 checked="" type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: SAWING METAL ROD</p> </td> </tr> </table>	<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 type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</p> <p><input type="checkbox"/> 29. FALL ON SAME LEVEL.</p>	<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>	<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 checked="" type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED: SAWING METAL ROD</p>				
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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;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> </tr> </table>	<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>	<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>	<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>				
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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;"> <p><input checked="" 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 type="checkbox"/> 58. FRACTURES</p> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> </tr> </table>	<p><input checked="" 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 type="checkbox"/> 58. FRACTURES</p>	<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>	<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>				
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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;"> <p><input type="checkbox"/> 69. HEAD</p> <p><input type="checkbox"/> 70. BACK</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input checked="" type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p> </td> <td style="width: 33%; vertical-align: top;"> <p><input type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</p> </td> <td style="width: 33%; vertical-align: top;"> <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> </td> </tr> </table>	<p><input type="checkbox"/> 69. HEAD</p> <p><input type="checkbox"/> 70. BACK</p>	<p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p>	<p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p>	<p><input checked="" type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p>	<p><input type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</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>	
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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)

WAGGONER, MONTE ORNE

OCT. 13, 1966

3. Place of Employment (Name & location)

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

SHIP CO. JOHN LOCH MATE - SAN FRANCISCO

5. Occupation

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

ATEL SEAMAN (MAINTANCE)

1100 AM 9-23-66

7. Place or Location Where Injury Occurred

PLUMBER SHOP - SHIP CO.

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

WHILE CUTTING STAGE ROCKS, SAWING WITH BACK SAW. SHIP ROLLED, SAW SLIPPED

OFF ROCK AND CUT RIGHT THUMB.

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

THUMB - RIGHT HAND.

10. Names of Witnesses to Injury

HANCOCK & McDONNOTT AB'S (MAINTANCE) DECK -

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.

JUST RECEIVED NOTICE.

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

MONTE ORNE WAGGONER

13. Home Address of Injured Employee

518 16TH STREET APT. #305
OAKLAND, 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

I SHIP'S BOATSWAIN TOLD WAGGONER ARM. TO CUT OFF THE HOOK FOR IT WAS TO LONG

WHILE HE WAS CUTTING IT OFF THE ACCIDENT HAPPENED, I WAS NOT THERE THAT

TIME FOR I WAS BUSY WITH OTHER WORK.

17. Signature of immediate superior

V.P. ROSALES BOSN.

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

OCT. 16, 1966

19. Statement of Witness

I WAS IN PIPE SHOP AT TIME OF ACCIDENT. ACCIDENT HAPPENED AS STATED IN
ITEM #8.

20. Signature of Witness

WILLIAM McDERMOTT 167-8

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

OCT. 16, 1966

22. Statement of Witness

WAS IN PIPE AHOP AT TIME OF ACCIDENT, ACCIDENT HAPPENED AS STATED IN
ITEM #8

23. Signature of Witness

JOHN W. MANGUM

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

OCT. 16, 1966

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)

WAGGONER MONTE GENE 10-13-66

3. Place of Employment (Name & location)

U.S.N.S. GEN. JOHN POPE 4. Date of Injury (Mo, day, yr.)

MSTS - SAN FRANCISCO 9-23-66

5. Occupation

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

ABLE SEAMAN (MAINTANCE) 1100 AM 9-23-66

7. Place or Location Where Injury Occurred

PLUMBER SHOP - U.S.N.S. POPE

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

WHILE CUTTING STAGE HOOKS, SAWING WITH
HACK SAW. SHIP ROLLED, SAW SLIPPED OFF
HOOK AND CUT RIGHT THUMB.

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

THUMB - RIGHT HAND.

10. Names of Witnesses to Injury

AB'S (MAINTANCE)

MANGUM & McDERMOTT DECK -

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.

JUST RECEIVED NOTICE.

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

Monte Gene Waggoner

13. Home Address of Injured Employee

518 18th Street Apt. 305
Oakland, 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

I ship's boatswain told Waggoner A.B.M. to cut off the hook for it was too long. While he was cutting it off the accident happened. I was not there that time for I was busy with other work.

17. Signature of immediate superior

V. P. Rosales Boon.

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

19. Statement of Witness

I Was in pipe shop at time of accident. accident happened as stated in item #8.

William McDermott 167-8

20. Signature of Witness

10-16-66
21. Date (Mo., day, yr.)

22. Statement of Witness

was in pipe shop at time of accident, accident happened as stated in item #8

23. Signature of Witness

John W. M. Regan 167-4

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

10-16-66