

ACCIDENT REPORT

DATE (Day, Month, Year):

1. REPORTING SHIP, ACTIVITY OR UNIT

FLEET OR NAV. DIST. NO.

Do not use

NAME: CIVIL, JOHN DORF T-AP 110 (08710)
 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.		
34	3 MO.		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.
1100	21	SEPTEMBER			X	X	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.

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

X

X 30 min wait/ lot

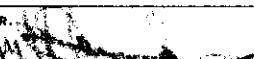
X

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1 YES NOB. C.A.2 YES NOC. OTHER
(INDICATE):

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

INVESTIGATION MADE, NO HAZZARDOUS CONDITIONS PREVAILING. EMPLOYEE CAUTIONED TO BE CAREFUL WHILE USING TOOLS.

SIGNATURE OF SUPERVISOR: 
 CHIEF OF WORKING PARTY
 OR HEAD OF WORK DETAIL

TITLE, RANK, RATE OR GRADE

FIRST OFFICER

DATE

13 OCT. 1966

B. REVIEW AND COMMENT OF REVIEWING OFFICIAL

SIGNATURE OF
 REVIEWING
 OFFICIAL: 
 JOHN HARRINGTON

TITLE, RANK, RATE OR GRADE

MASTER

DATE

13 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 border="0"> <tr> <td><input checked="" type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing 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 & 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 & 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, ebony, 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 & 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 & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</td> <td></td> <td><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</td> </tr> </table>										<input checked="" type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing 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, 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.)	Do not use
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	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?																												
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 border="0"> <tr> <td><input type="checkbox"/> 18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</td> <td><input type="checkbox"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</td> <td><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unmitigated or defective shoes, goggles, gloves, respirators, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</td> <td><input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</td> <td><input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air sources, etc.)</td> <td><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"/> 20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unmitigated or defective shoes, goggles, gloves, respirators, etc.)	<input type="checkbox"/> 19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)	<input type="checkbox"/> 21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)	<input checked="" type="checkbox"/> 24. NO UNSAFE CONDITION:		<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air sources, etc.)	<input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : (Explain)										
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SECTION 13 UNSAFE PERSONAL FACTOR	<table border="0"> <tr> <td><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</td> <td><input type="checkbox"/> 51. BODY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)</td> <td><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):</td> </tr> <tr> <td><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</td> <td><input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</td> <td></td> </tr> </table>										<input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)	<input type="checkbox"/> 51. BODY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)	<input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):	<input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)	<input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:														
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	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																												
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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 CRAIG 3. Place of Employment (Name & location) 4. Date of Injury (Mo, day, yr.)

MONTE CRAIG, 3001 30TH AVE., SAN FRANCISCO 5. Occupation 6. Hour of Injury (a.m. or p.m.)

ANALYST (MAINTAINCE) 7. Place or Location Where Injury Occurred

CLIMBING SHOP - 3001 30TH 8. Cause of Injury (Describe how and why injury occurred)

WHILE CUTTING STONE ROCKS, 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

MANGIN & MCDERMOTT ABUS (MAINTAINCE) 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.

12. Signature

MONTE CRAIG WAGGONER
13. Home Address of Injured Employee

518 18TH STREET APT. #305
OAKLAND, CALIFORNIA

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.

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 AEM. 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

J. P. Rosales
V.P. BOSALES 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
WILLIAM McDERMOTT 167-8

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

OCT. 16, 1966

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

U.S.N.S. GEN. JOHN POPE : 9-23-66

MSTS - SAN FRANCISCO : 9-23-66

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

ABLE SEA MAN (MAINTAINCE) : 1100AM 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.

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 ABM. 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

J. P. Rosales Boas.

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. Rogers 167-4 10-16-66

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