

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)

THIEBO, JOHAN

27 January 1967

3. Place of Employment (Name & Location)

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

USNS GEN. JOHN POPE T-AP 110 at sea

27 January 1967

5. Occupation

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

ABLE SEAMAN MAINT.

1000 hours

7. Place or Location Where Injury Occurred

LIFEBOAT NO. 13

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

HOOK FROM BLOCK AND TACKLE FELL ON FOOT

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

BRUISED SECOND TOE ON RIGHT FOOT

10. Names of Witnesses to Injury

BILLY OLSON

11. If this Notice was not given within 48 hours after injury, explain reason for delay. If earlier notice was given, verbal or written, state when and to whom.

NOTICE GIVEN TO FIRST OFFICER AT 1300 HRS. 27 Jan 67

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 treatment to which I may be entitled by reason of this injury.

13. Home Address of Injured Employee

2435 BURNSIDE ROAD
SEBASTOPOL, 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
JANUARY 27, 1967 C.T. ARENTZ, DECK YEOMAN

16. Statement of immediate superior

EMPLOYEE INSTRUCTED ABOUT HANDLING EQUIPMENT

17. Signature of immediate superior
W. H. CUNNINGHAM, FIRST OFFICER

18. Date (mo, day, yr.)
27 January 1967

19. Statement of Witness

SAME AS EMPLOYEE

20. Signature of witness
BILLY L. OLSON, BOATSWAINS MATE

21. Date (mo. day, yr.)
27 January 1967

22. Statement of Witness

23. Signature of Witness

24. Date (mo. day, yr.)

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(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)

Johanna Thingo

1/27-67

3. Place of Employment (Name & Location)

USNS Gen. John Pope

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

1/27-67

5. Occupation

AB/M

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

10 am

7. Place or Location Where Injury Occurred

By lifeboat no. 13

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

Hook from block and tackle
fell on foot.

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

Bruised 2nd toe on right foot.

10. Names of Witnesses to Injury

Bosuns mate W. Olson

11. If this Notice was not given within 48 hours after injury, explain reason
for delay. If earlier notice was given, verbal or written, state when and to
whom.

Notice given to 1st mate
at 1300 hours.

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

Johanna Thingo

13. Home Address of Injured
Employee

2485 Burnside Rd
Sebastopol, 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

17. Signature of immediate superior

18. Date (mo. day, yr.)

19. Statement of Witness

20. Signature of witness

21. Date (mo. day, yr.)

22. Statement of Witness

23. Signature of Witness

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