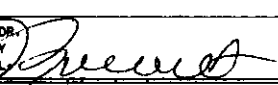



# ACCIDENT REPORT

REPORT EXOS-5100-6

DATE (Day, Month, Year): **16 July 1969**

1. REPORTING SHIP, ACTIVITY OR UNIT <b>USS G-10, JOHN F. (7-1-10)</b>										FLEET OR NAV. DIST. NO. <b>3-10-10</b>		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		
<b>ROBERT T. MORGAN</b>				<b>30</b>	<b>25</b>	<b>X</b>					<b>4</b>	<b>4</b>	
3. PROPERTY/EQUIPMENT DAMAGE						ESTIMATED DAMAGE COST							
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL			
<b>NONE</b>													
4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT					
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.				
<b>1230</b>	<b>10</b>	<b>July</b>	<b>69</b>	<b>X</b>			<b>X</b>						
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.													
<b>Removing staples from a wooden board and screw-driver slipped causing two inch scratch on left hand.</b>													
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): <b>None</b>													
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?													
<b>Employee advised to use extreme caution and proper hand tool to accomplish the job.</b>													
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL				TITLE, RANK, RATE OR GRADE				DATE					
				<b>FIRST OFFICER</b>				<b>16 July 1969</b>					
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL													
<b>Concur with action taken as set forth in Para 7.</b>													
SIGNATURE OF REVIEWING OFFICIAL:				TITLE, RANK, RATE OR GRADE				DATE					
				<b>MASTER</b>				<b>11 July 1969</b>					

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 &amp; 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: (Cranes, 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 &amp; 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 checked="" 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 &amp; HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)  <input type="checkbox"/> 14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.)  <input type="checkbox"/> 15. RADIATIONS &amp; RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)  <input type="checkbox"/> 16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, stagings, scaffolds, etc.)  <input type="checkbox"/> 17. AGENCIES: (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: (Cranes, 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 checked="" 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, paints, 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, stagings, scaffolds, etc.) <input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)	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;"> <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, gasey, impure air source, etc.)         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested 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, gasey, impure air source, etc.)	<input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested 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)	
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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;"> <input checked="" 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 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 checked="" 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 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)	
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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;"> <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 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. (Bats, goggles, etc.)  <input checked="" 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 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. (Bats, goggles, etc.) <input checked="" type="checkbox"/> 47. NO UNSAFE ACT. <input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)	
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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. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)  <input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (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. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.) <input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:	<input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):	
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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;"> <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, Electrocutation, 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, Electrocutation, Heat Exhaustion, etc.)	
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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;"> <input type="checkbox"/> 69. HEAD FACE  <input type="checkbox"/> 70. BACK         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 71. EYES  <input type="checkbox"/> 72. TRUNK         </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 73. ARMS  <input checked="" 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> <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)  <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)         </td> </tr> </table>	<input type="checkbox"/> 69. HEAD FACE <input type="checkbox"/> 70. BACK	<input type="checkbox"/> 71. EYES <input type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 73. ARMS <input checked="" 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"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)
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U.S. DEPARTMENT OF LABOR  
Bureau of Employees' Compensation

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE  
(Under the Federal Employees' Compensation Act)

INSTRUCTIONS

This form should be completed by the injured employee or someone on his behalf whenever an injury is sustained in the performance of duty and given to his immediate superior within 48 hours. It should be placed in the employee's official personnel file unless the injury causes disability for work beyond the day when it occurred; is likely to result in prolonged treatment or permanent disability; or in a charge for medical or related expenses when it should be forwarded to this Bureau with Form CA-2, Official Superior's Report of Injury. This form is also completed whenever an employee believes he suffers from a disease related to his employment. (See Sections 1.2, 1.3, 2.2 and 2.3 of the Bureau's Regulations.)

The immediate superior should also complete the reverse side of this form.

1. NAME OF INJURED EMPLOYEE (Last, first, middle) <b>MORGAN, ROBERT T.</b>		2. DATE OF THIS NOTICE (Mo., day, yr.) <b>July 10, 1969</b>	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) <b>USNS GENERAL JOHN POPE (T-AP 110) FPO, San Francisco, California 96601</b>		4. DATE OF INJURY (Mo., day, yr.) <b>July 10, 1969</b>	
5. OCCUPATION <b>Ship's Carpenter</b>		6. HOUR OF INJURY (a.m. or p.m.) <b>12:30 p.m.</b>	
7. PLACE OR LOCATION WHERE INJURY OCCURRED <b>Main Deck, Hatch #6, USNS General John Pope (T-AP 110)</b>			
8. CAUSE OF INJURY (Describe how and why injury occurred) <b>Removing staples from a wooden board and screw-driver slipped.</b> _____ _____ _____ _____ _____			
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.) <b>2 inch scratch on left hand.</b> _____			
10. NAMES OF WITNESSES TO INJURY <b>None.</b>			
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  13. HOME ADDRESS OF INJURED EMPLOYEE <b>851 Patrick Drive, Pineale, California 94564</b>	

# 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

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17. SIGNATURE OF IMMEDIATE SUPERIOR

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

19. STATEMENT OF WITNESS

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20. SIGNATURE OF WITNESS

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

22. STATEMENT OF WITNESS

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23. SIGNATURE OF WITNESS

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