

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)
MANZANO, Miguel R. #12645 167-5

2. DATE OF THIS NOTICE (Mo., day, yr.)
14 August 1969

3. PLACE OF EMPLOYMENT (Name and location of office or establishment)
USNS GENERAL JOHN POPE (T-AFP 717)
PPG, San Francisco, California 96601

4. DATE OF INJURY (Mo., day, yr.)
12 August 1969

5. OCCUPATION
Able Seaman Maintenance (ABM)

6. HOUR OF INJURY (a.m. or p.m.)
0810 (a.m.)

7. PLACE OR LOCATION WHERE INJURY OCCURRED
Boat Deck, No. 2 Topping Lift - (P) side, approx. Fr 02

8. CAUSE OF INJURY (Describe how and why injury occurred)

While taking turns of wire off cleat of No. 2 Topping Lift, one turn of wire got away from Movillion, ABM, assisting me. The turn of wire, which is stiff, hit me in the right eye, resulting in a bruised area just below the eye. I then contacted Deck Yeoman and First Officer, who directed me to the Dispensary ashore at Hunter's Point Naval Shipyard where I was treated and then returned to work.

9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)

bruised right eye area

10. NAMES OF WITNESSES TO INJURY

C.P. Movillion, ABM; Aniceto Yates, ABM; McKinley Jackson, ABM

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
1226 Belmont Street
Delano, 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

This accident was avoidable through a little more care on the part of all those involved in it. The wire was figure eight (8) on the cleat. In removing same, one turn got loose and slapped Manzano on the cheek.

17. SIGNATURE OF IMMEDIATE SUPERIOR

Leonard Hemphill, Bos'n

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

14 August 1969

19. STATEMENT OF WITNESS

A turn of wire flipped loose while Matillion and Manzano were taking turns of wire off the cleat of No. 2 Topping Lift. It hit Manzano in the face area on the right side. He stopped work then and went to seek assistance.

20. SIGNATURE OF WITNESS

Abiceto A. Lopes

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

167-1

14 August 1969

22. STATEMENT OF WITNESS

Manzano and I were taking turns of wire off cleat of No. 2 Topping Lift. I tried to push wire off the clip that holds it. It then slipped off clip, the wire who reles sea, slipping out of my grasp and hitting Manzano.

23. SIGNATURE OF WITNESS

C.P. Matillion

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

167-4

14 August 1969

ACCIDENT REPORT

REPORT EXOS-5100-6

14 AUGUST 1969

DATE (Day, Month, Year):

RECOMMENDED CORRECTIVE ACTION (PAR. 7)										FILED ON (Day, Month, Year): 14 AUGUST 1969	Do not use		
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service) MANGANO, Miguel R. # 12663			AGE 60	YEARS 20	DUTY OR WORK ASSIGNMENT					EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES		
					REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER			
3. PROPERTY/EQUIPMENT DAMAGE			ESTIMATED DAMAGE COST										
None			TYPE	OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL					
4. DATE AND TIME OF ACCIDENT 0010 12 AM 14 AUGUST MONTH					WEATHER				LIGHT				
					GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.			
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 taking turns of wire off cleat of No. 2 Topping lift, one turn of wire got away from ABM Movillion, hitting Manzano on the upper right side of his face, just below the right eye. The wire was stiff and apparently difficult to free without considerable effort on the part of the men involved. The turn of wire simply got out of Movillion's grasp, coming into contact with the man at the other end of the turn of wire, Manzano.								

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?

Advised men involved to use considerable caution to accomplish projects like this, particularly to use extra men as safety measures to prevent the wire getting away from their grasp.SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL

TITLE, RANK, RATE OR GRADE

DATE **14 AUGUST 1969**

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with action taken as set forth in Par 7.SIGNATURE OF
REVIEWING
OFFICIAL:

TITLE, RANK, RATE OR GRADE

DATE **14 AUGUST 1969**

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 type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, 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 & 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, emery, coal, etc.)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4. MOISTING 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, conveyor, 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 type="checkbox"/> 1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, 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, emery, coal, etc.)	<input checked="" type="checkbox"/> 4. MOISTING 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, conveyor, 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, unsuited 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 type="checkbox"/> 24. NO UNSAFE CONDITION:</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, 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, unsuited 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 type="checkbox"/> 24. NO UNSAFE CONDITION:		<input type="checkbox"/> 22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)	<input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED : (Explain)										
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SECTION 12 UNSAFE ACT	<table border="0"> <tr> <td><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</td> <td><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</td> <td><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</td> <td><input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</td> <td><input type="checkbox"/> 47. NO UNSAFE ACT.</td> </tr> <tr> <td><input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)</td> <td><input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</td> <td><input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</td> </tr> <tr> <td><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</td> <td><input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</td> <td></td> </tr> </table>												<input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)	<input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.	<input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)	<input type="checkbox"/> 39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)	<input type="checkbox"/> 43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)	<input type="checkbox"/> 47. NO UNSAFE ACT.	<input type="checkbox"/> 40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)	<input type="checkbox"/> 44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)	<input type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)	<input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.	<input type="checkbox"/> 45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)								
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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. BODILY 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 (Un-aware of safe practice, unskilled, etc.)</td> <td><input 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. BODILY 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 (Un-aware of safe practice, unskilled, etc.)	<input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:														
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	Check (x) type of injury, one check (x) MUST be entered in this section.																														
SECTION 14 TYPE OF INJURY	<table border="0"> <tr> <td><input type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)</td> <td><input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)</td> <td><input type="checkbox"/> 64. FLASHES</td> </tr> <tr> <td><input checked="" type="checkbox"/> 55. SPRAINS</td> <td><input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)</td> <td><input type="checkbox"/> 65. FUMES AND GASES</td> </tr> <tr> <td><input type="checkbox"/> 56. STRAINS (Muscular)</td> <td><input type="checkbox"/> 61. BURNS AND SCALDS</td> <td><input type="checkbox"/> 66. POISONS</td> </tr> <tr> <td><input type="checkbox"/> 57. HERNIA</td> <td><input type="checkbox"/> 62. FOREIGN BODY IMBEDDED</td> <td><input type="checkbox"/> 67. SKIN DISEASE (Occupational)</td> </tr> <tr> <td><input type="checkbox"/> 58. FRACTURES</td> <td><input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)</td> <td><input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)</td> </tr> </table>												<input type="checkbox"/> 54. WOUNDS (Concussion, abrasion, incision, laceration)	<input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substances)	<input type="checkbox"/> 64. FLASHES	<input checked="" type="checkbox"/> 55. SPRAINS	<input type="checkbox"/> 60. AVULSION (Loss of non-bony substance by shearing or tearing away)	<input type="checkbox"/> 65. FUMES AND GASES	<input type="checkbox"/> 56. STRAINS (Muscular)	<input type="checkbox"/> 61. BURNS AND SCALDS	<input type="checkbox"/> 66. POISONS	<input type="checkbox"/> 57. HERNIA	<input type="checkbox"/> 62. FOREIGN BODY IMBEDDED	<input type="checkbox"/> 67. SKIN DISEASE (Occupational)	<input type="checkbox"/> 58. FRACTURES	<input type="checkbox"/> 63. FOREIGN BODY, LOOSE (Dust, etc.)	<input type="checkbox"/> 68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocution, Heat Exhaustion, etc.)				
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	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).																														
SECTION 15 PART OF BODY	<table border="0"> <tr> <td><input checked="" type="checkbox"/> 69. HEAD FACE</td> <td><input type="checkbox"/> 71. EYES</td> <td><input type="checkbox"/> 73. ARMS</td> <td><input type="checkbox"/> 75. FINGERS</td> <td><input type="checkbox"/> 77. FEET</td> <td><input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 70. BACK</td> <td><input type="checkbox"/> 72. TRUNK</td> <td><input type="checkbox"/> 74. HANDS</td> <td><input type="checkbox"/> 76. LEGS</td> <td><input type="checkbox"/> 78. TOES</td> <td><input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</td> </tr> </table>												<input checked="" type="checkbox"/> 69. HEAD FACE	<input type="checkbox"/> 71. EYES	<input type="checkbox"/> 73. ARMS	<input type="checkbox"/> 75. FINGERS	<input type="checkbox"/> 77. FEET	<input type="checkbox"/> 79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)	<input type="checkbox"/> 70. BACK	<input type="checkbox"/> 72. TRUNK	<input type="checkbox"/> 74. HANDS	<input type="checkbox"/> 76. LEGS	<input type="checkbox"/> 78. TOES	<input type="checkbox"/> 80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)							
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OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department Navy (Army, Navy, etc.)	2. Bureau or office U.S. CO. JOHN F. ROPE (T-AP 111) (Arsenal, navy yard, etc.)	M.D.I.S. Pacific Area (Engineer, Navigation, etc.)	
	3. Place of employment	U.S. CO. JOHN F. ROPE (T-AP 111) (City)	(State)	
	4. Reporting office	(Location of reporting office or division headquarters)		
	5. Name of superintendent or foreman in charge when injury occurred	John R. Headmill, Seafarman		
	The injured employee			
6. Name of injured employee Michael E. Manzano (Give first name in full)	7. Age 66	8. Sex M	9. Citizenship U.S. Delano, California (State)	
10. Home address 1226 Belmont Street (Street and number)	(City or town)			
11. Occupation and division AB (H), Deck Dept. (Give both, as laborer, hull division; helper, machine shop, etc.)	12. Was employee doing his regular work? Yes If not, what work?			
13. Total length of service with the Government as a civilian? Twenty-eight (28)				
14. How long at present work in this establishment? Twenty-eight (28)				
15. Dates of other injuries	6.50 per day			
16. Rate of pay on date of injury, \$ 6894 per an hour { and subsistence valued at \$ 6.50 per day	and quarters valued at \$ 6.50 per day			
17. Employee begins work at 7:00 A.M. (Hour, a.m. or p.m.)	18. Regular day's work ends 4:00 P.M. (Hour, a.m. or p.m.)			
19. Hours worked per day 8:00 (8)	20. Days paid per week Seven (7)			
21. Place where injury occurred U.S. CO. JOHN F. ROPE, Pier #2, 37 Naval Shipyard, Hunter's Point (Give exact location, as name or number of building and division, etc.)	6:01 P.M.			
22. Date of injury 12 August , 19 69 day of week Tuesday ; hour of day 6:01 P.M. (a.m. or p.m.)				
23. Date employee stopped work - , 19 - day of week - ; hour of day - (a.m. or p.m.)				
24. Date employee's pay stopped - , 19 - day of week - ; hour of day - (a.m. or p.m.)				
25. Has employee returned to work? Yes - No lost time (Give date and hour)				
26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave - (Give exact dates)				
(b) Sick leave - (Give exact dates)				
(c) Any other reason - (Give exact dates)				
27. Describe in full how injury occurred while taking turns of wire off cleat of #2 Topping lift, one turn of wire got away from ADM Novillion, hitting Manzano, ABW, on the upper right side of his face, just below the right eye. The wire was figure-eight (8) on the cleat. The wire was stiff and apparently got out of Novillion's grasp, coming into contact with the man, Manzano, working with him. Additional caution would have prevented the accident.				
28. State part of body injured and nature and extent of injury Upper right side of face, below eye				
The injury				
29. Did injury cause loss of any member or part of member? No If so, describe exactly				
30. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement				
31. Was injury caused by: (a) Willful misconduct of the employee? No (b) Intention of employee to bring about injury or death of himself or another? No (c) Employee's intoxication? No (If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)				
32. Was written notice of injury given within 48 hours? Yes If not, did immediate superior have actual knowledge of injury? (Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)				
33. Names and addresses of witnesses to injury Aniceto Lates, 107-1, U.S. CO. JOHN F. ROPE				
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)				
34. Was injury caused by a third party other than a Government employee or agency? No If so, has employee been instructed in procedure under the Bureau's regulations? (A detailed statement should be forwarded with this report)				
Medical attendance				
35. Name and address of physician who first attended case Dr. Joseph, M.D., 108-1, U.S. CO. JOHN F. ROPE				
36. How soon after injury? One-half hour (1/2 hr)				
37. To what hospital sent? Dispensary, U.S. Naval Shipyard	Hunter's Point, San Francisco			
38. Name and address of physician now attending case None				

Signed this **22** day of **August**, 19**69**

(Signature of reporting officer)

at **U.S. CO. JOHN F. ROPE (T-AP 111)**

(Title)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

A turn of wire slipped loose while Matillion and Manzano were taking turns of wire off the cleat of No. 2 hoisting lift. It hit Manzano in the face area on the right side. He stopped work then and went to seek assistance.

Signed this 14 day of August, 1969

Aniceto A. Iabao

167-1

(Signature of witness)

Manzano and I were taking turns of wire off chest of No. 2 Tapping Lift. I tried to push wire off the clip that holds it. It then slipped off clip, the wire was released, slipping out of my grasp and hitting Manzano.

Signed this 14 day of August 1969

C.P. Novation

167-4

(Signature of witness)

**STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST
EXAMINED CASE**

I CERTIFY that **Angel S. Kanzano #12645** was given first-aid treatment, or examined, on **12 August** (Name of employee), 19_____, at _____ m., and **was not** (Was or was not) disabled for work. Probable length of disability will be _____ In my opinion disability _____ (Was or was not) due to injury on _____ 19_____.

Nature of injury as found on examination: Abrasion O.D. Tempal portion lower lid, no globe involved.

Hospitalized _____ Will return for follow-up _____

Discharged _____ Other disposition _____

Remarks

Signed this 18th day of August 1969, 1969
at San Francisco Bay Naval Shipyard
Hunter's Point Dispensary
San Francisco, Calif. 94135

(Signature of medical officer)

H. P. BARNARD, M.D.

(Title)