

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)

HANZANO, 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-AP 114)
FPO, 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.

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

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 Macillion 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

Amiceto A. Jones
167-1

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

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 was released, slipping out of my grasp and hitting Manzano.

23. SIGNATURE OF WITNESS

C.P. Movillion
167-4

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

14 August 1969

ACCIDENT REPORT

REPORT EDS-5100-6

14 AUGUST 1969

DATE (Day, Month, Year):

US AIR FORCE (TAP 114)

FILE NO. 151213

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
			REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER		
MANZANO, Miguel R. # 12645 167-5	64	28	X							

3. PROPERTY/EQUIPMENT DAMAGE			ESTIMATED DAMAGE COST			
TYPE	OWNERSHIP	LABOR	MATERIAL	OVERHEAD	TOTAL	
None						

4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT		
DATE	TIME	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.	
0810	12	AUGUST	69	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 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		C. OTHER (INDICATE):	
A. C.A.1 <input type="checkbox"/> YES <input type="checkbox"/> NO	B. C.A.2 <input type="checkbox"/> YES <input type="checkbox"/> NO		

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 First Officer	DATE 14 AUGUST 1969
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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 Master	DATE 14 AUGUST 1969
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	SECTION 9 AGENCY INVOLVED	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.	Do not use
	SECTION 9 AGENCY INVOLVED	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input 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 checked="" 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> </div> <div style="width: 33%;"> <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: (Band, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</p> </div> <div style="width: 33%;"> <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, staging, scaffolds, etc.)</p> <p><input type="checkbox"/> 17. AGENCIES: (Any object or substance not otherwise classified.)</p> </div> </div> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p>	
	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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsuited 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> </div> </div>	
	SECTION 11 TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 checked="" 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> </div> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <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 type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain)</p> </div> </div>	
	SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</p> <p><input type="checkbox"/> 47. NO UNSAFE ACT.</p> <p><input checked="" type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</p> </div> </div>	
	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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input type="checkbox"/> 49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</p> <p><input type="checkbox"/> 50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing; fatigue, intoxicated, existing hernia, weak heart, etc.)</p> <p><input checked="" type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):</p> </div> </div>	
	SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <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> </div> <div style="width: 33%;"> <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> </div> </div>	
	SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p><input checked="" type="checkbox"/> 69. HEAD FACE</p> <p><input type="checkbox"/> 70. BACK</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</p> </div> <div style="width: 33%;"> <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> </div> </div>	

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.]

1. Department Navy 2. Bureau or office U.S.I.S. Pacific Area
 (Army, Navy, etc.) (Engineer, Navigation, etc.)
 3. Place of employment USS GEN. JOHN P. MCKE (T-AP 111)
 (Arsenal, navy yard, etc.) (City) (State)
 4. Reporting office USS GEN. JOHN P. MCKE (T-AP 111)
 (Location of reporting office or division headquarters)
 5. Name of superintendent or foreman in charge when injury occurred Leon rd Romphill, Sealawain

6. Name of injured employee Miguel E. MANZANO 7. Age 66 8. Sex M 9. Citizenship U.S.
 (Give first name in full) (City or town) (State)
 10. Home address 1226 Belmont Street
 (Street and number) (City or town) (State)
 11. Occupation and division AB (H), Deck Dept. 12. Was employee doing his regular
 (Give both, as laborer, hull division; helper, machine shop, etc.) 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 _____
 16. Rate of pay on date of injury, \$ 6894 per annum { and subsistence valued at \$ 0.50 per day
 and quarters valued at \$ 0.50 per day
 17. Employee begins work at 7:00 a.m. 18. Regular day's work ends 4:00 P.m.
 (Hour, a.m. or p.m.) (Hour, a.m. or p.m.)
 19. Hours worked per day Eight (8) 20. Days paid per week Seven (7)

21. Place where injury occurred USS GEN. JOHN P. MCKE, Pier #2, SF Naval Shipyard, Hunter's Point
 (Give exact location, as name or number of building and division, etc.)
 22. Date of injury 12 August, 19 69 day of week Tuesday; hour of day 8:15 a.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 ABH Novillion, hitting MANZANO, AISH,
 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

29. Did injury cause loss of any member or part of member? No If so, describe exactly _____
 The injury

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 Aniceta Yabes, 167-1, Lark POPE
C.F. Novillion, 167-4, USS GEN. JOHN P. MCKE

(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)

35. Name and address of physician who first attended case H.P. Langhart, M.D., 375 Bay Blvd, San Francisco
 36. How soon after injury? One-half hour (1/2 hr)
 37. To what hospital sent? Dispensary, US Naval Shipyard, Hunter's Point, San Francisco
 38. Name and address of physician now attending case None

Signed this 22 day of August, 1969
 at USS GEN. JOHN P. MCKE (T-AP 111)
 C. A. 2
 December 1961 (OVER)
 (Signature of reporting officer)
First Officer (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 flipped loose while Astillion 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.

Signed this 14 day of August, 19 69

Aniceto M. Yabes

167-1

(Signature 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 was released, slipping out of my grasp and hitting Manzano.

Signed this 14 day of August, 19 69

C.P. Novillion

167-4

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Miguel B. Manzano #12645 was given first-aid treatment, or examined, on 12 August, 19 69, at m., and was not disabled for work. Probable length of disability will be (Was or was not) In my opinion disability due to injury on 19 69 (Was or was not) Nature of injury as found on examination Abrasion O.D. temporal portion lower lid, no globe involvement.

Hospitalized Will return for further treatment Discharged Other disposition Remarks

Signed this 18th day of August 1969, 19 69

at San Francisco Bay Naval Shipyard
Hunter's Point Dispensary
San Francisco, Calif. 94135

(Signature of medical officer)

H. P. BARNHART, M.D.

(Title)