

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	2. Bureau or office	MTSPAC
	(Army, Navy, etc.)		(Engineer, Navigator, etc.)	CA 94625
	3. Place of employment	USNS GENERAL JOHN POPE (T-AP 110)	OAKLAND	(State)
	4. Reporting office	(Location of reporting office or division headquarters)		
	5. Name of superintendent or foreman in charge when injury occurred	R.E. Landry, Master		

The injured employee	6. Name of injured employee	Archie R. Connally	7. Age	42	8. Sex	M	9. Citizenship	USA
	10. Home address	4119 Forestview Drive	(Name in full)	Concord	(City or town)	CA 94521	(State)	
	11. Occupation and division	DECK DEPT	(Job number)	First Officer	12. Was employee doing his regular work? Yes If not, what work? 18 years			
	13. Total length of service with the Government as a civilian?	2 months						
	14. Dates of other injuries	None (11/24/69 - 1/26/70)						
	16. Rate of pay on date of injury, \$	15,780	per	annum	and subsistence valued at \$	421.20	per	annum
	17. Employee begins work at	0700	a		and quarters valued at \$	183.60	per	annum
	18. Regular day's work ends	1600	p					
	19. Hours worked per day	8	(Hour, a. m. or p. m.)		20. Days paid per week	5	(Hour, a. m. or p. m.)	

21. Place where injury occurred	Frame 4-152-2 on USNS GENERAL JOHN POPE (T-AP 110)							
22. Date of injury	26 January	(Give exact date)	19	70	day of week	Monday	hour of day	1000 a.m.
23. Date employee stopped work	0700 1/27	19	70	day of week	Tuesday	hour of day	0700 a.m.	
24. Date employee's pay stopped		19		day of week		hour of day	0700 a.m.	
25. Has employee returned to work?	NO							
26. Will employee receive pay for any portion of above absence on account of:	(Give date and hour)							
(a) Annual leave								
(b) Sick leave	yes - from 27 January 1970 (Give exact dates)							
(c) Any other reason								

27. Describe in full how injury occurred **He assisted the Master to lift a heavy steel hatch cover from the deck level to the perpendicular locked position at 4-152-2 on USNS POPE. He made no comment concerning the lift at the moment. Approximately one hour later he complained of a back strain.**

28. State part of body injured and nature and extent of injury	Back						
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						
(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., must be complete if notice was not given within 48 hours)							
33. Names and addresses of witnesses to injury	R.E. Landry, Master						
	P.E. Dattola, Chief Steward						

(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						
	36. How soon after injury?						
	37. To what hospital sent?	Location					
	38. Name and address of physician now attending case						

Signed this _____ day of _____, 19_____
 at _____ (Signature of reporting officer)
 (Title)

C. A. 2
 December 1961

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.]

On Monday 1/26/70, Mr. Connolly, First Officer, was assisting the Master to open a watertight hatch cover at frame 4-152-2 on board USNS POPE. He reached down with his left hand, assisted to raise the cover. He made no complaint of injury at that time. Approximately one hour later he complained of a back strain and said that he assumed it was a pulled muscle. He rested, said he felt better. On Tuesday, the following day, he telephoned to say that he was unable to return to work because of his injured back. When questioned about medical examination he said he had an appointment with a private doctor.

Signed this 29th day of January, 1970.

Robert E. Landry
ROBERT E. LANDRY (Signature of witness)

On Monday morning at about 1000 AM, 1/26/70 on an inspection tour, Mr. Connolly helped the Master to lift a watertight steel hatch cover. The door was heavy but it seemed to be raised without difficulty. Later the Master called to say that Mr. Connolly had told him that he had hurt his back while lifting the door. About 1200 I met Mr. Connolly at the ship's gangway where he told me he had hurt his back. I offered to drive him to the dispensary at Hunter's Point, he declined, said he would rest and that he would be O.K. Later I repeated the offer, he said he felt better.

Signed this _____ day of _____, 19_____

Philip E. Dattola
PHILIP E. DATTOLE

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST

Results of examination not EXAMINED CASE
known 1/27/70

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

Nature of injury as found on examination _____

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other disposition _____

Remarks _____

Signed this _____ day of _____, 19_____

at _____

(Signature of medical officer)

(Title)

DATE (Day, Month, Year): 27 January 1970

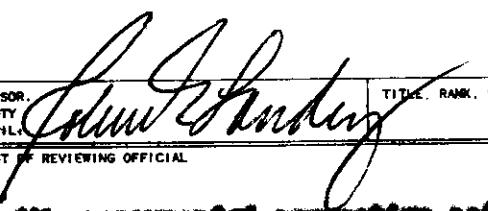
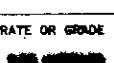
1. REPORTING SHIP, ACTIVITY OR UNIT							FLEET OR NAV. DIST. NO.		Do not use		
2. REPORTING PERSON (Last, First, Middle Initials)		AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT					LOSS. DAYS	TOTAL	
(Name, Rank, Rate or Trade, and Branch of Service)				REG.	TEMP.	RECR.	LV/LIB.	TRAV.	OTHER	LOST OR TIME CHGS	DISABLING INJURIES
Archie B. Connally, Jr.			38 X								
3. PROPERTY/EQUIPMENT DAMAGE ESTIMATED DAMAGE COST											
TYPE		OWNERSHIP		LABOR		MATERIAL		OVERHEAD		TOTAL	
No property damage											
4. DATE AND TIME OF ACCIDENT				WEATHER				LIGHT			
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.		GOOD	POOR	NOT APPLIC.	
5. ACCIDENT FLOWERS: Describe the accident so that the Reviewing Officer 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.											
<p>Mr. Connally assisted the Master to lift a watertight steel hatch cover door at frame 4-138-2 on board this port at approximately 1000 on 26 January 1970. He reached down with his left hand to assist in raising the cover. He made no complaint of injury at the time. Approximately one hour later he said he had strained his back. After a short rest, he said he felt better and went on about his work. On Tuesday, 27 January 1970, he telephoned the ship from his home to say that he would be unable to report because of his back. When questioned about medical examination he said he would be examined by a private doctor prior to his return to duty.</p>											

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

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

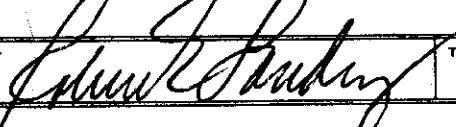
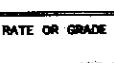
7. RECOMMENDED CORRECTIVE ACTION: What recommendations have been made which will help prevent another accident like this?

Continued instruction in proper methods of lifting.

SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL: TITLE, RANK, RATE OR GRADE: DATE: 

8. REVIEW AND COMMENT BY REVIEWING OFFICIAL

Comment on the recommended corrective action.

SIGNATURE OF
REVIEWING
OFFICIAL: TITLE, RANK, RATE OR GRADE: DATE: 

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, sawing 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, cosmetics, poisonous vegetation, 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, driving 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, sawing machines, etc.)	<input type="checkbox"/> 7. VEHICLES: (All types, except in traffic or flight)	<input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, cosmetics, poisonous vegetation, 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, driving 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: (Uneven 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: (Uneven 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 11 TYPE OF ACCIDENT	<table border="0"> <tr> <td><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.)</td> <td><input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.</td> <td><input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.</td> </tr> <tr> <td><input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)</td> <td><input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</td> <td><input type="checkbox"/> 35. ELECTRIC WELDING FLASH.</td> </tr> <tr> <td><input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.</td> <td><input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</td> <td><input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</td> </tr> <tr> <td><input type="checkbox"/> 29. FALL ON SAME LEVEL.</td> <td><input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</td> <td><input type="checkbox"/> 37. TYPE OF ACCIDENT NOT OTHERWISE CLASSIFIED. (Explain)</td> </tr> </table>												<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.)	<input type="checkbox"/> 30. FALL TO DIFFERENT LEVEL.	<input type="checkbox"/> 34. CONTACT WITH ELECTRIC CURRENT.	<input type="checkbox"/> 27. STRUCK BY (Falling, flying, sliding, or moving objects.)	<input type="checkbox"/> 31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)	<input type="checkbox"/> 35. ELECTRIC WELDING FLASH.	<input type="checkbox"/> 28. CAUGHT IN, ON, OR BETWEEN.	<input type="checkbox"/> 32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)	<input type="checkbox"/> 36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)	<input type="checkbox"/> 29. FALL ON SAME LEVEL.	<input type="checkbox"/> 33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)	<input type="checkbox"/> 37. TYPE OF ACCIDENT 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 wear)</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, disadjusting, 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 wear)	<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, disadjusting, 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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Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.																															
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 sight, 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 sight, 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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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)	2. DATE OF THIS NOTICE (Mo., day, yr.)
CUNNALLY, Archie E., Jr.	January 26, 1970
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
NAVY - NAUTIC U.S. GENERAL JOHN POPE (T-AP 110)	January 26, 1970
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
First Officer	1000 AM
7. PLACE OR LOCATION WHERE INJURY OCCURRED	
U.S.S. GENERAL JOHN POPE (T-AP 110) Frame 4-192-2	
8. CAUSE OF INJURY (Describe how and why injury occurred)	
Mr. Cunnally assisted to lift a heavy steel watertight hatch cover. He made no complaint of injury at the time. Approximately one hour later he said he had suffered a back strain.	
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)	
"Back strain." Diagnosis unconfirmed at this report.	
10. NAMES OF WITNESSES TO INJURY	
RONALD E. LARSON, MATRON	PHILIP E. BARTON, CREW MEMBER
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.	
Prepared for Mr. Cunnally from verbal statements made to the Doctor.	
12. SIGNATURE	
<p>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.</p>	
13. HOME ADDRESS OF INJURED EMPLOYEE	
4119 Forestview Ave. Compton, Calif. 90221 Tel. 639-3271	

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

On Monday 1/26/70 at approximately 1000 Mr. Connally, First Officer, assisted the Master to lift a watertight hatch cover at frame 4-152-2. Approximately one hour later he complained of a back strain.

17. SIGNATURE OF IMMEDIATE SUPERIOR

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

19. STATEMENT OF WITNESS

JOSEPH M. LAROCHE, MASTER

On Monday morning at about 1000 AM, 1/26/70, I accompanied the Master and the First Officer (Mr. Connally) on an inspection tour of DECK PORT to determine condition and location of stores prior to laying up the ship. In the inspection we desired to examine a store room on the fifth deck, access through a steel hatch at 4-152-2. Mr. Connally assisted the Master to lift the watertight hatch cover door. At the moment it seemed that this was done without difficulty. Later the Master called to say that Mr. Connally had hurt his back while lifting the cover. About 1000 I went to the gangway where I met Mr. Connally who reported that he had hurt his back. I offered to drive him to the dispensary at Hunter's Point. He said he would feel better after a short rest. I repeated the offer some time later but he said he felt better.

20. SIGNATURE OF WITNESS

Philip E. Battola

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

PHILIP E. BATTOLA, CHIEF STABOARD

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

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