

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	NETSPAC		
	3. Place of employment	USNS GEN JOHN POPE (T-AP 110)		4. Reporting office	SPRINGS, Hunter's Point		
	5. Name of superintendent or foreman in charge when injury occurred	R.E. Landry, Master					
	6. Name of injured employee	Archie R. Connolly		7. Age	42	8. Sex	M
The injured employee	9. Citizenship	USA		10. Home address	4119 Forestview Ave, Concord, CA 94521		
	11. Occupation and division	DECK DEPT First Officer		12. Was employee doing his regular work?	Yes		
	13. Total length of service with the Government as a civilian?	18 years					
	14. How long at present work in this establishment?	2 months					
	15. 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.m.	and quarters valued at \$	183.60	per annum	
	18. Regular day's work ends	1600	p.m.	19. Hours worked per day	8	20. Days paid per week	7
The injury	21. Place where injury occurred	Frame 4-152-2 on USNS GENERAL JOHN POPE (T-AP 110)					
	22. Date of injury	26 January	1970	day of week	Monday	hour of day	1000 a.m.
	23. Date employee stopped work	0700 1/27	1970	day of week	Tuesday	hour of day	0700 a.m.
	24. Date employee's pay stopped		1970	day of week		hour of day	
	25. Has employee returned to work?	no					
	26. Will employee receive pay for any portion of above absence on account of:	(a) Annual leave					
		(b) Sick leave yes - from 27 January 1970					
		(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					
	30. Was employee injured while in performance of duty?	Yes					
	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					
	32. Was written notice of injury given within 48 hours?	yes					
	33. Names and addresses of witnesses to injury	R.E. Landry, Master P.E. Battola, Chief Steward					
	34. Was injury caused by a third party other than a Government employee or agency?	no					
	35. Name and address of physician who first attended case						
Medical attendance	36. How soon after injury?						
	37. To what hospital sent?						
	38. Name and address of physician now attending case						

Signed this _____ day of _____, 19____
 at _____
 (Signature of reporting 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.]

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. LARSEN (Signature of witness)

On Monday morning at about 1000 AM, 1/26/70 on an inspection tour, Mr. Connally 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. Connally had told him that he had hurt his back while lifting the door. About 1200 I met Mr. Connally 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. DATTOIA

(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST

Results of examination not known 1/27/70

EXAMINED CASE

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

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)

EXCEPTION TO STANDARD FORM 92

APPROVED BY BUREAU OF THE BUDGET, JAN. 1960

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

1. REPORTING SHIP, ACTIVITY OR UNIT

FLEET OR NAV. DIST. NO.

Do not use

2. **UNIT COMMANDER NAME (T-AP 110)**

(Name, Rank, Rate or Trade, and Branch of Service)

AGE

YEARS
EXPER.

DUTY OR WORK ASSIGNMENT

EST. DAYS

LOST OR
TIME CHGS. DISABLING
INJURIES**Archibald E. Connolly, Jr.****Civilian Marine Engineer****36 18 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. **1000 000 000** **27 January 1970**
Instructor: Do not fill in this section 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.

Mr. Connolly assisted the Master to lift a watertight steel hatch cover door at frame 4-198-2 on board **UNIT FOUR** 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.

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

A. C.A.1

☒ YES☐ NO

B. C.A.2

☒ YES☐ NO

C. 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 OF REVIEWING OFFICIAL

Concur in the recommended corrective action.SIGNATURE OF
REVIEWING
OFFICIAL:

TITLE, RANK, RATE OR GRADE

DATE

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
	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 vegetation, etc.) <input type="checkbox"/>	
SECTION 10 UNSAFE MECHANICAL CONDITION	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 type="checkbox"/>	
SECTION 11 TYPE OF ACCIDENT	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; native power; hammers, wrenches, welding tools, sandblasters, etc.) <input type="checkbox"/>	16. WORKING SURFACES: (Floors, decks, roofs, ramps, stairs, platforms, staging, scaffolds, etc.) <input type="checkbox"/>	
SECTION 12 UNSAFE ACT	6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.) <input type="checkbox"/>	WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?		
	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.			
SECTION 13 UNSAFE PERSONAL FACTOR	18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.) <input type="checkbox"/>	20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.) <input type="checkbox"/>	23. UNSAFE CLOTHING: (Loose, unsecured 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"/>	
SECTION 14 TYPE OF INJURY	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"/>	
SECTION 15 PART OF BODY	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) <input type="checkbox"/>	
SECTION 16 PART OF BODY	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"/>	
SECTION 17 PART OF BODY	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.) <input type="checkbox"/>		
SECTION 18 PART OF BODY	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): <u>Feature</u> <input type="checkbox"/>	
	50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.) <input type="checkbox"/>	52. NO UNSAFE PERSONAL FACTOR: <input type="checkbox"/>		
SECTION 19 PART OF BODY	54. WOUNDS (Contusion, abrasion, incision, laceration) <input type="checkbox"/>	59. AMPUTATIONS (Loss of bony substances) <input type="checkbox"/>	64. FLASHES <input 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"/>	
SECTION 20 PART OF BODY	56. STRAINS (Muscular) <input checked="" 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"/>	
SECTION 21 PART OF BODY	58. FRACTURES <input type="checkbox"/>	63. FOREIGN BODY, LOOSE (Dust, etc.) <input type="checkbox"/>	68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocuting, Heat Exhaustion, etc.) <input type="checkbox"/>	
	Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).			
SECTION 22 PART OF BODY	69. HEAD <input type="checkbox"/>	71. EYES <input type="checkbox"/>	73. ARMS <input type="checkbox"/>	
	70. BACK <input checked="" type="checkbox"/>	72. TRUNK <input type="checkbox"/>	74. HANDS <input type="checkbox"/>	
SECTION 23 PART OF BODY	75. FINGERS <input type="checkbox"/>	76. FEET <input type="checkbox"/>	77. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.) <input type="checkbox"/>	
	78. LEGS <input type="checkbox"/>	79. TOES <input type="checkbox"/>	80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain) <input type="checkbox"/>	

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) CONNALLY, Archie E., Jr.		2. DATE OF THIS NOTICE (Mo., day, yr.) January 26, 1970	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) NAVY - INDEPENDAC USS GENERAL JOHN POPE (T-AP 110)		4. DATE OF INJURY (Mo., day, yr.) January 26, 1970	
5. OCCUPATION First Officer		6. HOUR OF INJURY (a.m. or p.m.) 1000 AM	
7. PLACE OR LOCATION WHERE INJURY OCCURRED USS GENERAL JOHN POPE (T-AP 110) Frame 4-153-2 Deck at Pier 2, SPMN, Hunter's Point, San Francisco 94135			
8. CAUSE OF INJURY (Describe how and why injury occurred) Mr. Connally 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 ROBERT E. LARNEY, MASTER PHILIP E. BATTOLA, CHIEF STERNARD			
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. Connally from verbal statements made to the Master.			
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 4119 Forestview Ave. Concord, Calif. 94521 Tel: 689-5271	

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 1/25/70 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.)

ROBERT E. LAURET, MASTER

19. STATEMENT OF WITNESS

On Monday morning at about 1000 AM, 1/25/70, I accompanied the Master and the First Officer (Mr. Connally) on an inspection tour of USSS POPE 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 1200 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. Dattola

PHILIP E. DATTOLA, CHIEF STEWARD

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

22. STATEMENT OF WITNESS

23. SIGNATURE OF WITNESS

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