

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 Nav 2. Bureau or office U.S. NAVY, AREA OFF (I-10) - 1st 2, North 21, San Francisco 3. Place of employment U.S. NAVY, AREA OFF (I-10) - 1st 2, North 21, San Francisco 4. Reporting office U.S. NAVY, AREA OFF (I-10) - 1st 2, North 21, San Francisco 5. Name of superintendent or foreman in charge when injury occurred John J. O'Dell, Relief Foreman

The injured employee

6. Name of injured employee John J. O'Dell 7. Age 42 8. Sex M 9. Citizenship U.S. citizen
10. Home address 165-8, Ray St., San Francisco, Calif. 11. Occupation and division Sheet metal worker (stainless) Stock Dept. 12. Was employee doing his regular work? Yes 13. Total length of service with the Government as a civilian? 18 (6) years 14. How long at present work in this establishment? 190 (5) years 15. Dates of other injuries 6-30-48
16. Rate of pay on date of injury, \$ 7194 per month 17. Employee begins work at 165-8, Ray St., San Francisco, Calif. m. 18. Regular day's work ends 200 hours (P.M.) 19. Hours worked per day 160 - 165 hrs 20. Days paid per week 5 days

21. Place where injury occurred U.S. NAVY, AREA OFF (I-10) - 1st 2, North 21, San Francisco (Give exact location, as name or number of building and division, etc.)
22. Date of injury 23 November, 1948; day of week Wednesday; hour of day 8:00 (P.M.) (a.m. or p.m.)
23. Date employee stopped work 23 November, 1948; day of week Wednesday; hour of day 8:00 (P.M.) (a.m. or p.m.)
24. Date employee's pay stopped 23 November, 1948; day of week Wednesday; hour of day 8:00 (P.M.) (a.m. or p.m.)
25. Has employee returned to work? No (Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave No (Give exact dates)
(b) Sick leave No (Give exact dates)
(c) Any other reason No (Give exact dates)
27. Describe in full how injury occurred While attempting to shut 7' door at 1-10-1-1 (3), O'Dell was struck in the left eyebrow area by reverberating door, caused by lever left out of door causing it to catch on the edge of opening during his attempt to close door. He apparently closed door with sufficient force, and without examination of position of door, to cause the rebound that resulted in the injury.
28. State part of body injured and nature and extent of injury Left eyebrow and eye area

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? No If not, did immediate superior have actual knowledge of injury? No (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 John J. O'Dell, Relief Foreman (Relief Officer)
John J. O'Dell, Relief Foreman (Relief Officer)
John J. O'Dell, Relief Foreman (Relief Officer)

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? No (A detailed statement should be forwarded with this report)

Medical attendance

35. Name and address of physician who first attended case John J. O'Dell, Relief Foreman (Relief Officer)
36. How soon after injury? 10 minutes 37. To what hospital sent? U.S. Naval Hospital Location 165-8, Ray St., San Francisco
38. Name and address of physician now attending case John J. O'Dell, Relief Foreman (Relief Officer)
39. Number of days 28 since referred to PFD in attending now.

Signed this 28 day of November 1948 at 165-8, Ray St., San Francisco in attendance now.

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.]

When injury was reported to me, some swelling was noted over the left eye. No abrasion seen and no complaint of discomfort. I advised O'Dell to report to Turner on following morning, Monday, 24 November, 1969. See Gangway Log entry by Irredale, AH, as of 23 November, 1969: "2209 hours P/M O'Dell reports an e.o (L) injury while transiting C-130 - hit #10."

Signed this 25 day of November, 1904.

(not available for signature)

J. D. Malloge, Relief Off.
(Signature of witness)

At 2230 hours, 23 November, 1962, Sunday, P/M O'Dell, upon returning from completing security round in USAG 421031, reported to me that he'd struck his forehead against #D 1-187-1. Upon closing door, he said, a securing dog fell down, causing door to spring open. I noticed at this time a swelling in his left temple and a discoloration in the left eye cavity.

Signed this 25 day of November, 1969

Conrad J. Iradala, AIA (S)
(Signature of witness) 163-8

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

I CERTIFY that Donald E. O'Reilly (Name of employee) was given first-aid treatment, or examined, on 25 November, 1969, at 10:00 m., and disabled for work. Probable length of disability will be 1 week. (Was or was not) In my opinion disability due to injury on 25 November, 1969. (Was or was not)

Nature of injury as found on examination

Hospitalized _____ Will return for further treatment _____

Discharged _____ Other discharge _____

Remarks

Signed this _____ day of _____, 19_____
at _____

(Signature of medical officer)

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation

100
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.)
O'DELL, Ronald F.	November 25, 1962
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
U.S.S. CHARTER & H.H. HOPE (T-AP 110) P.O., San Francisco, Calif. 94601	November 23, 1962
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
Able Seaman (watch)	2200
7. PLACE OR LOCATION WHERE INJURY OCCURRED	
Pas. # 1A, (S) water-tight door (1-164-1 L - Passenger lounge) U.S.S. CHARTER	Pier 2, Counter's
8. CAUSE OF INJURY (Describe how and why injury occurred)	
<p>While going out of dining saloon onto promenade deck during fire deck routine of U.S.S. CHARTER, I was in the act of shutting the water-tight door through which I passed. However, the lower left dog on the water-tight door was not working properly and, as a result, the door sprung back when it struck knife edge during closing and struck me in the left eyebrow area. I then returned to U.S.S. CHARTER and notified Police Department. I was treated and following the accident.</p>	
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)	
left eyebrow and eye	
10. NAMES OF WITNESSES TO INJURY	
Dr. Bell, Dr. Bell, Police Jack Officer and Mr. Iredale, AB on No actual witnesses - summary watch observed no following the accident	
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.	
<p>12. SIGNATURE</p> <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>	
<p>13. HOME ADDRESS OF INJURED EMPLOYEE</p> <p>6 Jess Avenue Petaluma, California 94952 Ph: 761-762-8157</p>	

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	
<p><u>When injury was reported to me, some swelling was noted over the left eye.</u></p> <p><u>No abrasion seen and no complaint of discomfort. I advised O'Dell to report to Purser on following morning, Monday, 24 November, 1969. See Gangway Log Book entry by Iredale, AB, as of 23 November, 1969: "2230 hours P/W O'Dell reports an eye (L) injury while transiting AIOEL - hit AID."</u></p>	
17. SIGNATURE OF IMMEDIATE SUPERIOR	
<p><u>(not available for signature at this time)</u></p> <p><u>R.D. Not S&S, Master Officer</u></p>	
18. DATE (Mo., day, yr.)	
November 25, 1969	
19. STATEMENT OF WITNESS	
<p><u>At 2230 hours, 23 November, 1969, Sunday, P/W O'Dell, upon returning from completing security round in USNS AIOEL, reported to me that he'd struck his forehead against AID 1-164-1. Upon closing the door, a securing dog fell down, causing door to spring open. I noticed at this time, a swelling in his left temple and a discoloration in the left eye cavity.</u></p>	
20. SIGNATURE OF WITNESS	
<p><u>CPO. J. Iredale, AB (watch) 165-8</u></p>	
21. DATE (Mo., day, yr.)	
November 25, 1969	
22. STATEMENT OF WITNESS	
<p><u> </u></p> <p><u> </u></p> <p><u> </u></p> <p><u> </u></p> <p><u> </u></p> <p><u> </u></p>	
23. SIGNATURE OF WITNESS	
<p><u> </u></p>	
24. DATE (Mo., day, yr.)	

DATE (Day, Month, Year): 26 Nov 69

FLEET OR NAV. DIST. NO.

HOTSPAC

Do not use

1. REPORTING SHIP, ACTIVITY OR UNIT

CABIN 0-8, U.S. NAVY POPE (L-AP 116)

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			
O'DELL, Joseph E., Pay No. 8669 165-3 Able Seaman (watch)	43	6	X							0	0

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

4. DATE AND TIME OF ACCIDENT				WEATHER			LIGHT		
HOUR	DAY	MONTH	YEAR	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR	NOT APPLIC.
2200	26	NOVEMBER	69			X	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.

O'Dell, while making his regular fire watch rounds on the U.S.S. WEAVER, had just gone through the water-tight door at L-164-1-L (U.S. side). While attempting to shut the water-tight door, he was struck in the left eyebrow area when the door rebounded. This occurred apparently due to the fact that the lower left dog on the LT door was not working properly. It fell down during closure, and came in contact with knife-edge of opening, causing LT door to spring back into the face of the party attempting to close door. O'Dell, so then returned to CABIN 0-8, and reported incident to Emergency Watch, Incaps, and Relief Mate, Mr. Kellogg. On Tuesday, 25 November, due to continual pain and swelling, O'Dell went to Dispensary at Hunter's Point, SF Naval Yard for treatment. He was examined and released the same afternoon. As his regular days off are Wednesday and Thursday, O'Dell's next watch occurred on Friday, 28 November, from 0800-0800 hours, which he stood.

In retrospect, all dogs should have been inspected by O'Dell prior to attempting closure of LT door. Also, it is apparent that LT door must have been closed with sufficient force to cause a rebound. Accident could have been minimized if door had been closed slowly and with caution, regardless of any impending dogs. The fact that the lower left dog got in the way is the result of the man's failure to check door thoroughly before closing.

6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

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

7. RECOMMENDATION ACT: To facilitate safety within personnel, ensure extra caution at all times when passing through LT doors. Be sure dogs are in proper position before attempting closure of LT door. Then close cautiously.

SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAILTITLE, RANK, RATE OR GRADE
FIRE WATCH, U.S.S. WEAVER L-AP 116DATE 26 Nov 69

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with above.

SIGNATURE OF
REVIEWING
OFFICIAL: *John E. Kelly*TITLE, RANK, RATE OR GRADE
Master, U.S.S. WEAVER L-AP 116DATE 2 December 69

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> <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 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> <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: (Hand, mechanical or electrical motive power, hammer, wrenches, welding tools, sandblasters, etc.)</p>										Do not use
	<p><input type="checkbox"/> 12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, 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, stagings, scaffolds, etc.)</p> <p><input checked="" type="checkbox"/> 17. AGENCIES: WT Door (Any object or substance not otherwise classified.)</p>										
<p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?</p> <p>Lower left dog on WT Door</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> <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> <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> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, unsuited or defective shoes, goggles, gloves, respirators, etc.)</p> <p><input type="checkbox"/> 24. NO UNSAFE CONDITION:</p> <p><input type="checkbox"/> 25. UNSAFE CONDITION NOT OTHERWISE CLASSIFIED: (Explain)</p>										
SECTION 11 TYPE OF ACCIDENT	<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p> <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> <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> <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>										
SECTION 12 UNSAFE ACT	<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p> <p><input type="checkbox"/> 38. OPERATING WITHOUT AUTHORITY. (Failure to secure or worn)</p> <p><input type="checkbox"/> 40. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</p> <p><input type="checkbox"/> 41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</p> <p><input type="checkbox"/> 42. UNSAFE LOADING, PLACING, MIXING, ETC.</p> <p><input checked="" 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> <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 type="checkbox"/> 48. UNSAFE ACT NOT OTHERWISE CLASSIFIED (Explain)</p>										
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> <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 (Un-aware of safe practice, unskilled, etc.)</p> <p><input type="checkbox"/> 51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</p> <p><input type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</p>										
	<p><input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain):</p> <p>Insufficient caution & care</p>										
SECTION 14 TYPE OF INJURY	<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p> <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> <p><input type="checkbox"/> 59. AMPUTATIONS (Loss of bony substance)</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> <p><input type="checkbox"/> 64. FLASHERS</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 Ex-posure, etc.)</p>										
SECTION 15 PART OF BODY	<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p> <p><input checked="" type="checkbox"/> 69. HEAD FACE</p> <p><input type="checkbox"/> 70. BACK</p> <p><input type="checkbox"/> 71. EYES</p> <p><input type="checkbox"/> 72. TRUNK</p> <p><input type="checkbox"/> 73. ARMS</p> <p><input type="checkbox"/> 74. HANDS</p> <p><input type="checkbox"/> 75. FINGERS</p> <p><input type="checkbox"/> 76. LEGS</p> <p><input type="checkbox"/> 77. FEET</p> <p><input type="checkbox"/> 78. TOES</p> <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>										

ACCIDENT REPORT

DATE (Day, Month, Year): 28 Nov 69

1. REPORTING SHIP, ACTIVITY OR UNIT U.S.S. JOHN PAUL (T-AP 116)								FLEET OR NAV. DIST. NO. NOT APPLICABLE		Do not use	
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service) O'DELL, Donald E. Pay No. 20066 163-2 Able Seaman (Rate)				AGE 42	YEARS 6	DUTY OR WORK ASSIGNMENT REG. TEMP. RECR. LV/LIB. TRAV. OTHER				EST. DAYS LOST OR TIME CHGS	TOTAL DISABLING INJURIES
3. PROPERTY/EQUIPMENT DAMAGE								ESTIMATED DAMAGE COST			
TYPE None			OWNERSHIP		LABOR		MATERIAL		OVERHEAD	TOTAL	
4. DATE AND TIME OF ACCIDENT HOUR 2000				DAY SUN, 23 November	MONTH 69	YEAR 69	GOOD	ADVERSE	NOT APPLIC.	GOOD	POOR
							WEATHER 2			LIGHT 2	
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.											
<p>O'Dell, while making the regular fire watch rounds on the U.S.S. JOHN PAUL, had just gone through the water-tight door at 1-182-1-L (Starboard side). While attempting to shut the water-tight door, he was struck in the left shoulder area when the door rebounded. This occurred apparently due to the fact that the lower left dog on the WT door was not working properly. It fell down during closure, and came in contact with knife-edge of opening, causing WT door to spring back into the face of the party attempting to close door: O'Dell. He then returned to U.S.S. JOHN PAUL and reported incident to Gangway watch, Irelands, and Relief Mate, Mr. Kelley. On Tuesday, 25 November, due to continual pain and swelling, O'Dell went to Dispensary at Hunter's Point, SF Naval Shipyard for treatment. He was examined and released the same afternoon. As his regular days off are Wednesday and Thursday, O'Dell's next watch occurred on Friday, 28 November, from 0600-0800 hours, which he stood.</p>											
<p>In retrospect, all dogs should have been inspected by O'Dell prior to attempting closure of WT door. Also, it is apparent that O'Dell must have been closed with sufficient force to cause a re-bound. Accident could have been minimized if door had been closed slowly and with caution, reg. release of any impeding dogs. The fact that the lower left dog got in the way is the result of the man's failure to check door thoroughly before closing.</p>											

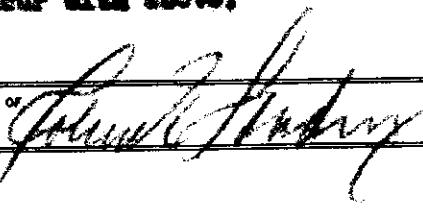
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES

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

7. RECOMMENDED CORRECTIVE ACTION
PERIODICALLY, IN ADDITION TO THE STAFF PERSONNEL, should exert extra caution at all times when passing through WT doors. To, sure dogs are in proper position before attempting closure of WT door. Then close cautiously.

SIGNATURE OF SUPERVISOR,
CHIEF OF WORKING PARTY
OR HEAD OF WORK DETAIL:TITLE, RANK, RATE OR GRADE
First Officer, U.S.S. JOHN PAUL (T-AP 116)DATE
28 Nov 69

8. REVIEW AND COMMENT OF REVIEWING OFFICIAL

Concur with above.SIGNATURE OF
REVIEWING
OFFICIAL:
TITLE, RANK, RATE OR GRADE
Master, U.S.S. JOHN PAUL (T-AP 116)DATE
2 December 69

<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>												
SECTION 9 AGENCY INVOLVED	1. MACHINES: (Agitators, grinders, sewing 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"/>	Do not use					
	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"/>						
	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, 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: WT DOOR (Any object or substance not otherwise classified.)	<input type="checkbox"/>						

WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED?
Lower left leg on wt door

<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>											
SECTION 10 UNSAFE MECHANICAL CONDITION	18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)	<input type="checkbox"/>	20. HAZARDOUS ARRANGEMENT: (Inadequate piling, poor layout, etc.)	<input type="checkbox"/>	23. UNSAFE CLOTHING: (Lack of, untrained or defective shoes, stockings, 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)	<input type="checkbox"/>					

<p>Check (x) type of accident. One check (x) MUST be entered in this section.</p>											
SECTION 11 TYPE OF ACCIDENT	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 checked="" 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)	<input type="checkbox"/>					

<p>Check (x) and explain PRINCIPAL unsafe act. One check (x) MUST be entered in this section.</p>											
SECTION 12 UNSAFE ACT	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 checked="" 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.)	<input type="checkbox"/>							

<p>Check (x) and explain the unsafe personal factor chiefly responsible for the accident. One check (x) MUST be entered in this section.</p>											
SECTION 13 UNSAFE PERSONAL FACTOR	49. IMPROPER ATTITUDE (D 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 checked="" type="checkbox"/>					
	50. LACK OF KNOWLEDGE OR SKILL (Un-aware of safe practice, unskilled, etc.)	<input type="checkbox"/>	52. NO UNSAFE PERSONAL FACTOR:	<input type="checkbox"/>							

Insufficient caution & care

<p>Check (x) type of injury, one check (x) MUST be entered in this section.</p>											
SECTION 14 TYPE OF INJURY	54. WOUNDS (Concussion, abrasion, incision, laceration)	<input checked="" type="checkbox"/>	59. AMPUTATIONS (Loss of bony substances)	<input type="checkbox"/>	64. FLASHERS	<input type="checkbox"/>					
	55. SPRAINS	<input type="checkbox"/>	60. AVULSION (Loss of non-bony substance by shearing or tearing away)	<input type="checkbox"/>	65. FLAMES 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.)	<input type="checkbox"/>					

<p>Check (x) part of body. Part of body chiefly identified with injury MUST be checked (x).</p>												
SECTION 15 PART OF BODY	69. HEAD FACE	<input checked="" 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)	<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)	2. DATE OF THIS NOTICE (Mo., day, yr.)
O'DELL, Ronald E.	November 25, 1969
3. PLACE OF EMPLOYMENT (Name and location of office or establishment)	4. DATE OF INJURY (Mo., day, yr.)
USNS GENERAL JOHN POPE (T-AP 110) P.O., San Francisco, Calif 96601	November 23, 1969
5. OCCUPATION	6. HOUR OF INJURY (a.m. or p.m.)
Able Seaman (Watch)	2200
7. PLACE OR LOCATION WHERE INJURY OCCURRED	
Fore 1st, (S) Water-tight Door (1-104-1-L - Passenger Lounge) USNS GENERAL JOHN POPE	Pier 2, Hunter's Pt.
8. CAUSE OF INJURY (Describe how and why injury occurred)	
<p>While going out of dining salon onto promenade deck during fire watch rounds of USNS GENERAL JOHN POPE, I was in the act of shutting the water-tight door through which I passed. However, the lower left dog on the water-tight door was not working properly and, as a result, the door sprung back when it struck knife edge during closing and struck me in the left eyebrow area. I then returned to USNS OPT and notified Relief Deck Officer Kellogg immediately following the accident.</p>	
9. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc.)	
Left eyebrow and eye	
10. NAMES OF WITNESSES TO INJURY	12. SIGNATURE
<p>Mr. Kellogg, Relief Deck Officer and Geo. Iredale, AB on no actual witnesses - gangway watch observed following the accident</p>	
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.	
<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	
<p>4 Jess Avenue Petaluma, California 94952</p>	
Phs 707-762-8157	

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	
<p>When injury was reported to me, some swelling was noted over the left eye.</p> <p>No abrasion seen and no complaint of discomfort. I advised O'Dell to report to Purser on following morning, Monday, 24 November, 1969. See Gangway Log Book entry by Iredale, AB, as of 23 November, 1969: "2230 hours F/W O'Dell reports an eye (L) injury while transiting MIGEL - hit ATD."</p>	
17. SIGNATURE OF IMMEDIATE SUPERIOR (not available for signature at this time) W.D. REED, Relief Officer	
18. DATE (Mo., day, yr.) November 25, 1969	
19. STATEMENT OF WITNESS	
<p>At 2230 hours, 23 November, 1969, Sunday, F/W O'Dell, upon returning from completing security round in USNS WEISBL, reported to me that he'd struck his forehead against ATD 1-104-1. Upon closing the door, a securing dog fell down, causing door to spring open. I noticed at this time, a swelling in his left temple and a discoloration in the left eye cavity.</p>	
20. SIGNATURE OF WITNESS Geo. J. Iredale, AB (watch) 165-8	
21. DATE (Mo., day, yr.) November 25, 1969	
22. STATEMENT OF WITNESS	
23. SIGNATURE OF WITNESS	
24. DATE (Mo., day, yr.)	

U.S. DEPARTMENT OF LABOR
Bureau of Employees' Compensation
PATRICIA O'DELL
M575-Five years- (42)
Cov. sum - 6 years (1/25/27)
5-5-65

EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
DISEASE
(Under the Federal Employee's Compensation
Act) CSR-X

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

1. Name of Injured Employee (Last, first, middle) 2. Date of this Notice (mo, day, yr)
132-20-173 O'DELL, Ronald Edward 28060 11/24/69

3. Place of Employment (Name & Location) 165-2 4. Date of Injury (mo, day, yr)

USNS Pope Hunter's Point SF 11/23/69

5. Occupation 6. Hour of Injury (AM or PM)

Able Seaman 10:00(2200) P.M.

7. Place or Location Where Injury Occurred

USNS Weigel

8. Cause of Injury (Describe how and why injury occurred)

F Frame 100 (1-100-1-L Passenger Lounge) Starboard
going out of dining room onto Promenade
deck during F/W rounds. Lower left door on
WTD does not work properly AND caused door
to spring back when it struck knife edge during
closing AND struck me in the eye (brow) LEFT

9. Nature of Injury (Name of body affected-fractured left leg, bruised thumb, etc.)

Left brow + eye

10. Names of Witnesses to Injury

11. If this Notice was not given within 48 hours after injury, explain reason
for delay. If earlier notice was given, verbal or written, state when and to
whom.

Relief Deck Officer Kellogg was notified
immediately following accident, verbally on POPE

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 treat-
ment to which I may be entitled by reason of
this injury.

12. Signature 2230

Ronald E. O'Dell

13. Home address of Injured
Employee 707-762-8157
4 Jett Ave.

Petaluma Calif. 94952

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

17. Signature of immediate superior

18. Date (mo, day, yr.)

19. Statement of Witness

No witness Kellogg

20. Signature of witness

21. Date (mo, day, yr.)

22. Statement of Witness

nebale

23. Signature of Witness

24. Date (mo, day, yr.)

GANGWAY LOG BOOK ENTRY BY IREDALE A/B
AS OF 23 NOVEMBER 1969:

"2230 F/W O'DELL REPORTS AN EYE (L) INJURY WHILE
TRANSITING WEIGEL - HIT W.T.D."

STATEMENT OF RELIEF OFFICER:

WHEN INJURY WAS REPORTED TO ME, SOME SWELLING WAS NOTED OVER
LEFT EYE.

NO ABRASION SEEN AND NO COMPLAINT OF DISCOMFORT.

I ADVISED O'DELL TO REPORT TO PURSER ON FOLLOWING MORNING,
MONDAY, 24 NOVEMBER 1969.

W.D. HELLOGG, RELIEF OFFICER

UNITED STATES GOVERNMENT

Memorandum

TO :

DATE:

FROM :

SUBJECT:

at 2230 hrs. Sun. 23 Nov. 69, F/w

O'Dell, upon returning from completing security round in USNS Weigel, reported to me that he'd struck his forehead against WTD 11001- upon closing the door, a securing dog fell down, causing door to spring open. I noticed at this time a swelling in his left temple & a discoloration in the left eye cavity -