

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 <u>Navy</u>	2. Bureau or office <u>N.A.S. Pacific Area</u>
	3. Place of employment <u>USSR, 1st AF 110 - 1st 2, North 33, 1st 110</u>	(City or town) <u>San Francisco</u> (State) <u>Calif.</u>
	4. Reporting office <u>USSR, 1st AF 110 - 1st 2, North 33, 1st 110</u>	(City or town) <u>San Francisco</u> (State) <u>Calif.</u>
	5. Name of superintendent or foreman in charge when injury occurred <u>Relief Mate</u>	
The injured employee	6. Name of injured employee <u>James E. O'Neill</u>	7. Age <u>42</u>
	8. Sex <u>M</u>	9. Citizenship <u>U.S.A.</u>
	10. Home address <u>4444 1st Ave. S.F. 14</u>	(City or town) <u>San Francisco</u> (State) <u>Calif.</u>
	11. Occupation and division <u>Deck Dept.</u>	12. Was employee doing his regular work? <u>Yes</u>
	13. Total length of service with the Government as a civilian? <u>46 (6) years</u>	
	14. How long at present work in this establishment? <u>Five (5) years</u>	
	15. Dates of other injuries _____	
	16. Rate of pay on date of injury, \$ <u>71.94</u> per <u>month</u>	and subsistence valued at \$ <u>6.50</u> per <u>day</u>
	17. Employee begins work at <u>1400 hours (p.m.)</u> m.	18. Regular day's work ends <u>2400 hours (p.m.)</u> m.
	19. Hours worked per day <u>10 (10) m. or p.m.</u>	20. Days paid per week <u>7 (7)</u>
The injury	21. Place where injury occurred <u>USSR, 1st AF 110 - 1st 2, North 33, 1st 110</u>	
	22. Date of injury <u>23 November</u> , 19 <u>60</u> ; day of week <u>Monday</u> ; hour of day <u>2:00</u> (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? <u>Yes - as last time</u>	
	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 <u>No</u>	
	27. Describe in full how injury occurred <u>While attempting to shut door at 1-110-1-1 (5), O'Neill was struck in the left eyebrow area by rebounding door, caused by lower left end of door coming in contact with life-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.</u>	
	28. State part of body injured and nature and extent of injury <u>Left eyebrow and eye area</u>	
	29. Did injury cause loss of any member or part of member? <u>No</u> If so, describe exactly _____	
	30. Was employee injured while in performance of duty? <u>Yes</u> If not, or in doubt, give detailed statement _____	
Medical attendance	31. Was injury caused by: (a) Willful misconduct of the employee? <u>No</u> (b) Intention of employee to bring about injury or death of himself or another? <u>No</u> (c) Employee's intoxication? <u>No</u> (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? <u>Yes</u> 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 <u>Relief Officer</u> <u>Gen. J. Iradine, 1st (5) - USSR, 1st AF 110, 165-4, 1st 2, North 33, 1st 110</u>	
	34. Was injury caused by a third party other than a Government employee or agency? _____ 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 <u>1st 110, N.O. - 3rd Naval Shipyard, San Francisco</u>	
Medical attendance	36. How soon after injury? <u>Immediately, at Naval Shipyard</u>	
	37. To what hospital sent? _____ Location _____	
	38. Name and address of physician now attending case <u>Returned to duty, re-assigned PFD, no physician in attendance now.</u>	
Signed <u>James E. O'Neill</u> at <u>USSR, 1st AF 110 - 1st 2, North 33, 1st 110</u> First (Signature of reporting officer)		

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 Purser on following morning, Monday, 24 November, 1969. See Gangway Log entry by Iredale, AB, as of 23 November, 1969: "2230 hours P/W O'Dell reports an e.e (L) injury while transiting #1021 - hit #10."

Signed this 25 day of November, 1969

(not available for signature)

A.D. Gallogh, Relief Off.
(Signature of witness)

At 2230 hours, 23 November, 1969, Sunday, P/W O'Dell, upon returning from completing security round in USNS #1021, reported to me that he'd struck his forehead against #TD 1-127-1. 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

Capt. J. Iredale, AB (S)
(Signature of witness) 165-8

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that Ronald E. O'Dell was given first-aid treatment, or examined, on 25 November, 1969, 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) (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)

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) DELL, Ronald F.		2. DATE OF THIS NOTICE (Mo., day, yr.) November 25, 1969	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) U.S. GENERAL & HW POPE (T-AP 110) P.O., San Francisco, Calif. 94601		4. DATE OF INJURY (Mo., day, yr.) November 23, 1969	
5. OCCUPATION Able Seaman (Watch)		6. HOUR OF INJURY (a.m. or p.m.) 2245	
7. PLACE OR LOCATION WHERE INJURY OCCURRED Ft. # 10, (9) Water-tight Door (1-104-1 L - Passenger Lounge) USSS Building, Pier 2, Monterey			
8. CAUSE OF INJURY (Describe how and why injury occurred) While going out of dining salon onto promenade deck during fire rich routine of USSS Building, 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 USSS Office and notified Relief Deck Officer Kellogg immediately following the accident.			
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 Mr. Kellogg, Relief Deck Officer and Dec. Ireland, AB on 0 actual witnesses - gangway watch observed as 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. 			
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 4 Jess Avenue Petaluma, California 94952 Ph: 761-762-8157	

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

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 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 ~~ALIOEL~~ - hit "ID."

17. SIGNATURE OF IMMEDIATE SUPERIOR

(not available for signature at this time)
W.D. Nel Egg, Relief Officer

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

November 25, 1969

19. STATEMENT OF WITNESS

At 2230 hours, 23 November, 1969, Sunday, F/w O'Dell, upon returning from completing security round in USNS ~~ALIOEL~~, reported to me that he'd struck his forehead against AFD 1-100-1. 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.

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.)

EXCEPTION TO STANDARD FORM 92
APPROVED BY BUREAU OF THE BUDGET, JAN. 1960DATE (Day, Month, Year): **28 Nov 69**

1. REPORTING SHIP, ACTIVITY OR UNIT USS JAGP (T-AP 110)										FLEET OR NAV. DIST. NO. 110		Do not use
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)				AGE	YEARS EXPER.	DUTY OR WORK ASSIGNMENT REG. TEMP. RECR. LV/LIB. TRAV. OTHER				EST. DAYS LOST OR TIME CHGS.	TOTAL DISABLING INJURIES	
O'Dell, Ronald E. Pay No. 0065 165-2 -ble Search (water)				42	6	I				0	0	
3. 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	28	November	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.												
<p>O'Dell, while making his regular fire watch round on the USS JAGP, and just gone through the water-tight door at 1-165-1-1 (Star 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 ST door was not working properly. It fell down during closure, and came in contact with knife-edge of opening, causing ST door to spring back into the face of the party attempting to close door: O'Dell. He then returned to JAGP and reported incident to Gangway watch, Ironsides, 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 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 08-2000 hours, which he stood.</p> <p>In retrospect, all dogs should have been inspected by O'Dell prior to attempting closure of ST door. Also, it is apparent that ST door must have been closed with sufficient force to cause a rebound. Incident 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.</p>												
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES												
A. C.A.1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B. C.A.2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				C. OTHER (INDICATE):				
7. RECOMMENDED CORRECTIVE ACTION: In addition to all other personnel, workers exert extra caution at all times when passing through ST doors. Be sure dogs are in proper position before attempting closure of ST door. Then close cautiously.												
SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:				TITLE, RANK, RATE OR GRADE First Lieut, USS JAGP (T-AP 110)				DATE 28 Nov 69				
8. REVIEW AND COMMENT OF REVIEWING OFFICIAL Concur with above.												
SIGNATURE OF REVIEWING OFFICIAL:				TITLE, RANK, RATE OR GRADE Master, USS JAGP (T-AP 110)				DATE 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> <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 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: (Hand, 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 checked="" type="checkbox"/> 17. AGENCIES: WT Door (Any object or substance not otherwise classified.)</p> </div> </div> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED? Lower left dog on WT Door</p>	Do not use
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: (Dust, gassy, impure air source, etc.)</p> </div> <div style="width: 33%;"> <p><input type="checkbox"/> 23. UNSAFE CLOTHING: (Lack of, untested 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 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> </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 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 type="checkbox"/> 52. NO UNSAFE PERSONAL FACTOR:</p> </div> <div style="width: 33%;"> <p><input checked="" type="checkbox"/> 53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): Insufficient caution & care</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, Electrocutation, 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</p> <p><input type="checkbox"/> 70. BACK</p> </div> <div style="width: 33%;"> <p><input checked="" 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>	

ACCIDENT REPORT

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

1. REPORTING SHIP, ACTIVITY OR UNIT USS G.R. JOHN POPE (T-AP 116)										FLEET OR NAV. DIST. NO. NOT APPLIC		Do not use	
2. PERSONNEL INJURED (Name, Rank, Rate or Trade, and Branch of Service)				AGE	YEARS EXPER	DUTY OR WORK ASSIGNMENT REG. TEMP. RECR. LV/LIB. TRAV. OTHER				EST. DAYS LOST OR TIME CHGS	TOTAL DISABLING INJURIES		
O'Dell, Ronald E. Pay No. 2066 165-2 Able Seaman (Naton)				42	6	I							
3. 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	Sun	23	November	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.													
<p>O'Dell, while making his regular fire watch rounds on the USS G.R. JOHN POPE, and just gone through the water-tight door at 1-155-1-1 (Star 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 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 USS POPE and reported incident to Gangway Watch, Ironsides, and Relief Mate, Mr. Keillogg. 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 06-0800 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 WT Door 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, 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.</p>													
6. FORMS SUBMITTED APPLICABLE TO INJURED CIVILIAN EMPLOYEES													
A. C.A.1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		B. C.A.2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		C. OTHER (INDICATE):									
7. RECOMMENDED CORRECTIVE ACTION: Describe corrective action which will help prevent another accident like this.													
<p>Fire-watch. In addition to all other personnel, should exert extra caution at all times when passing through WT Doors. Be sure dogs are in proper position before attempting closure of WT Door. Then close cautiously.</p>													

SIGNATURE OF SUPERVISOR, CHIEF OF WORKING PARTY OR HEAD OF WORK DETAIL:		TITLE, RANK, RATE OR GRADE First Officer, USS G.R. JOHN POPE (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, USS G.R. JOHN POPE (T-AP 116)		DATE 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> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>1. MACHINES: (Agitators, grinders, sewing machines, vices, saws, lathes, welding machines, etc.)</p> <p>2. PRIME MOVERS & PUMPS: (Steam, internal combustion or air, compressors, fans, blowers, etc.)</p> <p>3. ELEVATORS: (Passenger, freight, aircraft or dumbwaiters)</p> <p>4. HOISTING APPARATUS: (Cranes, hoists (air or electric), shovels, dredges, jacks, etc.)</p> <p>5. CONVEYORS: (Belt, monorail, pneumatic, drag line, tiering or piling, etc.)</p> <p>6. BOILERS & PRESSURE VESSELS: (Fired or unfired, pressure lines, etc.)</p> </div> <div style="width: 33%;"> <p>7. VEHICLES: (All types, except in traffic or flight)</p> <p>8. ANIMALS: (Including insects and reptiles)</p> <p>9. MECHANICAL POWER TRANSMISSION APPARATUS: (Belts, gears, couplings, etc.)</p> <p>10. ELECTRICAL APPARATUS: (Motors, transformers, lamps, appliances, etc.)</p> <p>11. HAND TOOLS: (Hand, mechanical or electrical motive power; hammers, wrenches, welding tools, sandblasters, etc.)</p> </div> <div style="width: 33%;"> <p>12. CHEMICALS: (Explosives, gases, vapors, acids, caustics, poisonous vegetations, etc.)</p> <p>13. HIGHLY INFLAMMABLE & HOT SUBSTANCES: (Fire, alcohol, steam, paints, etc.)</p> <p>14. DUSTS: (Explosive, organic or inorganic; leather, emery, coal, etc.)</p> <p>15. RADIATIONS & RADIATING SUBSTANCES: (X-Ray, radium, ultra violet rays, etc.)</p> <p>16. WORKING SURFACES: (Floors, decks, roofs, roads, stairs, platforms, staging, scaffolds, etc.)</p> <p>17. AGENCIES: (Any object or substance not otherwise classified.)</p> </div> </div> <p>WHAT PART OF AGENCY CHECKED (X) ABOVE WAS MOST CLOSELY INVOLVED? Lower left leg on WT Door</p>	Do not use
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>18. IMPROPER GUARDING: (Unguarded, inadequately guarded, etc.)</p> <p>19. DEFECTIVE SUBSTANCES OR EQUIPMENT: (Broken, rough, slippery, poorly designed, etc.)</p> </div> <div style="width: 33%;"> <p>20. HAZARDOUS ARRANGEMENT: (Unsafe piling, poor layout, etc.)</p> <p>21. IMPROPER ILLUMINATION: (Insufficient light, glare, etc.)</p> <p>22. IMPROPER VENTILATION: (Dusty, gassy, impure air source, etc.)</p> </div> <div style="width: 33%;"> <p>23. UNSAFE CLOTHING: (Lack of, unneeded or defective shoes, goggles, gloves, respirators, etc.)</p> <p>24. NO UNSAFE CONDITION:</p> <p>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>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>27. STRUCK BY (Falling, flying, sliding, or moving objects.)</p> <p>28. CAUGHT IN, ON, OR BETWEEN.</p> <p>29. FALL ON SAME LEVEL.</p> </div> <div style="width: 33%;"> <p>30. FALL TO DIFFERENT LEVEL.</p> <p>31. SLIP (not fall) OR OVER-EXERTION. (Resulting in strain, hernia, etc.)</p> <p>32. EXPOSURE TO TEMPERATURE EXTREMES. (Resulting in burning, scalding, heat exhaustion, sunstroke, freezing, etc.)</p> <p>33. INHALATION, ABSORPTION, SWALLOWING. (Asphyxiation, poisoning, drowning, etc.)</p> </div> <div style="width: 33%;"> <p>34. CONTACT WITH ELECTRIC CURRENT.</p> <p>35. ELECTRIC WELDING FLASH.</p> <p>36. FOREIGN BODIES IN EYE. (Resulting from dust, chips, airborne particles, etc.)</p> <p>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>38. OPERATING WITHOUT AUTHORITY. (Failure to secure or warn)</p> <p>39. OPERATING OR WORKING AT UNSAFE SPEED. (Too slow, too fast, throwing materials, etc.)</p> <p>40. MAKING SAFETY DEVICES INOPERATIVE. (Removing, misadjusting, disconnecting, etc.)</p> <p>41. USING UNSAFE EQUIPMENT, HANDS INSTEAD OF EQUIPMENT, OR EQUIPMENT UNSAFELY.</p> </div> <div style="width: 33%;"> <p>42. UNSAFE LOADING, PLACING, MIXING, ETC.</p> <p>43. UNSAFE POSITION, POSTURE OR ACT, ETC. (Under suspended loads, lifting with bent back, etc.)</p> <p>44. WORKING ON MOVING OR DANGEROUS EQUIPMENT. (Cleaning, adjusting, oiling, etc.)</p> <p>45. DISTRACTING, TEASING, ABUSING, STARTLING, ETC. (Quarreling, horseplay, etc.)</p> </div> <div style="width: 33%;"> <p>46. FAILURE TO USE SAFE CLOTHING OR PERSONAL PROTECTIVE DEVICES. (Hats, goggles, etc.)</p> <p>47. NO UNSAFE ACT.</p> <p>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>49. IMPROPER ATTITUDE (Disregard of instructions, failure to understand instructions, nervous, excitable, etc.)</p> <p>50. LACK OF KNOWLEDGE OR SKILL (Unaware of safe practice, unskilled, etc.)</p> </div> <div style="width: 33%;"> <p>51. BODILY DEFECTS (Defective eyesight, hearing, fatigue, intoxicated, existing hernia, weak heart, etc.)</p> <p>52. NO UNSAFE PERSONAL FACTOR:</p> </div> <div style="width: 33%;"> <p>53. UNSAFE PERSONAL FACTOR NOT ELSEWHERE CLASSIFIED (Explain): Insufficient caution & care</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>54. WOUNDS (Concussion, abrasion, incision, laceration)</p> <p>55. SPRAINS</p> <p>56. STRAINS (Muscular)</p> <p>57. HERNIA</p> <p>58. FRACTURES</p> </div> <div style="width: 33%;"> <p>59. AMPUTATIONS (Loss of bony substances)</p> <p>60. AVULSION (Loss of non-bony substance by shearing or tearing away)</p> <p>61. BURNS AND SCALDS</p> <p>62. FOREIGN BODY IMBEDDED</p> <p>63. FOREIGN BODY, LOOSE (Dust, etc.)</p> </div> <div style="width: 33%;"> <p>64. FLASHES</p> <p>65. Fumes AND GASES</p> <p>66. POISONS</p> <p>67. SKIN DISEASE (Occupational)</p> <p>68. TYPE OF INJURY NOT OTHERWISE CLASSIFIED: (Drowning, Electrocutation, 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>69. HEAD FACE</p> <p>70. BACK</p> </div> <div style="width: 33%;"> <p>71. EYES</p> <p>72. TRUNK</p> </div> <div style="width: 33%;"> <p>73. ARMS</p> <p>74. HANDS</p> </div> <div style="width: 33%;"> <p>75. FINGERS</p> <p>76. LEGS</p> </div> <div style="width: 33%;"> <p>77. FEET</p> <p>78. TOES</p> </div> <div style="width: 33%;"> <p>79. SYSTEMIC (Stomach, intestines, lungs, heart, nerves, etc.)</p> <p>80. PART OF BODY NOT ELSEWHERE CLASSIFIED: (Explain)</p> </div> </div>	

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) O'DELL, Ronald E.		2. DATE OF THIS NOTICE (Mo., day, yr.) November 25, 1969	
3. PLACE OF EMPLOYMENT (Name and location of office or establishment) USNS GENERAL JOHN POPE (T-AP 110) P.O., San Francisco, Calif 96691		4. DATE OF INJURY (Mo., day, yr.) November 23, 1969	
5. OCCUPATION Able Seaman (Watch)		6. HOUR OF INJURY (a.m. or p.m.) 2200	
7. PLACE OR LOCATION WHERE INJURY OCCURRED Frame 141, (8) Water-tight Door (1-104-1-L - Passenger Lounge) USNS REIGEL Pier 2, Hunter's Pt.			
8. CAUSE OF INJURY (Describe how and why injury occurred) While going out of dining salon onto promenade deck during fire watch rounds of USNS REIGEL, 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 USS OP and notified Relief Deck Officer Kellogg immediately following the accident.			
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. Kellogg, Relief Deck Officer and Geo. Iredale, AB on No actual witnesses - gangway watch observed on 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. 			
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 4 Jess Avenue Petaluma, California 94952 Ph: 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

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 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 WEIGEL - hit STD."

17. SIGNATURE OF IMMEDIATE SUPERIOR

(not available for signature at this time)
W.D. Kellogg, Relief Officer

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

November 25, 1969

19. STATEMENT OF WITNESS

At 2230 hours, 23 November, 1969, Sunday, F/W O'Dell, upon returning from completing security round in USNS WEIGEL, reported to me that he'd struck his forehead against STD 1-10-1. 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.

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 (42)
MSTS-Avalon - 11/25/27
CONSUM - 6495 5-5-65

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

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

- 132- 20-1737 521-429-D1 28060
1. Name of Injured Employee (Last, first, middle) O'Dell, RONALD E. EDWARD 2. Date of this Notice (mo, day, yr) 11/24/69
3. Place of Employment (Name & Location) USNS Pope Hunters Point SF 4. Date of Injury (mo, day, yr) 11/23/69
5. Occupation Able Seaman 6. Hour of Injury (AM or PM) 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-I-L Passenger Lounge Starboard
going out of stateroom onto PORT PROMENADE
deck during F/W rounds. Lower left door
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 POPLE
2230

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

Ronald E. O'Dell

13. Home address of Injured Employee

4 Jess Ave. 762-8157
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

redacted

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, Flw

O'Dell, upon returning from completing security round in USNS Weigel, reported to me that he'd struck his forehead against WTD 1-1001. 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 -