

~~SECRET~~  
OFFICIAL SUPERIOR'S REPORT OF INJURY  
AND DEATH

(To be submitted to U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.)

1. Department ----- 2. Bureau or office -----  
(Army, Navy, etc.) (Engineer, Navigation, etc.)  
 Place of employment 3. Place of employment -----  
(Arsenal, navy yard, etc.) (City) (State)  
 4. Reporting office -----  
(Location of reporting office or division headquarters)  
 5. Name of superintendent or foreman in charge when injury occurred -----

6. Name of injured employee Crispin GARCIA Fernandez 27 Sex M 9. Citizenship CUBAN  
(Give first name in full)  
 10. Home address Miami, Fla  
(Street and number) (City or town) (State)  
 11. Occupation and division PILOT  
(Give both, as laborer, hull division; helper, machine shop, etc.)  
 The injured 12. Total length of service with the Government as a civilian? -----  
 employee 13. Rate of pay on date of injury, \$ 320.00 per MO. { and subsistence valued at \$ ----- per -----  
 { and quarters valued at \$ ----- per -----

14. Place where injury occurred Nicaragua  
(Give exact location, as name or number of building and division, etc.)  
 15. Date of injury About 18 April 19 61, day of week -----; hour of day ----- m.  
(a. m. or p. m.)  
 16. Date employee stopped work -----, 19 -----; day of week -----; hour of day ----- m.  
(a. m. or p. m.)  
 17. Date employee's pay stopped -----, 19 -----; day of week -----; hour of day ----- m.  
(a. m. or p. m.)  
 18. Time of death About 18 April 19 61  
(Give date and hour)  
 19. Place of death Nicaragua  
(Name of hospital, establishment, etc.) (City or town, and State)  
 20. Immediate cause of death Airplane Crash - Plane disappeared after take-off on April 18, 1961 from Boca Chica Air Base.  
 21. Describe in full how injury occurred Plane was found in the Nicaraguan jungle in November 1961 and natives stated they buried the remains at the scene of the crash.  
 22. State part of body injured and nature and extent of injury -----

The injury 23. Was employee injured while in performance of duty? Yes If not, or in doubt, give detailed statement -----  
 24. 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 reasons for his conclusion)  
 25. Was written notice of injury given within 48 hours? ----- If not, did immediate superior have actual knowledge of injury? -----  
(Answer to question 1, Form C. A. 1, must be complete if notice was not given within 48 hours)  
 26. Names and addresses of witnesses to injury -----

Medical 27. Name and address of physician who first attended case -----  
 attendance 28. To what hospital sent? ----- Location -----

29. Widow of deceased employee Nora Capote See CA-5  
(Give full name.) (Address)  
 30. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:  
 Name Date of birth  
 Dependents Franklin Garcia Capote, son 3 April 56

31. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:  
Name Relationship Address  
[REDACTED] - father See CA-5  
[REDACTED] - mother "

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

Approved for Release  
 Date AUG 1937

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