U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
Office of Workers' Compensation Programs

OFFICIAL SUPERIOR'S REPORT OF EMPLOYEE'S DEATH

1. Name of Deceased Employee *(Last, first, middle)*	2. Date of Birth *(Mo., day, year)*	3.	4. Social Security No.
DOE, JOHN HENRY	06/14/32	[X] Male [ ] Female	000-00-000

5. Department or Agency	6. Bureau or Office
PEACE CORPS	OFFICE OF MEDICAL SERVICES

7. Name and Address of Reporting Office	8. Name and Office Phone Number of Employee's Official Superior
Peace Corps 806 Connecticut Ave., NW Washington, D.C.	Dean Miller - 254-0000

9. Date and Hour of Injury *(Mo., day, year)*	10. Date and Hour of Death *(Mo., day, year)*	11. Date and Hour Employee's Pay Stopped *(Mo., day, year)*
9/15/82 AM [ ] PM [ ]	9/15/82 AM [ ] PM [ ]	9/15/82 AM [ ] PM [ ]

12. Describe How Injury Occurred	13. Was Employee in Performance of Duty When Injury Occurred?
Automobile Collision	[ ] Yes [ ] No *(If No, Explain):*

14. Location Where Injury Occurred	15. Location Where Death Occurred	16. Immediate Cause of Death *(Attach Medical and Autopsy Reports if Available)*
Harper's Ferry, W. VA.	Harper's Ferry West Virginia	Fractured Skull

17. Employee's Rate As Of	a. Base Pay	b. Subsistence	c. Quarters	d. Other
A. Date of Injury 9/15/82 B. Date Pay Stopped Same	$ 14,828 per yr $ per	$ per $ per	$ per $ per	$ per $ per

18. Did Employee Work in Position Held At Time of Injury for a Full Eleven Months Prior to the Injury?	19. If Answer to 18 is No, Would Position Have Afforded Employment for Eleven Months Except for the Injury?
[ ] Yes [ ] No	[ ] Yes [ ] No

20. Did Employee Receive Leave Pay for Any Part of Period from Time Pay Stopped to Date of Death? *(Give Inclusive Dates)*

a. Annual	b. Sick	c. Other *(Specify)*
N/A		

21. Did Employee Receive Continuation of Pay (COP) During Period Prior to Death?

a. Pay Rate Used for COP	b. Inclusive Dates of COP	c. Gross Dollar Amount of COP
$ N/A per	From To	$

22. If Employee was Enrolled in Health Benefit Plan for Self and Family, Show HBS Code Number:	23. Show Date Through Which HBS Deductions Were Last Made *(Mo., day, year)*	24. If Employee Received Medical Care Prior to Death, Give Name and Address of Attending Physician
N/A	N/A	

25. If Injury was Cased by a Third Party, Give Name and Address of Third Party	26. Give Name and Address of the Attorney Representing the Survivors if Legal Action is Instituted Against the Third Party	27. Show Amount of Third Party Recovery, If Any
John Jones RR #3 Harpers Ferry, W. VA	Not Known	$ Pending

28. If Employee was a Member of the Armed Services of the United States, Show:	29. Has a Claim for Survivor's Benefit Been Filed with the United States Civil Service Commission?
Branch of Service: N/A Serial No. *(if known)*	[ ] Yes [ ] No

30. Name and Address of Employee's Spouse or Next of Kin *(Show relationship, if other than spouse)*
Alice J. Doe, 111 15th Street, SE., Washington, DC 20003

31. Signature of Official Superior	32. Title	33. Date *(Mo., day, year)*
Mary Bowlea	OWCP Liaison Officer	10/03/82

Form CA-6
Rev. July 1976

INSTRUCTIONS FOR COMPLETING FORM CA-6

When a Federal employee dies as a result of injury in performance of duty or because of an employment related disease, the death should be reported on this form. This form eliminates the need to complete and file the official superior's report on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation. It also replaces the "Report of Death" on Form CA-3 (Dec. 1970 version).

The form is to be completed by the deceased employee's official superior or other authorized official of the employing agency. It should be accompanied by a certified copy of the death certificate, when submitted to the OWCP.

If additional space is required, attach separate sheets numbering the answers to correspond with the items on the form.

For additional information about death benefits, see 20 CFR 1. I and/or Chapter 810, Injury Compensation, Federal Personnel Manual.

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