NOTICE OF INJURY SUSTAINED WHILE ON DUTY

Send original and one copy to Porkland Memorial Hospital 5201 Harry Hines Bivd. Telephone LO-7611

Director of Public Health

TO BE FILLED IN BY IMMEDIATE SUPERIOR:

Name of injured employee J. D. Hppit			
Address 1919 Glenfield	Sex_ M	Age 31	Race W
Dept. Police Div.	Radie	_Classification_Pat:	rolman
Date of accident 1-7-56	Time	10:15	AM () PM (30
Location Main & Harwood (City Jail)	· ·		
Describe in full how accident occurred. Had arrest			
her. Prisoner hit	me in eye and inj	ured same with	large ring
on finger.			
Name witnesses W. E. Ritter - S. O.	Littlejohn -	H. L. McGee	Am
Disposition of case			
	-	J.W.J	enley
	<u>~~~</u>	Signature of supe	arior
I sustained injury to myself in the manner described above Hospital to release any and all information regarding this request.	disability to the Personne	Department of the	
TO BE FILLED IN BY PARKLAND HOSPITAL:		J. D. Tippit Signature of injured	mployee
Authorization of emergency treatment taken by			
Date entered Emergency	Time		AM () PM ()
Examination and treatment administered by Doctor			
Extent of injury			
Disposition of case TO BE FILLED IN BY DEPARTMENT PERSONNEL CLERK:			
	Date back on du	γ	
Payment of salary amounting to	for period from		•
involving working days due to	this injury. Expense cha	rgeable to Acct12	Code F-13
OPPROVED: C. dt, January 1 = 9 = 56 Deportment Hand	e er	wither k	tor AD
The above described injury under normal circumstances w)	absence
			dosenice
from the job. This file should be returned for my further att	ention on		