7-4 Reviews 6-54	NOTICE O	F INJURY	<u> </u>	and original and one copy to Parkiand Memorial Hospital
	SUSTAINED WH			5201 Harry Hines Bivd. Telephone LO-7611
TO BE FILLED IN BY IMMEDIATE SUPERIOR:				
Name of injured employee <u>John D. T</u>	ippit			
Address 1919 Glennfield	·	SexM	Age 32	Race W
Dept. Police	Div. Patrol		Classification	atrolman
Date of accident April 28, 1956		Time		AM ( ) PM (
Location 1131 N. Edgéfield				
Describe in full how accident occurred.				0221 #11+
visited Dr. Mattson, 630 N. E				
closed that approximately one				
Name witnesses				
	st Hospital N	ov. 15, 1956.	to be opera	ted on Nov. 16, 1
by Dr. Mattson	•			
				n. Varing
ustained injury to myself in the manner des	with a discharge set of the		0	
ospital to release any and all information re				
iquest.		()	297 7°	
)			O / M	pet :
TO BE FILLED IN BY PARKLAND HOSPITAL:		C	Signature of Injore	d employee
Authorization of emergency treatment taken by	у			
Date entered Emergency NOV. 15,	1956	Time		AM ( ) PM (
Examination and treatment administered by D	Matt	son		
Extent of injury Operation for	removal of	ice pick i	n knee	
Disposition of caseOperation				- · · ·
TO BE FILLED IN BY DEPARTMENT PERSONNE	L' CLERK:			
First date off duty Nov. 28, 195	6 D	ate back on duty.	Has not	returned 12-1-
Payment of salary amounting to\$266	.81 for	period from 11	-8-56	12-1-56
		jury. Expense charg		12 F-13
APPROVED:				
a.A. Sansa		OCK	Juther	lord
Department Head			Personnel Dj	octor CPR
The above described injury under normal circu	umstances will nece	ssitate a total of	0	absenc
from the job. This file should be returned for m	y further attention a			
			Director of Publi	a 61lab

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