

# NOTICE OF INJURY SUSTAINED WHILE ON DUTY

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

**TO BE FILLED IN BY IMMEDIATE SUPERIOR:**

Name of injured employee J. D. Tippit  
Address 1919 Glennfield Sex M Age 33 Race W  
Dept. Police Div. Patrol Classification Patrolman  
Date of accident March 5, 1957 Time - AM ( ) PM ( )

Location -  
Describe in full how accident occurred Made mis-step and turned right leg,  
causing a sprain to old injury. (Old injury on 4-28-56)  
Leg swelled.

Name witnesses \_\_\_\_\_  
Disposition of case Additional treatment necessary

Signature of superior

I sustained injury to myself in the manner described above and while on duty with the City of Dallas. I hereby authorize Parkland Hospital to release any and all information regarding this disability to the Personnel Department of the City of Dallas upon their request.

J. D. Tippit

Signature of injured employee

**TO BE FILLED IN BY PARKLAND HOSPITAL:**

Authorization of emergency treatment taken by \_\_\_\_\_  
Date ~~of emergency~~ March 5, 1957 Time \_\_\_\_\_ AM ( ) PM ( )  
Examination and treatment administered by Doctor Mattson  
Extent of injury Sprained to leg muscles  
Disposition of case Told to stay off his feet for one week.

**TO BE FILLED IN BY DEPARTMENT PERSONNEL CLERK:**

First date off duty March 7, 1957 Date back on duty March 14, 1957  
Payment of salary amounting to \$78.58 for period from 3-7-57 to 3-14-57  
Involving 7 working days due to this injury. Expense chargeable to Acct. 12 F-13

**APPROVED:**

*A. H. Larsson*  
Department Head

*C. Rutherford*  
Personnel Director *CR*

The above described injury under normal circumstances will necessitate a total of \_\_\_\_\_ absence  
from the job. This file should be returned for my further attention on \_\_\_\_\_