

# 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 Glenfield Sex M Age 31 Race W

Dept. Police Div. Radio Classification Patrolman

Date of accident 1-7-56 Time 10:15 AM ( ) PM ( )

Location Main & Harwood (City Jail)

Describe in full how accident occurred Had arrested suspect and while in jail upstairs took handcuffs off prisoner. Prisoner hit me in eye and injured same with large ring on finger.

Name witnesses W. E. Ritter - S. O. Littlejohn - H. L. McFee

Disposition of case \_\_\_\_\_

J. W. Finley  
Sgt. J. W. Finley  
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  
J. D. Tippit  
Signature of injured employee

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

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:**

First date off duty No time lost Date back on duty \_\_\_\_\_

Payment of salary amounting to \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_

Involving \_\_\_\_\_ working days due to this injury. Expense chargeable to Acct. 12 Code F-13

APPROVED: e. d. Lannan C. R. Rutherford  
1-9-56 Department Head Personnel Director

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 \_\_\_\_\_

*Personal*

*CPW  
L.H.F.*