D ^T P-4 Revised 6-54		TICE OF INJURY	ſY	Sei F	nd original and o ⁹ arkland Memarial 5201 Harry Hine Telephone LO-	Hospita s Bivd.
TO BE FILLED IN BY IMMEDIA	ATE SUPERIOR:					
Name af injured employee_	J. D. Tippit			<u>. </u>		
Address 1919 G1	lenfield	Sex_M	Age	31	RaceW	
Dept. Police	Div	Radio Patrol	Classifica	tion Pat	rolman	
Date of accident	1 28, 1956	Time	8:50PM		- 707-1) PM
Location731_Nort	th Edgefield					
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Name witnesses	1 H. Smith, Police	Dept.				
Disposition of case Rot	urned to daty.					
	urned to daty.	<u> </u>				
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Director of Public Health