## NOTICE OF INJURY SUSTAINED WHILE ON DUTY

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

Director of Public Health

## TO BE FILLED IN BY IMMEDIATE SUPERIOR

					m							
Name of	f injured em					15						
Address_	1	.919 G	lennfi	eld			Sex	M	Age.	32	Race	W
Dept	Police	<u> </u>			Div	Patro]			.Classifica	tionPa	atrolman	n .
Date of	accident	Apri	1 28,	1956								
Location.	13	.31 N.	Edgef	ield								
Describe	in full how	accident	occurred	Suppl	emen	t to c	rigir	al re	port)			
	Office										Rays	
	disclo	sed_t	hat ap	p <b>roxi</b>	mate:	ly one	-half	incl	n of i	ce-pi	ck was	
	embedd	led in	his r	ight	knee	cap.		•				
Name w	itnesses											
Dispositio	on of caseE	ntere	d Meth	odist	Hos	p. Nov	7. 15,	1956	for	opera	tion	
							****			sture of AUD		
Mospital request.	to release an	y and all	informatic	n regard	ing this	disability	to the Pe	ersonnel	Departme	nt of the	City of Dalla	is upon their
TO BE FILLED IN BY PARKLAND HOSPITAL:							Signature of injured employee					
Authoriza	ation of emer	gency tree	atment tak	en by								
Date eni	tered Emerg	ency M	ethodi	st	11-1	5 <b>-</b> 56	Tim	•			AM (	) PM ()
Examinal	ion and trea	tment adr	ninistered	by Docto	or	Matts	on					
Extent o	f injury	Ice	pick e	mbedd	ed 1:	n knee	cap					
Dispositie	on of case_	0p	eratio	n for	rem	oval o	of ice	-picl	ĸ			
TO BE P	LLED IN SY	DEPARTM	ENT PERSO	ONNEL C	LERK:							
First dat	e off duty_	(a	nxx <b>x</b> xx	<b>1957</b> 3	11-8	−ენ Da	te back	on duty	Jan	. 17,	1957	
Payment	of salary o	mounting	to\$1	. <b>79.</b> 50	)	for p						<b>-17-57</b>
involvina		16									F-13	
APPROVE		a 4		ying day		o mis inju						•
		Departm	ent Head		~~			JOK.	UTAQ Por	sopnal, Direc	toe 80	
The elec										7 /	(//	
IIIA GDOA	e described	injury und	ier normal	circumst	ánces w	rill necess	itate a ta	otal of_				absence
	ve described											absence
	e described job. This file											absence