-4 Revised 6-54				ICE OF IN		•	to	original ond a Porkland Hos 9 Maple Ji	pital
TO BE FILLED	IN BY IMME	DIATE SUPERIO	R:						
Name of inju		•JD.							
Address	1919	Glen Fiel	d	S	iexM	Age	32	Race	W
Dept	Police		Div	Radio Pa	trol	_Classification.	Patr	olman	
Date af acci	dent	February 20	0, 1957		Time	3:10		AM ( )	PM KT
ocation	901 S	ingelton R	Lvd.						
Describe in f	ull how acci	dent occurred_	Office	r J.D. Tip	nit was h	itten on F	light I	Vrist by	
				empting to	-				
				Dog place					
Name witnes	(AL	Eerline Stu	mry 311/	Topeka					
	0 U C								
<b>N</b> 1	,								
Disposition a	f case		······		0		-		1
l sustained in Hospital to re	jury ta myself	in the manner	described abo	ove ond while a is disability to f	on duty with t		of superious. I here	by authorize	Parkland
sustained in	jury ta myself	in the manner	described abo	ove ond while o	on duty with t	Signature he City of Dalla	of superious. I here	by authorize	Parkland
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