

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 ~~March 5, 1957~~ 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:

E. H. Hanson
Department Head

C. Rutherford
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 _____