

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. McGee

Disposition of case _____

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
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. Lawson Department Head C. R. Rutherford Personnel Director

Handwritten initials: C. R. W., D. W. T., J. D. T.

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 _____