

*Personnel*

# 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 Patrol Classification Patrolman

Date of accident April 28, 1956 Time 8:50PM AM ( ) PM ( )

Location 731 North Edgefield

Describe in full how accident occurred Attempting to subdue ~~injured~~ person. Stabbed in stomach and right knee with ice pick.

Name witnesses Daniel H. Smith, Police Dept.

Disposition of case Returned to duty.

*JMS*

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 4-29-56 Date back on duty Has not returned 5-1-56

*Ret. 5-3-56*

Payment of salary amounting to \$23.06 for period from 4-29-56 to 5-1-56

involving 2 working days due to this injury. Expense chargeable to Acct. 12 Code F-13

APPROVED: *C. H. [Signature]*  
By 5-2-56 *[Signature]* Department Head Acting

*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 \_\_\_\_\_