P-4 Revised 6-54		NOTICE O		,	Send original and one of Parkland Memorial Has 5201 Harry Hines Blv Telephene LO-7611
TO BE FILLED IN BY IMM	EDIATE SUPERIOR:				
Name of injured employe	eeJ. D. I	lippit			
Address 1919	Glenfield		Sex_M	Age31	Race W
Dept. Police		Div. Radio P	atrol	Classification.	Pagrolman
Date of accident Apr	ril 28, 1956		Time.	8:50PM	
Location731_N	orth Edgefiel	d			
Describe in full how acc					Stabled in
			·····		
Name witnesses Dan	del H. Smith,	Police ⁴ Dept.			
Disposition of case	eturned-to-du	it y.	<u> </u>		
Disposition of case <u>F</u>	leturned-to-di	it y .	<u> </u>	·· ·· ·· ·· ··	
NS I sustained injury to myse	lf in the manner de	scribed above and	while on duty wit	Signature h the City of Dall	•
M8	lf in the manner de	scribed above and	while on duty wit	Signature In the City of Dall anel Department of	as. I hereby authorize P of the City af Dallas up
NS I sustained injury to myse Hospital to release ony a request.	if in the manner de nd all informotion r	scribed above and	while on duty wit	Signature In the City of Dall anel Department of	as. I hereby authorize P
l sustained injury to myse Hospital to release ony a	If in the manner de nd all informotion r RKLAND HOSPITAL:	scribed above and egarding this disabi	while on duty with lity to the Person	Signature In the City of Dall anel Department of	as. I hereby authorize P of the City af Dallas up
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Director of Public Health