

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 8:50 AM () PM (X)

Location 731 North Edgefield

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

Name witnesses Daniel H. Smith

Disposition of case _____

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.

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 5-3-56

Payment of salary amounting to \$23.06 for period from 5-1-56 to 5-3-56

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

APPROVED:

5-16-56

E. K. Lawson
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 _____

Director of Public Health