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 empire	John					
Address 19	19 Glennfie	1d	SexM	Age	32 Race	W
Dept. Police			ol	_Ciassification_	Patrolma	n
Date of accident	April 28, 1	956	Time		AM	() PM ()
Location 113	l N. Edgefi	eld				
Describe in full how a Officer	ccident occurredS	upplement to	original retson Nov. 5	port) , 1956.	X-Rays	~~ <u>-</u> -
disclos	ed that app	roximately o	ne-half incl	of ice-	-pick was	
embedde	d in his ri	ght knee cap	•			
Name witnesses			 			
Disposition of case <u>ED</u>	tered Method	dist Hosp. N	ov. 15, 1956	for ope	ration	
				Signature	ef superior	
Hospital to release any or request.	ane all information	regarding this disabil	iry to the rersonner	Department of	rine City of Dali	as upon meir
TO BE FILLED IN BY PA			<u> </u>	Signature of In	jured employee	
Authorization of emerge	ncy treatment token	by			· · · · · · · · · · · · · · · · · · ·	
Authorization of emerge Date entered Emergence	ncy treatment token Methodis	byt 11-15-56			· · · · · · · · · · · · · · · · · · ·	() PM ()
Authorization of emerge Date entered Emergence Examination and treatme	ncy treatment token Me thodis ent administered by	t 11-15-56 Doctor Matts	son		· · · · · · · · · · · · · · · · · · ·	() PM ()
Authorization of emerge Date entered Emergence Examination and treatm Extent of Injury	ncy treatment token Ty Methodis ent administered by Ice pick em	t 11-15-56 Doctor Matts	son ee cap		· · · · · · · · · · · · · · · · · · ·	() PM ()
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