September 4.34

NOTICE OF INJURY SUSTAINED WHILE ON DUTY

Send original and one copy to Porkland Memorial Hospital 5201 Harry Nines Blvd. Telephone LO-7611

Director of Public Health

SUSTAINED WHILE ON DUT

Name of injured employee		_	M	Age 33	Race	W
Address 1919 Glennfield Police		Sex Patrol		· 1	atrolmar	
Pept	Div	140101	c	lassification		
date of accident March 5, 19	957		Time		AM	() PM ()
ocation						
Pescribe in full how accident occurred	Made mi	is-step and	turned	right le	g,	
causing a sprain t	to old in	jury. (Old	injury	on 4-28-	.56)	
Leg swelled.						
			-			
Name witnesses				-		
Disposition of case Additional	treatment	necessar	₹			
Disposition of case			<u> </u>			
				<u> </u>		
				Signature of	•	
		ove and while on his disability to the	-	-	-	
Hospital to release any and all information			-	epartment of ti	-	
Hospital to release any and all information			Personnel E	Department of the Tippit	ne City of Dall	
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