

# REPORT OF EMPLOYEE INJURY

**TO BE FILLED IN BY IMMEDIATE SUPERIOR:**

Name of injured employee J. D. Tippit  
 Address 238 Glencairn Sex M Age 37 Race W  
 Dept. Police Div. Radio Patrol Classification Patrolman  
 Date of Accident December 7, 1961 Time 11:45 AM ( ) PM (X)  
 Location Hampton Rd. & Jefferson Blvd.

Describe in full how accident occurred Officer was assisting in the arrest of five white males engaged in a fight at Hampton Rd. & Jefferson Blvd. During the ensuing arrest, one of the participants scratched the Officer on the left side of the face.

What injury was apparent? Two small scratches on the left side of the face

Did injured suffer loss of consciousness? No Was ambulance called? No

To what hospital and/or doctor was injured referred? Parkland Hospital, Doctor V. Yoder

Names of witnesses George A. Hallman # 1739

What unsafe act caused the accident? None

What has been done to prevent a similar accident?

*HT*

*Hugh J. Davis*  
Signature of superior

I sustained injury to myself in the manner described above while on duty with the City of Dallas.

*elo*

Signature of injured employee

**TO BE FILLED IN BY DEPARTMENT PERSONNEL CLERK:**

First date off duty None Date back on duty \_\_\_\_\_  
 Payment of salary amounting to \_\_\_\_\_ for period from \_\_\_\_\_ to \_\_\_\_\_  
 involving \_\_\_\_\_ working days due to this injury. Expense chargeable to Acct. 12 F-13a

**APPROVED:**

*J. Hurry*  
Department Head

*C. 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 \_\_\_\_\_