

Name: \_\_\_\_\_

Male  Female

Age: \_\_\_\_\_

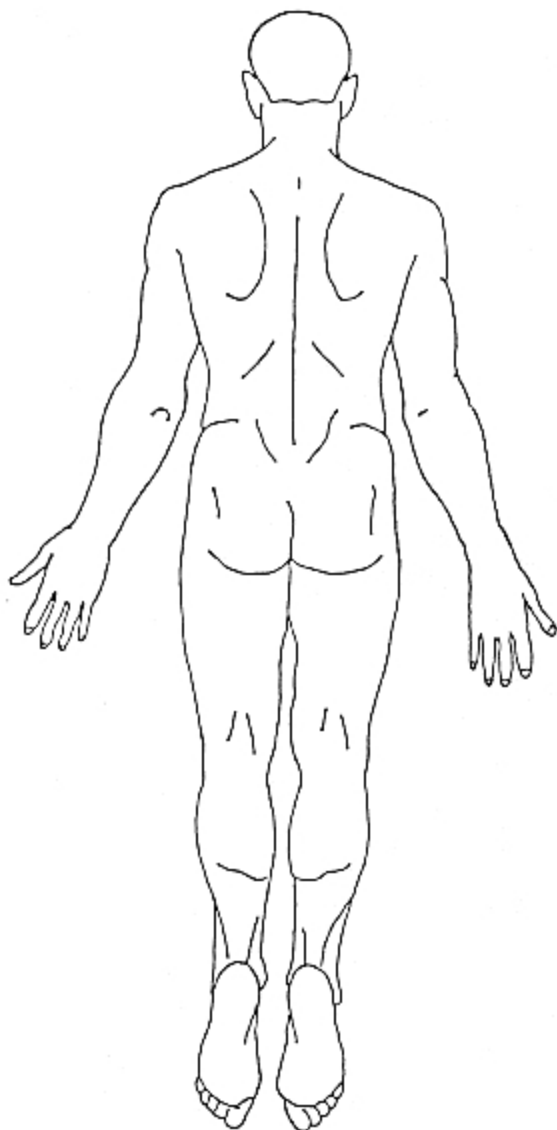
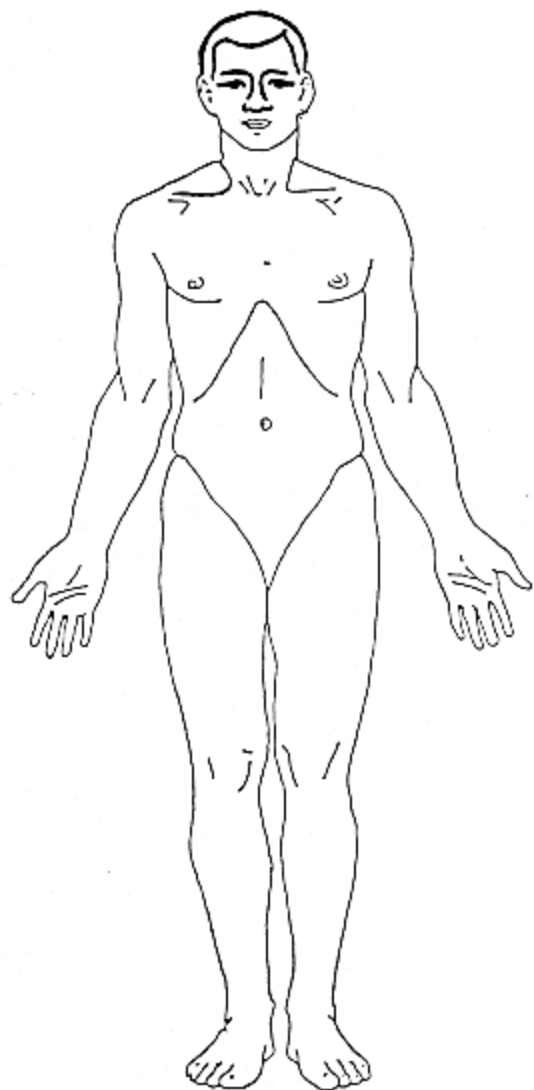
Height (feet): \_\_\_\_\_

Weight (pounds): \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_

1. Laceration	5. Internal Injury	9. Partially Severed
2. Abrasion	6. Burn	10. Severed
3. Contusion	7. Simple Fracture	11. Complaint of Injury
4. Puncture	8. Compound Fracture	12. _____ (Specify)



Cause of Death \_\_\_\_\_  
(If Known)