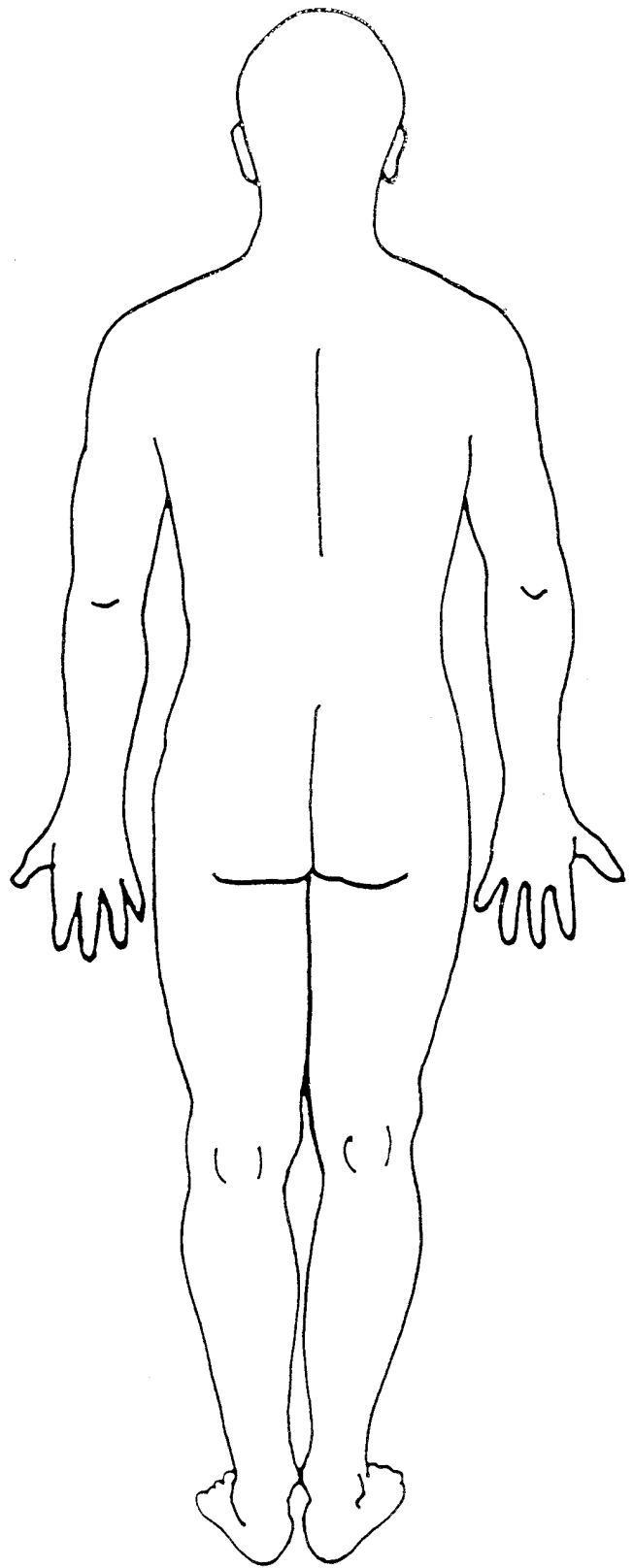
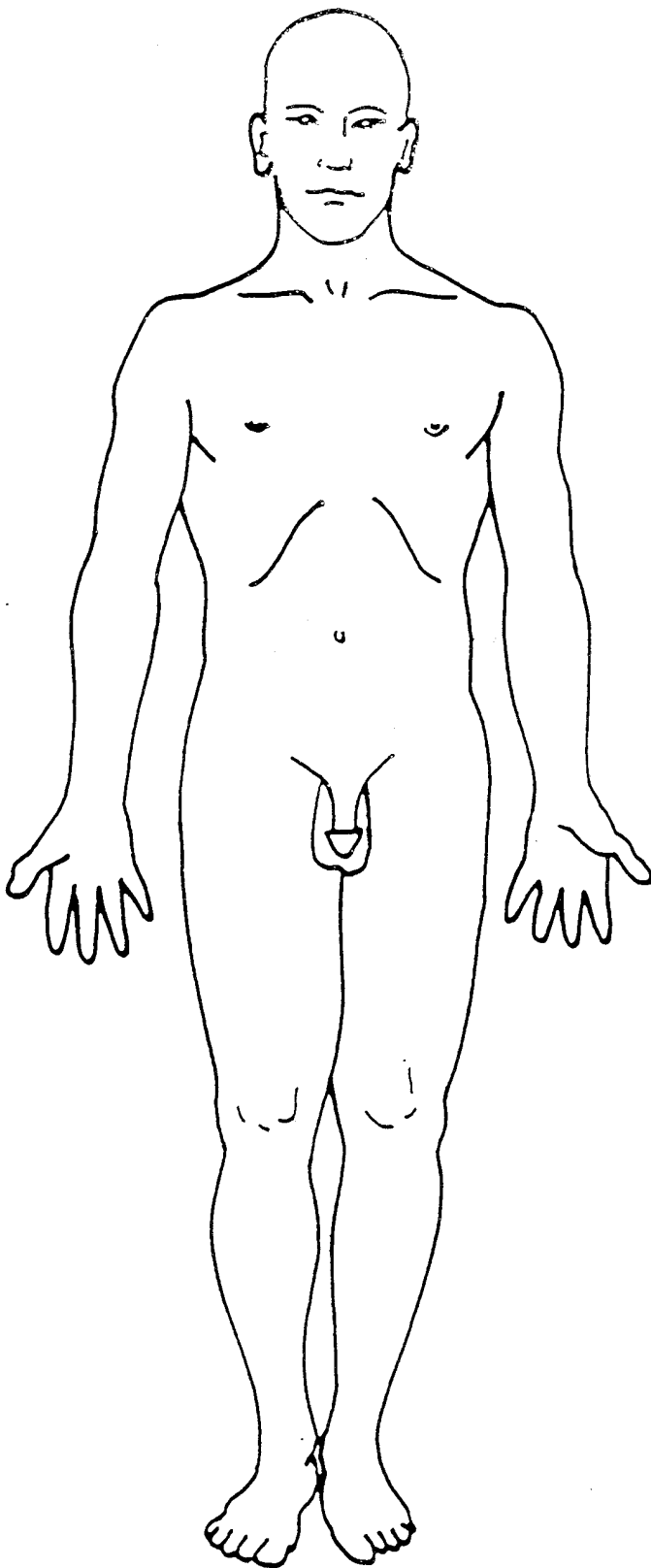


NAME _____

DATE/TIME _____

ME _____



Height _____ Eyes _____ Hair _____
Weight _____ Facial Hair _____
Rigor _____ Livor _____ Temp _____



Absent



Partial-thickness burn



Abrasion



Full-thickness burn



Contusion



Laceration