

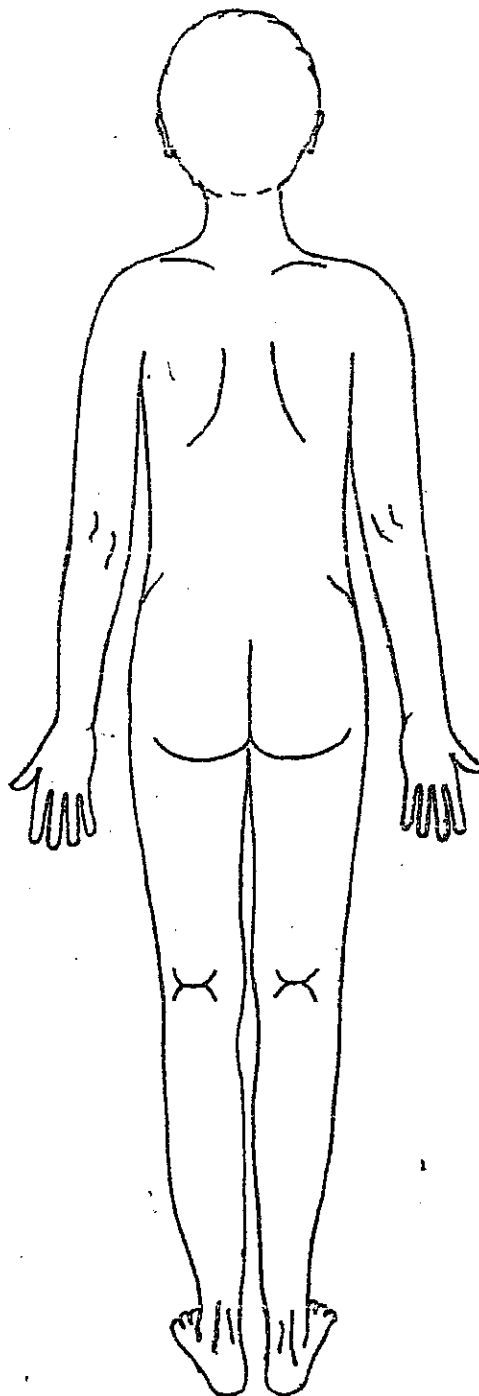
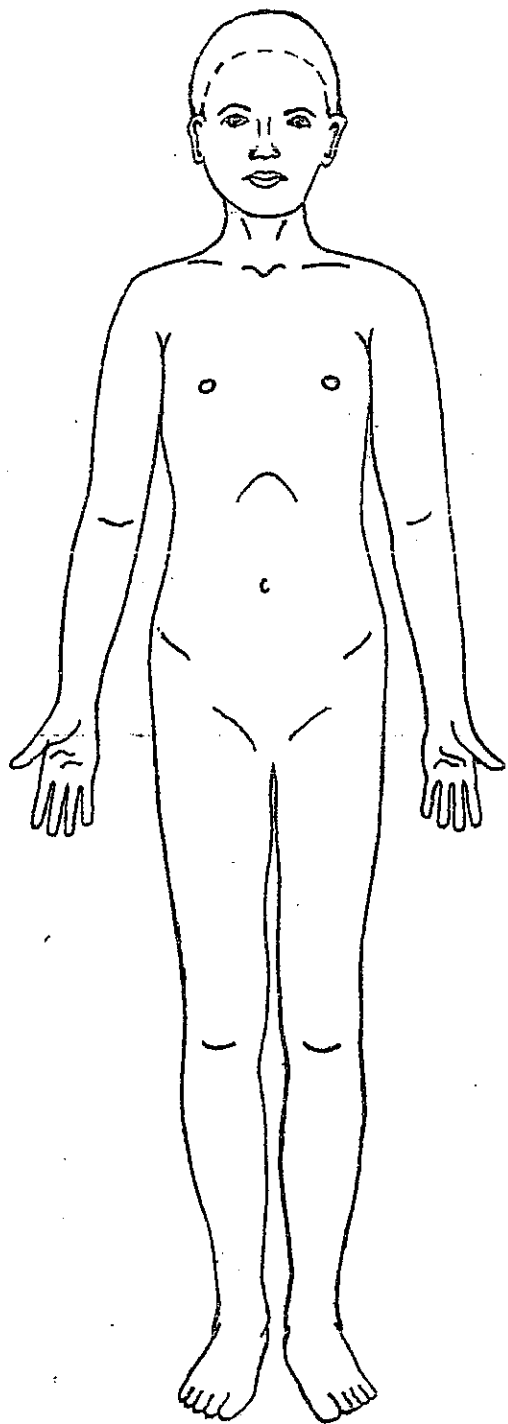
Name _____

Case No. _____

Age _____

Sex _____

Date _____



For report only:
