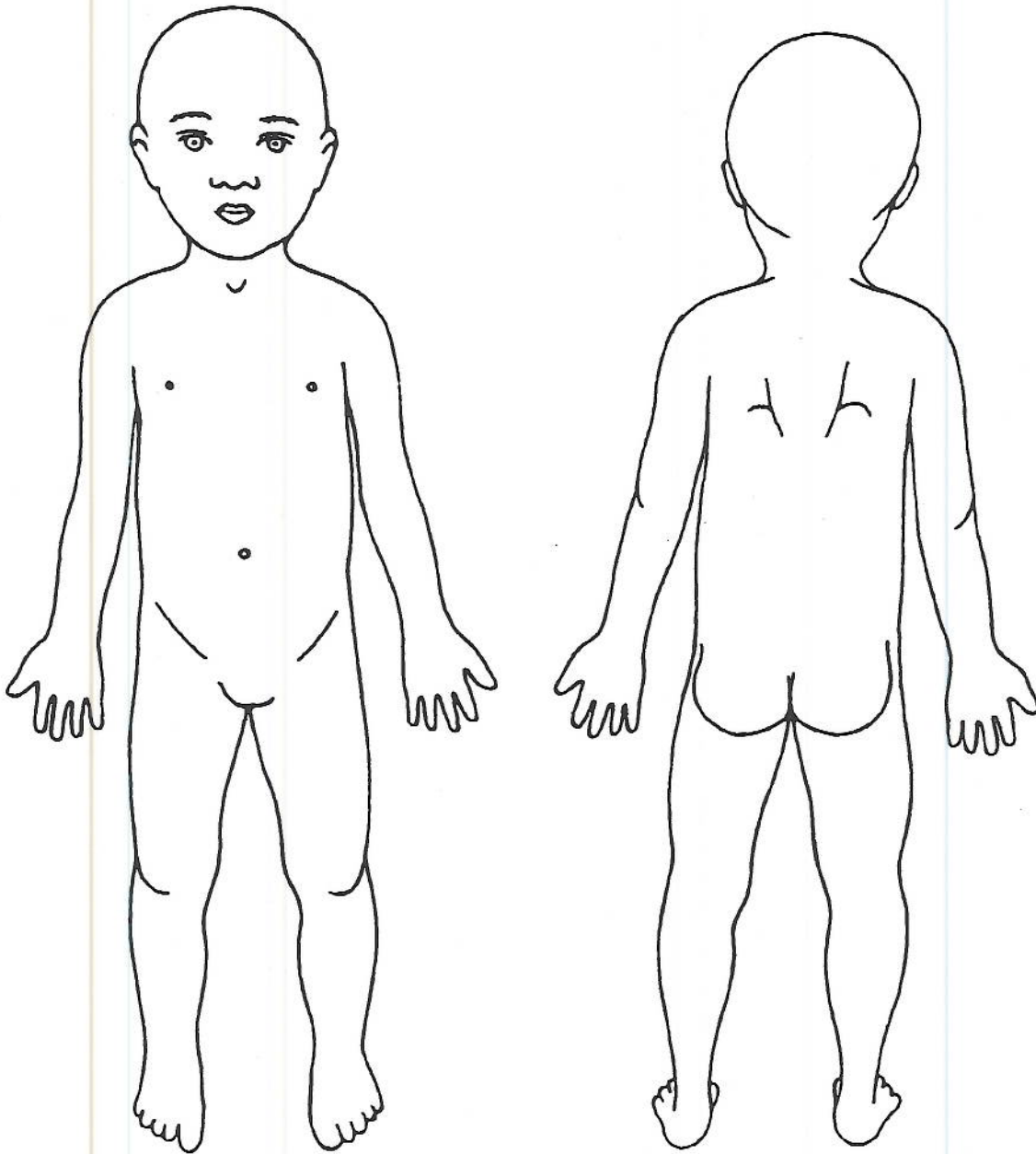


NAME: _____ CASE #: _____
AGE: _____ RACE: _____ SEX: _____ DATE: _____ TIME: _____



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