

NIGHT CITY POLICE DEPARTMENT FORM C-652 (CORONER'S DIV.)

AUTOPSY

CASE NO.

VICTIM'S NAME (LAST, FIRST, MIDDLE)

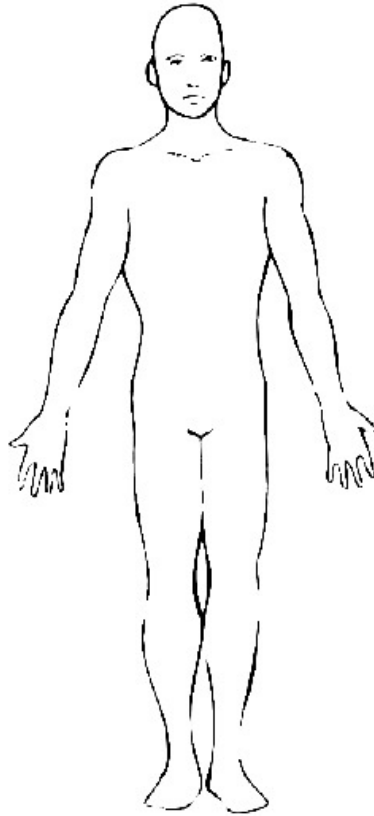
SEX	AGE	RACE	WEIGHT	HT
M F				

DESCRIPTION OF CORPSE

EXTERNAL INJURIES

INTERNAL INJURIES

MEDICAL DIAGNOSIS



NOTES

INVESTIGATING OFFICER

RECORDING OFFICER

TYPED BY

DATE AND TIME

ROUTED BY

CORONER

FURTHER ACTION YES

NO

RECEIVED BY