

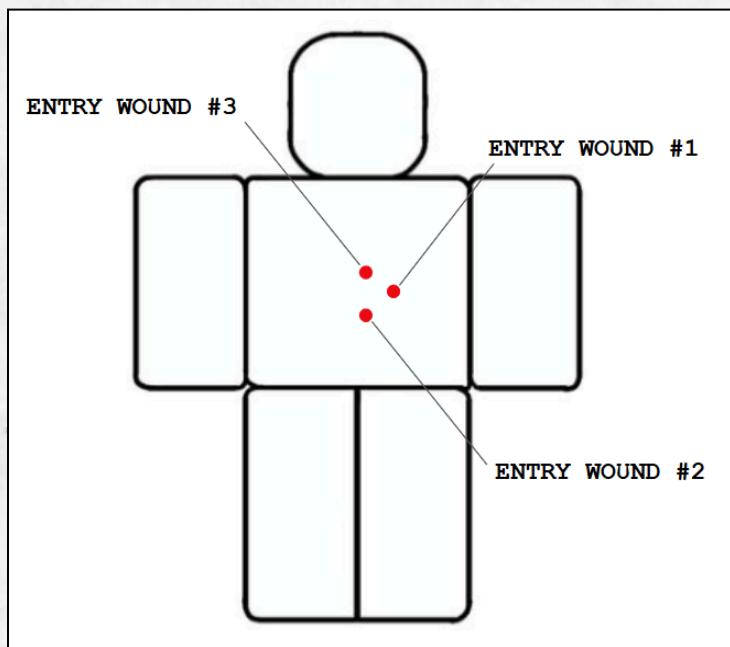
**MEDICAL REPORT****ID NO. #MDD-9003****Date** 12/29/2025**PATIENT** Derrickc7**REPORT**

Maintenance Supervisor Derrickc7 was found severely injured and lying on the catwalk of Server Room #304. The emergency was reported by Security Agent [REDACTED] where medical personnel immediately responded.

The patient was still conscious at the time as he hadn't lost enough bodily fluids to experience going unconscious from shock.

The patient was treated with morphine to reduce the pain suffered from the gunshot wounds.

The patient was immediately transported to the Medical Bay using a Foundation-issued stretcher. After arrival, he was placed onto the Medical Cots.

**Body Evaluation Diagram**

A total of three (3) entry wounds were found. The ammunition used in the incident was several 9x19mm Parabellum rounds. The first entry wound pierced through the skin and slightly hit the patient's Pyloric antrum.

The second entry wound entered the patient's body and grazed the top-area of the traversal colon of the large intestine where the energy was absorbed and eventually stopped before exiting.

The third entry wound past through the lower area of the sternocleidomastoid muscle, thankfully, it did not hit any vital organs or the spinal column. The bullet did exit the body increasing the chance of infection and blood loss.

The patient's heart rate was 128 where it stayed at an average from 120-135 during the initial arrival and treatment.

Direct pressure was applied on the exit wound (entry wound #3) to control Hemorrhage. Gauze was used to temporarily soak the blood exiting the body.

The bullets in entry wound #1 and #2 cannot be removed unless degrading and chance of lead poisoning is present. So unfortunately, the bullets will be left inside the patient's body unless required to be removed.

The traversal colon didn't suffer major damage, only grazing it, meaning it is able to heal by itself without medical intervention.

The bullet in entry wound #1 did injure the Pyloric antrum (stomach) where it would require stitching, assuming the surgery goes successfully and quickly, the internal bleeding may be stopped before the patient fully succumbs to the wounds.

After the patient was given anesthesia, the surgery on the stomach began by using scalpels and careful precision to reach

the stomach.

The stomach was reached but the bullet was not seen as it may have gone further into the body. The stitches were installed on to the opening on the stomach. Afterwards, the muscles and skin were closed together with more stitches.

CONCLUSION

Estimated full-recovery time: 2 months

Assuming the bullet does not degrade and cause lead poisoning, the patient will fully recover after two (2) months. Afterwards, the patient may go back to fulfilling his duties.

The bullet was placed into a sterile biohazardous bag where it was given to the Security Department to store in the evidence room.

EVIDENCE:

[Camera Feed of the Incident](#)

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