

pol/Chigir Henry

TEL. NOS:.....

0244 648463

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SECTION A: GENERAL MEDICAL FORM

Tesano.....POLICE STATION
A. Meara.....REGION
Tesano.....DISTRICT
23-2-0018.....DATE

THE MEDICAL OFFICER.....*of any Government hospital*
WILL YOU PLEASE EXAMINE AND REPORT IN THE CASE OF.....*Kabel Brown*
.....OF.....*some pillar 2*
DATE OF BIRTH:.....AGE: *35* ☐ MALE ☒ FEMALE
WHO COMPLAINS THAT HE/SHE WAS.....*unconscious in accident*

SIGNATURE.....*[Signature]*
.....*Chigir*.....OF POLICE
STAMP

DATE AND TIME OF ALLEGED INCIDENT:

DATE: *23/02/18* TIME: *8:00 AM*

DATE AND TIME OF HOSPITAL EXAMINATION:

DATE: *23/02/18* TIME: *3:00pm*

RETURNED TO POLICE STATION:

.....ON.....