- OFFICE OF THE COUNTY CORONER -
MEDICAL EXAMINER'S REPORT

DECEDENT: _____

MOTIVE: _____

CLASSIFICATION: _____

CAUSE OF DEATH: _____
_____
_____
_____
_____

[__] STRENGTH
[__] SENSE
[__] SOUL

[__] COMBAT
[__] MAGIC
[__] ARMOR

[__] FURY
[__] LIFE
[__] CASH

SKILLS	SPELLS	WEAPONS (RNG/DMG/AMMO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTACTS _____
_____

GEAR _____
_____

NOTES _____
_____
_____

INVESTIGATION _____
_____
_____

ADVANCEMENT: [__] [__] [__] [__] [__] [__] [__] [__] [__] [__] [__] [__] [__]