











PRESS

ATTACHED TO THE
EQUIPMENT

Case # _____
Race of Deceased _____
Deceased: Last, First WILCOX
Doctor | Examiner: Last, First RED
Hospital | Place of Death _____
Time of Death _____
City, Zip Code _____
Date of Death _____
Sex: Circle One M F
Funeral Director _____
Use Universal Blood/Body Fluids Precautions With All Patients.

ATTACH TO TOE
Use back side for notes, comments, etc.









MPH
RPM/1000
19164
TRIP
OFF

CHEVROLET
3.0 Liter Diesel Engine

OFF
DOME LIGHTS

BRAKE RELEASE









CHEVROLET

Supplemental Inflatable Restraint



OFF JVERRIDE

BRAKE RELEASE

1030007

AC

4HI
4LO





(P) BRAKE RELEASE











CHEVROLET

FL 5734