## Forensic Medical Examination (MPS)

This form is not a Statement

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	Serial No A 204880
Part 1 – to be completed by doctor Dr. Ref.:	Station Corie
Person examined	Part 2 – to be completed by doctor
Surname. WALCER IS. Forename(s). TULLY 1	Doctor Creditor No.
Time arrival Began 0 7 4 0 Concluded O	8 2 8 Statement Miss:
* If second or subsequent call record time available to start examination	
** Time recorded to include making notes, etc.	Examined Detained
Reason for examination/claim (For statements, please include name of requesting officer)	Viction
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	Examination No. 2+
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Part 3 – to be completed by police	<u> </u>
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