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| DATE | PERSON REPORTING | | | PAGE #: |
| TIME IN | NAME OR DESCRIPTION | TRAIGE COLOR | CONDITION | DESTINATION/WITH WHOM |
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| FOR MEDICAL TREATMENT  DOCUMENT EACH PERSON BROUGHT TO THE TREATMENT AREA  IF VICTIM CANNOT GIVE NAME, WRITE A BRIEF DESCRIPTION, e.g., SEX, APPROXIMATE AGE, HAIR COLOR, RACE, ETC.  TAG COLOR: RED=IMMEDIATE, YELLOW=DELAYED, GREEN = MINOR, BLACK=DEAD | | | | |