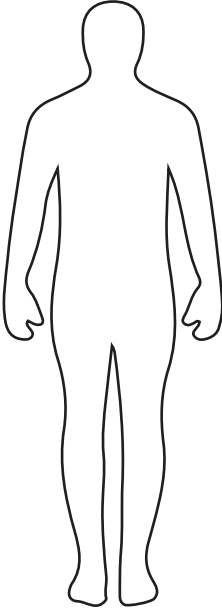
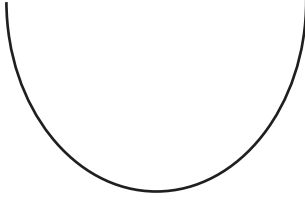
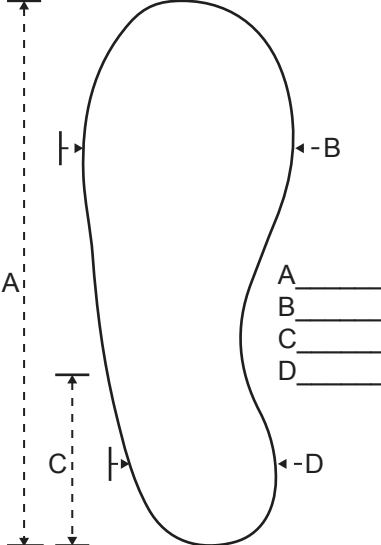
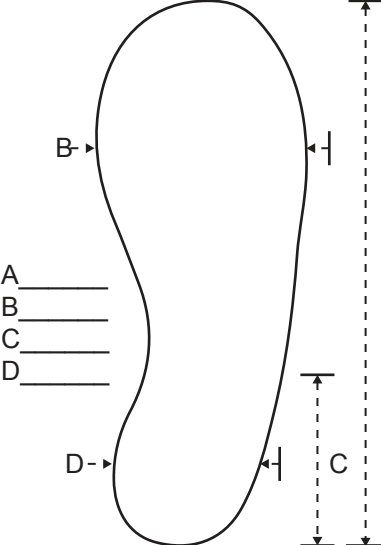


MISSING <input type="checkbox"/> SUBJECT <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER <input type="checkbox"/>						
NAME: LAST		FIRST		MI		
DOB	SEX	RACE	HT	WT	EYES	HAIR
SHIRT		PANT		SHOE		OTHER
ITEMS						
MEDICAL						
ADDRESS						
CITY				STATE	ZIP	

<b>TRACK PROFILE</b>	<p><b>TRACK PROFILE</b></p> <p>Nickname _____</p> <p>Date _____</p> <p>Place _____</p> <p>G/Ref _____</p> <p>Direction _____</p> <p>Type _____</p> <p>Style _____</p>	<p><b>SUBJECT PROFILE</b></p> 
	 <p>HEEL STRIKE DETAILS</p>	

DATE	TIME	INC TYPE
NOTES		

<b>TRACK DESCRIPTION</b>	 <p>LEFT</p>	 <p>RIGHT</p>
	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p>	