

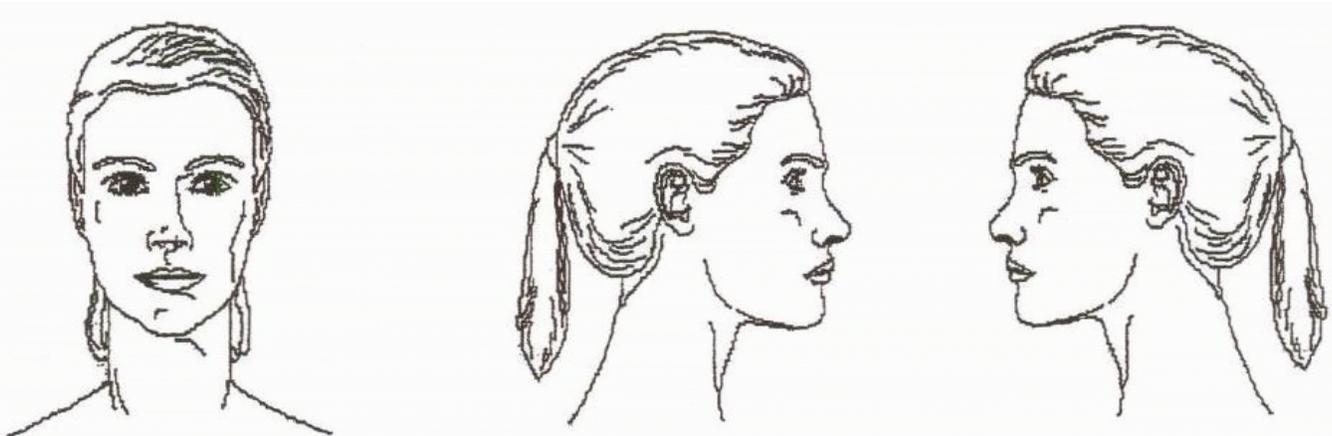
**FORT HOOD POLICE DEPARTMENT  
ATTEMPTED STRANGULATION SUPPLEMENT**

1. TEMP MPR #: \_\_\_\_\_ 2. DATE: \_\_\_\_\_ 3. MILITARY POLICE REPORT #: \_\_\_\_\_

**4. SYMPTOMS AND/OR INTERNAL INJURY**

<b>Breathing Changes</b> <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe <input type="checkbox"/> Other	<b>Voice Changes</b> <input type="checkbox"/> Raspy voice <input type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<b>Swallowing Changes</b> <input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<b>Behavioral Changes</b> <input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<b>Other</b> <input type="checkbox"/> Dizzy <input type="checkbox"/> Headaches <input type="checkbox"/> Fainted <input type="checkbox"/> Urination <input type="checkbox"/> Defecation
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**5. USE FACE AND NECK DIAGRAMS TO MARK VISIBLE INJURIES**



<b>Face</b> <input type="checkbox"/> Red or Flushed <input type="checkbox"/> Pinpoint Red Spots (Petechiae) <input type="checkbox"/> Scratch Marks	<b>Eyes &amp; Eyelids</b> <input type="checkbox"/> Petechiae to R and/or L eyeball (circle one) <input type="checkbox"/> Petechiae to R and/or L eyelid (circle one) <input type="checkbox"/> Bloody/red eyeball(s)	<b>Nose</b> <input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose (Ancillary finding) <input type="checkbox"/> Petechiae	<b>Ear</b> <input type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal	<b>Mouth</b> <input type="checkbox"/> Bruising <input type="checkbox"/> Swollen tongue <input type="checkbox"/> Swollen lips <input type="checkbox"/> Cuts/Abrasions (Ancillary finding)
<b>Under Chin</b> <input type="checkbox"/> Redness <input type="checkbox"/> Scratch Mark(s) <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s)	<b>Chest</b> <input type="checkbox"/> Redness <input type="checkbox"/> Scratch Mark(s) <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s)	<b>Shoulders</b> <input type="checkbox"/> Redness <input type="checkbox"/> Scratch Mark(s) <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s)	<b>Neck</b> <input type="checkbox"/> Redness <input type="checkbox"/> Scratch Mark(s) <input type="checkbox"/> Fingernail impressions <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark	<b>Head</b> <input type="checkbox"/> Petechiae (on scalp) <b>Ancillary Findings:</b> <input type="checkbox"/> Hair pulled <input type="checkbox"/> Bump <input type="checkbox"/> Skull fracture

6. Indicate number of photos taken: \_\_\_\_\_

