



Lake Front City Department of Justice

FINGER PRINT CODE

C12 j23 k12
M98 V9 D23

Ref: 17/ 1

WANTED
Yes or No?

Profession:
Mailing Adress:
Place of Employment:

RIGHT



LEFT



MEDICAL EXAM FINDING

MUSCLE AGILITY OBSERVATION
PRESENCE DRIVING LUCK

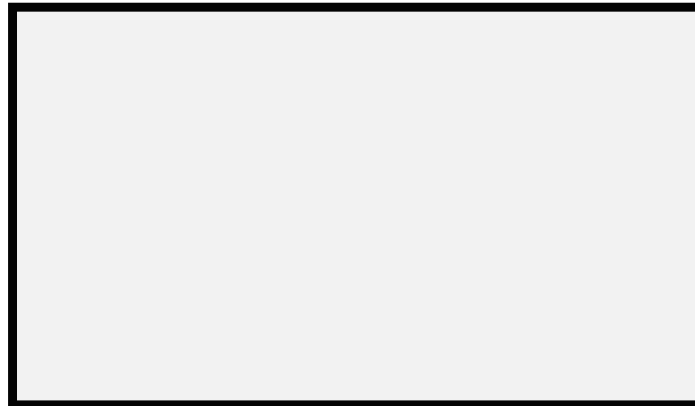
APPROVED BY DOCTOR

Punching HIT POINTS
WOUNDS

Description

Age: Height:
Weight: Ethnicity:
Eye Color:
Hair Color:
Scars/ Marks:

DATE SNAP SHOT TAKEN:



Known Skills

Level:
XP:
XP Spent:

INFORMATION PROVIDED BY



(OVER)

Name:
Alias:

(OVER)