

FIRST NAME	MIDDLE NAME	LAST NAME	ARR. NO.
<i>Book</i>		<i>Hoby</i>	
CERIAL NO.	AGE	RACE	DATE
<i>F2</i>	<i>52</i>	<i>M</i>	<i>11/24/68</i>
COPIES FOR DISTRIBUTION	Prisoner Remarks: <i>No injuries sustained</i>		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <i>Small abrasion on left forehead, small laceration on rt. arm (medial aspect) & rt. forearm</i>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input checked="" type="checkbox"/> Emerg. Hosp. _____ Parkland _____		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: <i>No Rx indicated</i>		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer <i>Book</i>	Emerg. M.D. <i>Brewster</i>	
NOTE: In the event of injury to prisoners while in jail special report must be made.			

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