

FIRST NAME	MIDDLE NAME	LAST NAME	ARR. NO.
Jack		Ruby	
CELL NO. F2	AGE 52	SEX M	RACE W
	DATE 11-24-65	TIME 2:05 PM	
COPIES FOR DISTRIBUTION	Prisoner Remarks: No injuries sustained		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: Small abrasion on left forehead, small bruises on rt. arm (medial aspect) & rt forearm		
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.: No Rx indicated		
4. Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty	Emerg. M.D.	
	Jack	Ruby	

NOTE: In the event of injury to prisoners while in jail special report must be made.