

## Medical Report of Serious Bodily Injury

Patient Name: \_\_\_\_\_

Law Enforcement Agency and Case Number: \_\_\_\_\_

I, \_\_\_\_\_, treated the patient above on \_\_\_\_\_  
Printed name of medical provider and credentials Date

at \_\_\_\_\_.  
Location

Regarding serious bodily injury, it is my medical opinion that the above listed patient experienced physical injury which, either at the time of the actual injury or at a later time involved [*check all that apply*]:

- Yes  No a) A substantial risk of death
- Yes  No b) A substantial risk of serious permanent disfigurement
- Yes  No c) A substantial risk of protracted loss or impairment of the function of any part or organ of the body
- Yes  No d) Breaks, fractures
- Yes  No e) Burns of the second or third degree

Description of Injuries/Explanation of serious bodily injury opinion (if applicable):

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Date

“Serious Bodily Injury” means bodily injury which, either at the time of the actual injury or at a later time, involves a substantial risk of death, a substantial risk of serious permanent disfigurement, a substantial risk of protracted loss or impairment of the function of any part or organ of the body, or breaks, fractures, or burns of the second or third degree. CRS 18-1-901 (3)(p)