

**Carrion Hill City Guard
Slipper Market District**

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

DECEDENT Margus Austiv Hemmerburg RACE Hungary SEX M AGE 27
First Name Middle Name Last Name

HOME ADDRESS 89 North Carriage Street M W S D OCCUPATION: City Guard

TYPE OF DEATH: Violent Casualty Suicide Suddenly when in apparent health Found Dead
 In Prison Suspicious, unusual or unnatural Cremation

Comment One of three found...all with similar wounds.

If Motor Vehicle Accident Check One: Driver Passenger Pedestrian Unknown

Notification by Carrion Hill City Guards/Volunteers Address

Investigating Agency Carrion Hill City Guards/Volunteers

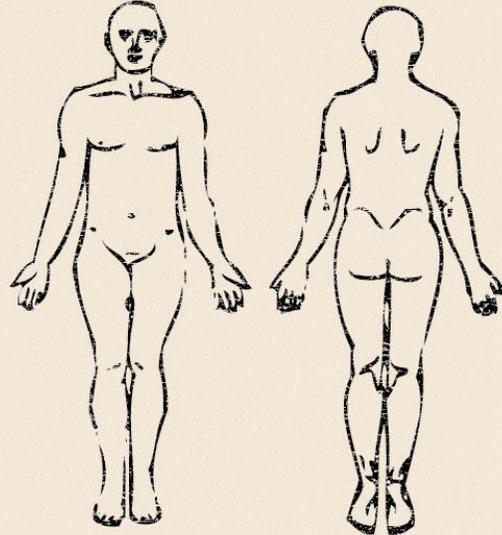
Description of Body Clothed Unclothed Partly Clothed

Eyes Brown Hair Black Mustache Yes Beard Yes

Weight 240 Length 5'9" Body Temp 98.0 Date and Time 3 PM
Pounds Feet Inches Fahrenheit

Rigor: Yes No Lysed Liver Color Fixed Non-Fixed

Marks and Wounds The body has been twisted twice around at the waist like a knotted rag and whose arms are broken in so many places that they flop like tentacles. His chain shirt and sword are twisted like the rest of his body whatever did this to the man was huge and incredibly strong



PROBABLE CAUSE OF DEATH	MANNER OF DEATH	DISPOSITION OF CASE
<u>Act of God(s)?</u>	(check one only) Accident <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/>	1. Not a medical examiner case <input type="checkbox"/> 2. Autopsy requested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Autopsy ordered Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pathologist <u></u>

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Section 21-830-33-69(b) Massachusetts Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

5-9 Slipper District Whitby Lodge
Date Place of Investigation Signature of County Medical Examiner