



Crested Butte Marshal's Office

508 Maroon Ave - P.O. Box 39
Crested Butte, Colorado 81224

Established 1880

(970)-349-5231

Fax (970)-349-6532

E-mail – cbmarshal@crestedbutte-co.gov

Physician's Report Form

“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 of impairment of the function of any part or organ of the body or breaks, fractures, or burns of the second or third degree.

I, doctor _____, have read and understand the legal definition of serious bodily injury and, in my opinion, the injuries sustained by _____ meet that definition. My opinion is based upon the following list of major injuries he/she sustained.

1. _____
2. _____
3. _____
4. _____

Signature _____ Date: _____ - _____ -200__

Doctor's Office address _____

City _____ State _____ Zip _____

Doctor's Office Phone # (_____) _____

Marshal obtaining physician's statement _____

Location where statement was obtained _____