

VICTIM IMPACT STATEMENT
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4. Do you have insurance that paid for the stolen or damaged property? If so, please list the amounts received and give the name and address of your insurance company and agent.

II. PHYSICAL INJURY

1. If you suffered any physical injury or disability as a result of this crime, please describe your injuries.
2. If you were hospitalized because of your injuries, please give the name of the hospital, attending physician, and the length of your hospital stay.
3. If you received outpatient treatment for your injuries, please give the name of the physician or hospital and duration and type of treatment.

