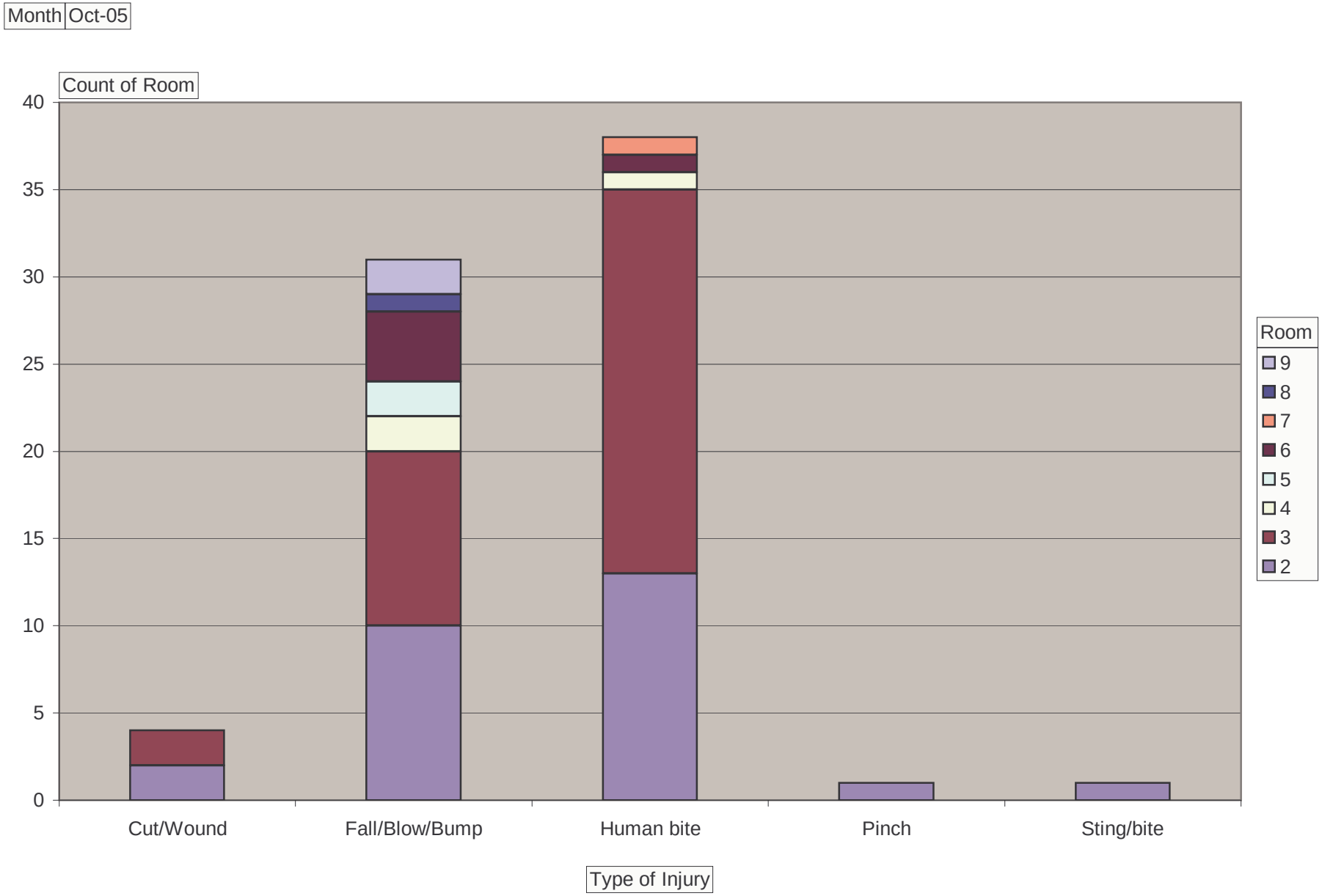
Month
Oct-05
Count of Room
40
35
30
25
20
15
10
5
0
Cut/Wound
Fall/Blow/Bump
Human bite
Pinch
Sting/bite
Type of Injury
Room
9
8
7
6
5
4
3
2