

STATS



Character Sheet v.3.1 Created by Truls Boholm & Frode Stordjord

INT [] RES [] REF [/ /] TECH []
 COOL [] ATTR [] LUCK [/] FATE []
 EMP [/] BODY [/ /] LIFT [/]
 MA [] RUN [] LEAP [] STR [/]
 _____ [] _____ []

ARMOR SP						
LOCATION	Head 1	Torso 2-4	R.Arm 5-6	L.Arm 7-8	R.Leg 9-0	L.Leg 11-12

SAVE				BTM					
Light		Serious		Critical		Mortal 0		Mortal 1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stun=0		Stun=1		Stun=2		Stun=3		Stun=4	
Mortal 2		Mortal 3		Mortal 4		Mortal 5		Dead	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stun=5		Stun=6		Stun=7		Stun=8		Stun=9	

1 - HEAD		
1-4/1-8	Skull (F/B)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Right Eye	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Left Eye	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Mouth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	Nose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9-0	Throat/Neck	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 - 4 TORSO		
1-2	Upper Chest	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Left Side	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Right Side	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-6	Stomach	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7-8	Left Hip	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9-0	Right Hip	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 - 4 REAR BACK		
1-2	Left Side	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3-4	Right Side	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5-6	Spinal Cord	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7-8	Left Hip	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9-0	Right Hip	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 - 6 RIGHT ARM		
1-2	Shoulder	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3-6	Upper Arm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Elbow	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8-9	Lower Arm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
0	Hand	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7 - 8 LEFT ARM		
1-2	Shoulder	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3-6	Upper Arm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Elbow	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8-9	Lower Arm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
0	Hand	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 - 10 RIGHT LEG		
1-5	Upper Leg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Knee	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7-9	Lower Leg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
0	Foot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11 - 12 LEFT LEG		
1-5	Upper Leg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Knee	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7-9	Lower Leg	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
0	Foot	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

[illegible][illegible]

Copyright © 1998

All rights reserved, Permission granted to photocopy for personal use only.
If you have comments and/or changes please Email me at frodes@trollnet.no
You can obtain the latest version of this sheet at home.trollnet.no/frodes/rpg/chs.html