



Release of Public Data

Minnesota Statute 13.83, Subd 2

Southern Minnesota Regional Medical Examiner's Office

Instructions: This form must be filled out by the Medical Examiner.

Decedent Information

Decedent Name <i>(First, Middle, Last)</i> Michael Brian Protzman		Birth Date <i>(Month DD, YYYY)</i> February 08, 1963	Death Date <i>(Month DD, YYYY)</i> June 30, 2023	
Street Address 32226 44th PI SW		City Federal Way	State WA	ZIP Code 98023
Age 60	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Spouse Name <i>(if applicable) (First, Middle, Last)</i>		
Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Occupation Laborer		Employer Name		
Citizenship		Race White Not Hispanic	Served in Armed Forces of the United States <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Birthplace and Street Address		City Spokane	State WA	ZIP Code
Father Name <i>(First, Middle, Last)</i> Brian Protzman		Birth Date <i>(Month DD, YYYY)</i>	Birthplace	
Mother Name <i>(First, Middle, Last)</i> Colleen Sullivan		Birth Date <i>(Month DD, YYYY)</i>	Birthplace	
Disposition Type Cremation		Burial Date <i>(Month DD, YYYY)</i>	Burial Place Name	
Burial Place Street Address		City	State	ZIP Code
Funeral Home Ranfranz and Vine Funeral Home		Funeral Director Name Jeffrey Cink		

Death Information

Death Place and Street Address		City	State	ZIP Code
Hospital Name and Street Address Mayo Clinic Hospital Rochester Saint Marys Campus		City Rochester	State MN	ZIP Code 55902
Injury Date <i>(if applicable) (Month DD, YYYY)</i> June 23, 2023	Death at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Injury Place		
Injury Street Address 29311 Minnesota 60		City Millville	State MN	ZIP Code 55957
How Injury Occurred Driver who lost control of dirt bike				

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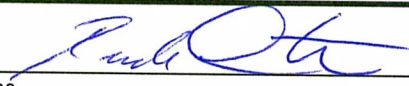
Physical Information

Height (cm)	Weight (kg)	Hair Color	Eye Color	Complexion	Build
Identifying Marks				Scars and Amputations	
Clothing Description					

Autopsy

Autopsy Performed yes
Manner <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined
Cause Multiple blunt force injuries (motocross accident)
Other Significant Conditions

Medical Examiner

Signature 	Date <i>(Month DD, YYYY)</i> 07/05/2023
Printed Name Reade A. Quinton, M.D.	