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I fell over and cut my knee.

I bumped my elbow on the wall.

I grazed my hand.

I squashed my finger in a door.

My head is aching.

My back has a bruise.

I've fallen on my arm.

My nose is running.

I poked my eye.

I bumped my foot.

My neck is itchy.

My face is hot.

My mouth is thirsty.

My thumb was bitten.