Supplementary Figure 1. Sonicated cells release diverse DAMPs. Necrotic fibroblast supernatants (DAMPs) generated by sonication were used as innate immune stimuli. (A) HMGB1 and (B) exDNA, in the necrotic fibroblast supernatants were measured to determine DAMP contents.
Supplementary Figure 2. Electron microscopy of Supernatants of sonicated fibroblasts. Supernatants of sonicated fibroblasts were attached to carbon-coated copper grids for 3 min, washed two times with distilled water, and briefly stained with 1% uranyl acetate before viewing on a Phillips CM12 transmission electron microscope at 80 kV. (A) 19,500x, bar indicates 500 nm. (B) 40,000x, bar indicates 100 nm.
Supplementary Figure 3. Comparison between primary innate immune cell stimulation by DAMPs and PAMPs. Mouse splenocytes and peripheral blood mononuclear cells (PBMCs) (4x10^5/well) were stimulated overnight with either necrotic fibroblast supernatants (DAMPs, 100 µg/ml) or necrotic gram-negative bacteria supernatants (PAMPs, 5 µg/ml) generated by sonication in a 96-well plate. The amount of TNF-α released from the cells was measured using ELISA.
**Supplementary Figure 4.**

**Supplementary Figure 4. DAMPs activate plasma coagulation in a nucleic acid-independent manner.** Supernatants of sonicated normal fibroblasts and PANC-02 pancreatic cancer cells were used as DAMPs. These DAMPs were pretreated with RNase A (100 μg/ml), DNase I (2,000 units/ml), or combination. Untreated and treated DAMPs (5 μg) were incubated with 50 μl normal mouse plasma. Clotting time of the plasma was determined using a coagulometer. PBS and silica were used as negative and positive coagulation activation controls. Naked long double-stranded RNAs (polyI:C) and calf thymus genomic DNAs (gDNAs) were treated to determined pro-coagulation activity of polyanionic nucleic acids. n = 2.
Supplementary Figure 5. Serum-activated TLRs and NF-κB at various time points after trauma. TLR reporter cells were incubated overnight with serum isolated at various time points after traumatic injury. (A) Survived or non-survived trauma patients who have late MOF. (B) Trauma patients who have no MOF nor mortality. (C) Healthy persons. * Samples available only at indicated time points.