

2

PROPER PROTECTIVE CLOTHING MUST BE
WORN BY ALL TRAUMA TEAM MEMBERS



EVIDENCE
WARNING! POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555

NAME OF PERSON COLLECTING Anthony Williams Jr
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING [Signature]

NAME OF ITEM COLLECTED Black vest

PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood dr. south
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times.

EVIDENCE
WARNING! POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555

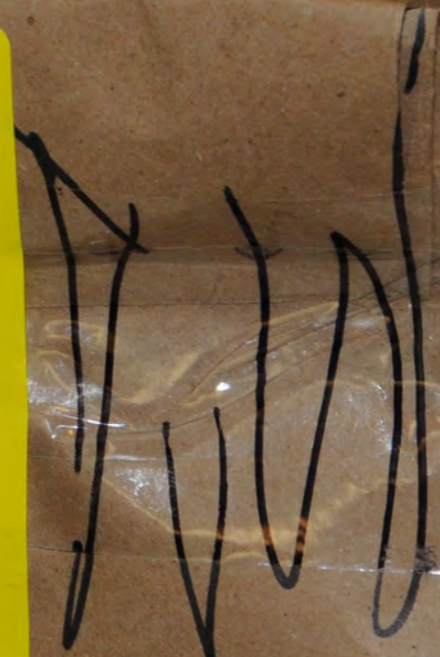
NAME OF PERSON COLLECTING Anthony Williams Jr
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING [Signature]

NAME OF ITEM COLLECTED Black shoes

PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood dr. south
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.



**EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE**

PATIENT NAME Matthew Hayes

DATE AND TIME OF COLLECTION 7-24-22 1558

NAME OF PERSON COLLECTING Anthony Williams Jr
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING Anthony Williams Jr

NAME OF ITEM COLLECTED Black shirt

PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.

**EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE**

PATIENT NAME Matthew Hayes

DATE AND TIME OF COLLECTION 7-24-22 1558

NAME OF PERSON COLLECTING Anthony Williams Jr
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING Anthony Williams Jr

NAME OF ITEM COLLECTED Gray pants

PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.

**EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE**

PATIENT NAME Matthew Hayes

DATE AND TIME OF COLLECTION 7-24-22 1558

NAME OF PERSON COLLECTING Anthony Williams Jr
(PRINT NAME)

**EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE**

PATIENT NAME Matthew Hayes

DATE AND TIME OF COLLECTION 7-24-22 1558

NAME OF PERSON COLLECTING Anthony Williams Jr
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING Anthony Williams Jr

NAME OF ITEM COLLECTED Gray pants

PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555
NAME OF PERSON COLLECTING Anthony Williams Jr
SIGNATURE OF PERSON COLLECTING [Signature]
NAME OF ITEM COLLECTED five underwear
PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
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EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555
NAME OF PERSON COLLECTING Anthony Williams Jr
SIGNATURE OF PERSON COLLECTING [Signature]
NAME OF ITEM COLLECTED wallet watch
PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr.

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.

EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555
NAME OF PERSON COLLECTING Anthony Williams Jr
SIGNATURE OF PERSON COLLECTING [Signature]
NAME OF ITEM COLLECTED Black shirt #2
PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.

EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555
NAME OF PERSON COLLECTING Anthony Williams Jr
SIGNATURE OF PERSON COLLECTING [Signature]
NAME OF ITEM COLLECTED Black socks
PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.

EVIDENCE
WARNING: POLICE SEAL
DO NOT REMOVE

PATIENT NAME Matthew Yates
DATE AND TIME OF COLLECTION 7-24-22 1555
NAME OF PERSON COLLECTING Anthony Williams Jr
SIGNATURE OF PERSON COLLECTING [Signature]
NAME OF ITEM COLLECTED Black socks
PLACE OF OCCURRENCE IF KNOWN 1132 Ashwood Dr. South
Charleston, OH

1. Fill out all the above information.
2. Place items individually in paper bags.
3. If item is wet or blood soaked, place a chux (absorbent side against item) in bottom of paper bag.
4. Fold top of bag over to seal.
5. Use tape and wrap all the way around edge of paper bag fold to seal.
6. Write your initials on the tape edges.
7. Place completed label on outside of paper bag.
8. Keep evidence with you at all times. Once all evidence is collected call security for pick up.

1





1



1

SHERIFF



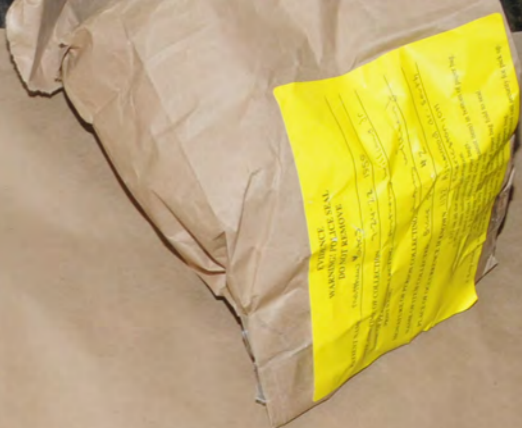
ARMOR EXPRESS







2





SHERIFF



SHERIFF

SHERIFF
CALIFORNIA

2

EVIDENCE
MARKING BY ALASKA
POLICE DEPARTMENT











FRUIT OF THE LOOM

FRUIT OF THE LOOM

FRUIT OF THE LOOM



1

X
SHIRT









1

Blauer

Blauer

Blauer

Blauer

Blauer

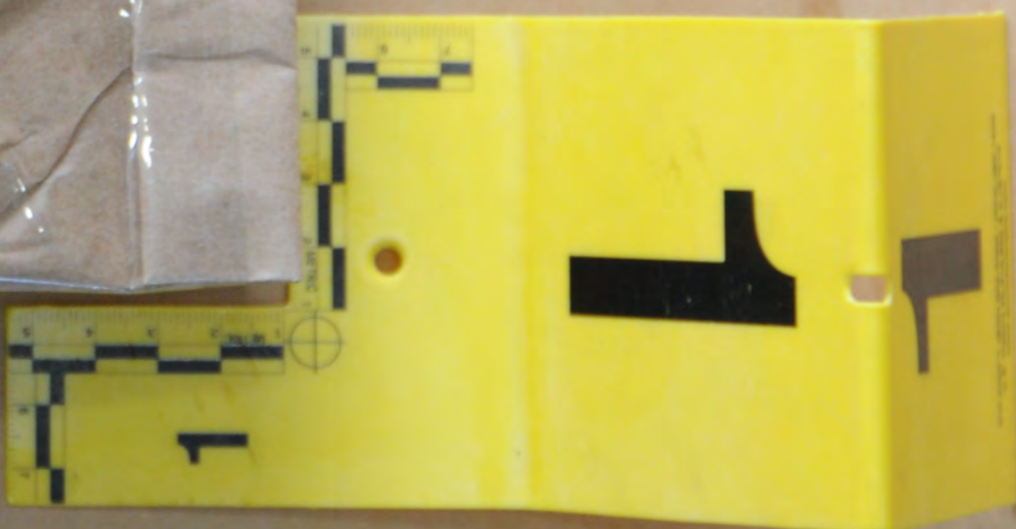


KN 7-25-22

clothing fragments

Montgomery County Coroner's Office
CC22-3992 U/F/47
JODIE ARBUCKLE (TENT)
Bil Bip Bih Bic Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist **LDL** Path Tech **KN**

7-25-22



KN

Montgomery County Coroner's Office
CC22-3992 U/F/47
JODIE ARBUCKLE (TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist **LDL** Path Tech **KN**

7-25-22

clothing fragments

Montgomery County Coroner's Office

CC22-3992 U/F/47

JODIE ARBUCKLE (TENT)

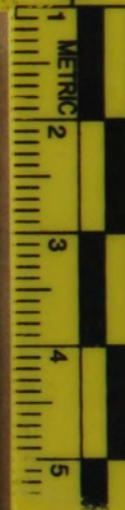
Blf Blp Blh Blc Ur Spl Vit

Brain Liv Gas Decomp-FI

Pathologist **LDL** Path Tech **KN**

7-25-22

DNA blood card



2



Swabs:
Oral Rectal Vaginal

Montgomery County Coroner's Office
CC22-3992 U/F/47
JODIE ARBUCKLE (TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist LDL Path Tech KN

7-25-22

Montgomery County Coroner's Office
CC22-3992 U/F/47
JODIE ARBUCKLE (TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist LDL Path Tech KN

Montgomery County Coroner's Office
Fingerprints

Case Number: 7-25-22

Decedent Information
Name _____ Race: _____ Sex: _____ DOB: _____
SSN: _____ Date of Death: _____
Location of Death: _____

Fingerprint Section
AFIS Number: _____
MNI Number: _____
Checked by: _____
FBI Notified: Yes No BCI Notified: Yes No
MVRLC Number: _____ (If active Homicide Case)

After being checked in AFIS these prints should be filed according to the following schedule.
No AFIS Number: _____ Coroner's Office Files
AFIS Number: _____ MVRLC Fingerprint Files
Active Homicide: _____ MVRLC Case File

Montgomery County Coroner's Office
CC22-3992 U/F/47
JODIE ARBUCKLE (TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist LDL Path Tech KN

7-25-22

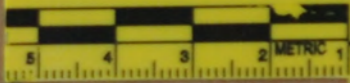
EVIDENCE

- Left fingernail scrapings
- Right fingernail scrapings
- Head hair plucked
- Pubic hair combed
- ~~Pubic hair plucked~~
- ~~Other (specify)~~

KN 7-25-22

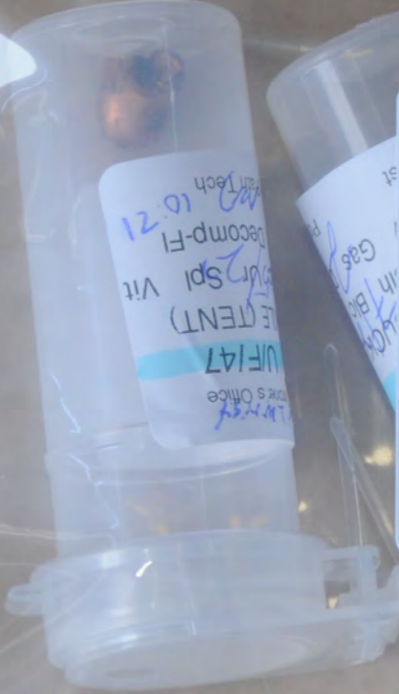
PROPERTY OF:
JODIE ARBUCKLE (tent)
22-3992





4

7-25-22
KJ



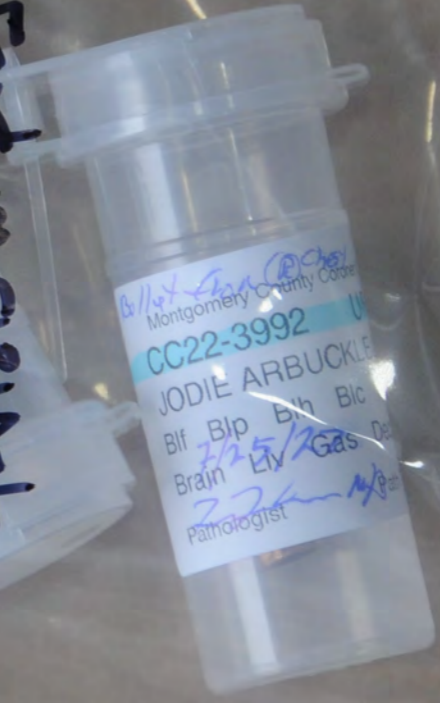
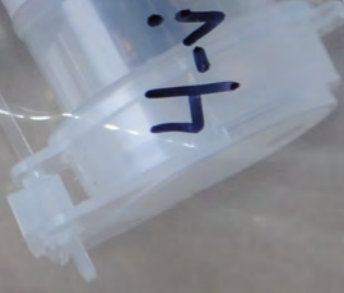
Montgomery County Coroner's Office
CC22-3992 U/F/47
 JODIE ARBUCKLE (TENT)
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp-FI
 Pathologist **LDL** Path Tech **KN**

7-25-22

4-vials w/ projectiles



Montgomery County Coroner's Office
CC22-3992
 JODIE ARBUCKLE (TENT)
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp-FI
 Pathologist **LDL** Path Tech **KN**



Montgomery County Coroner's Office
CC22-3992
 JODIE ARBUCKLE (TENT)
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp-FI
 Pathologist **LDL** Path Tech **KN**

23-2

Montgomery County Coroner's Office
U/F/47
BUCKLE (TENT)
Bic Ur Spl Vit
Gas Decomp-FI
Path Tech 10:21

Montgomery County Coroner's Office
CC22-3992 U/F/47
DODIE ARBUCKLE (TENT)
Rt Bic Ur Spl Vit
Decomp-FI

hip
Coroner's Office
UJF/47

ner's Office
ENT)
Vit
F-100E ARBUICITE
BIP
GAS

3992
ARBUICITE

Foot & hip
County Coroner's Office

992 U/F/47

BUCKLE (TENT)

~~Blg~~ Ur Spl Vit

nn-Fl

530

Montgomery County Coroner's Office
CC22-3192 U/F
JODIE A. BUCKLE (TE
Blf Bip Blh Blc Ur
Brain 7/25/22 Gas Decor
Path Te

7-25-22

KN



Montgomery County Coroner's Office
CC22-3994 U/M/27
COLE WHITE (TENT)
Bir Bp Bih Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathology LDL Path Tech KN

7-25-22

clothing

Montgomery County Coroner's Office

CC22-3991 U/M/27

COLE WHITE(TENT)

Blf Blp Blh Blc Ur Spl Vit

Brain Liv Gas Decomp-Fl

Pathologist LDL Path Tech KN

7-25-22

clothing

Montgomery County Coroner's Office

CC22-3991 U/M/27

COLE WHITE(TENT)

Blf Blp Blh Blc Ur Spl Vit

Brain Liv Gas Decomp-FI

Pathologist

Path Tech

DNA blood card





Swabs:
Oral Rectal Vaginal

Montgomery County Coroner's Office
CC22-3991 U/M/27
COLE WHITE(TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist **LDL** Path Tech **KW**

7-25-22

Montgomery County Coroner's Office
CC22-3991 U/M/27
COLE WHITE(TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist **LDL** Path Tech **KW**

7-25-22

EVIDENCE

- Left fingernail scrapings
- Right fingernail scrapings
- Head hair plucked
- Pubic hair combed
- Pubic hair plucked

~~Other (specify):~~

Montgomery County Coroner's Office
CC22-3991 U/M/27
COLE WHITE(TENT)
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist **LDL** Path Tech **KW**

Montgomery County Coroner's Office
Fingerprints

7-25-22

Case Number: _____

Decedent Information

Name _____ Race: _____ Sex: _____ DOB: _____

SSN: _____ Date of Death: _____

Location of Death: _____

Fingerprint Section

MNI Number: _____ AFIS Number: _____

Checked by: _____

FBI Notified: Yes No BCI Notified: Yes No

MVRCL Number: _____ (If active Homicide Case)

After being checked in AFIS these prints should be filed according to the following schedule.

No AFIS Number: Coroner's Office Files
AFIS Number: MVRCL Fingerprint Files
Active Homicide: MVRCL Case File



Montgomery County Coroner's Office

EX22-3986 B/M/41

MATTHEW YATES

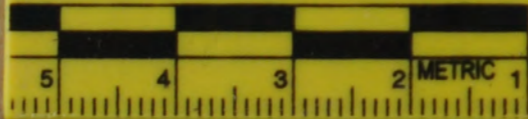
Blf Blp Blh Blc Ur Spl Vit

Brain Liv Gas Decomp-FI

Pathologist **LDL** Path Tech **KN**

7-25-22

DNA blood card

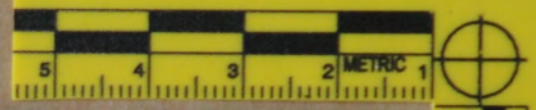


8

PC 7-25-22

PROPERTY OF:
MATTHEW YATES

22-3980



9

Swabs:
Oral Rectal Vaginal

Montgomery County Coroner's Office
EX22-3986 B/M/41
MATTHEW YATES
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist LDL Path Tech KN

7-25-22



Montgomery County Coroner's Office
EX22-3986 B/M/41
MATTHEW YATES
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist LDL Path Tech KN

7-25-22

Montgomery County Coroner's Office Fingerprints

Case Number: _____

Decedent Information

Name _____ Race: _____ Sex: _____ DOB: _____

SSN: _____ Date of Death: _____

Location of Death: _____

Fingerprint Section

MNI Number: _____ AFIS Number: _____

Checked by: _____

FBI Notified: Yes No BCI Notified: Yes No

MVRCL Number: _____ (If active Homicide Case)

After being checked in AFIS these prints should be filed according to the following schedule.

- No AFIS Number: Coroner's Office Files
- AFIS Number: MVRCL Fingerprint Files
- Active Homicide: MVRCL Case File

Montgomery County Coroner's Office
EX22-3986 B/M/41
MATTHEW YATES
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist LDL Path Tech KN

7-25-22

EVIDENCE

Left fingernail scrapings

Right fingernail scrapings

Head hair plucked

Pubic hair combed

~~Pubic hair plucked~~

~~Other (specify)~~