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GEO65

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ED PHARMACIST  
Hours: 1000-2200  
Evening

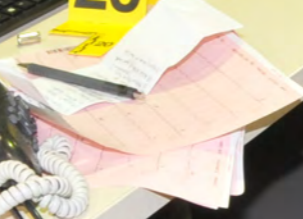


ED Charge 614-318-3555 Fax 614-318-3556  
Jared 76210  
Singhal 7635  
Corey 7614  
Ascher 7621  
MEDICAL RESIDENTS  
MEDICAL STAFF  
CHAPLAIN 369  
FAMILY PRACTICE  
DATE TIME Closed  
# BEDS  
CVNS 1465 / 2001 w/ Kard  
Open 8am 2000 7d / 365  
SOCIAL WORK 2419  
SPECTRA 7617  
AMPTIME 6938

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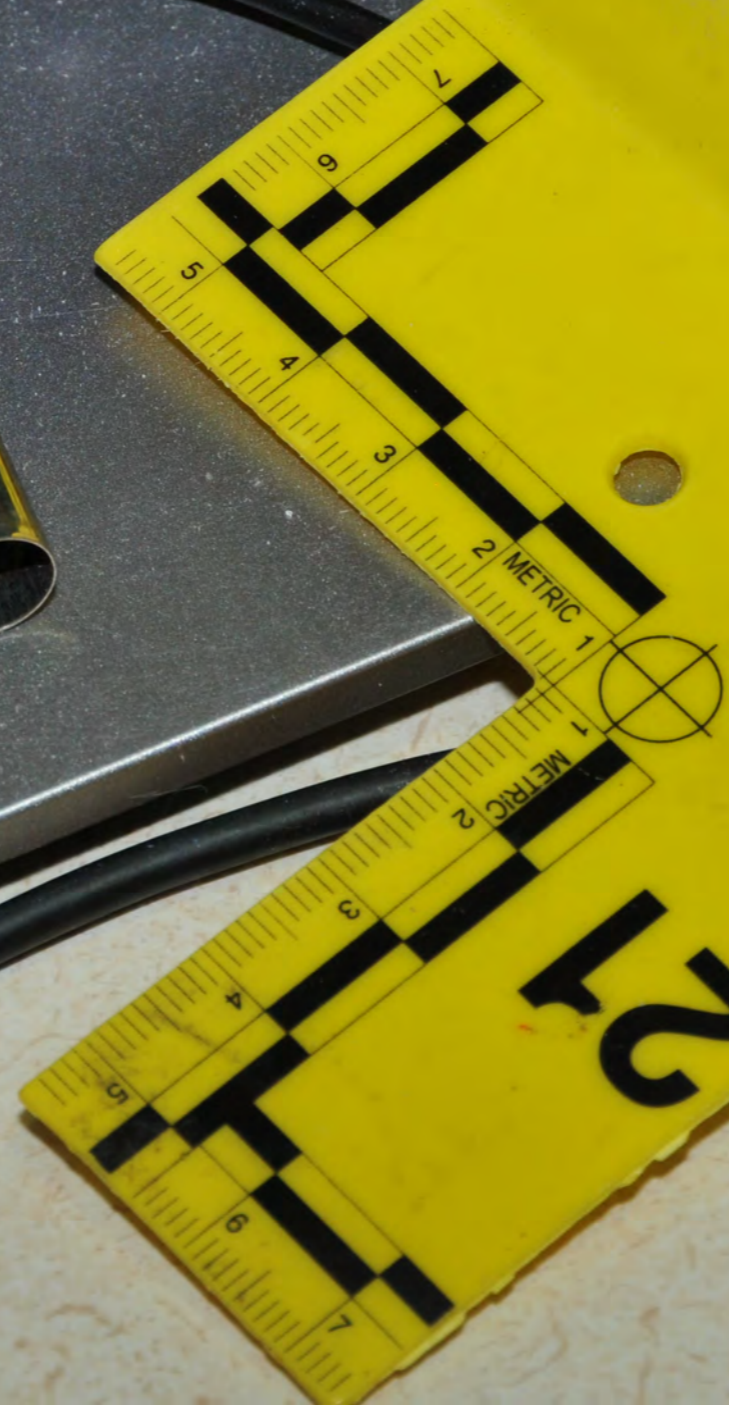








A small, cylindrical metal component, possibly a pin or a small tube, lying on a metal surface.



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**INTERPRETATION**

rhythmia, no concerning findings, requesting

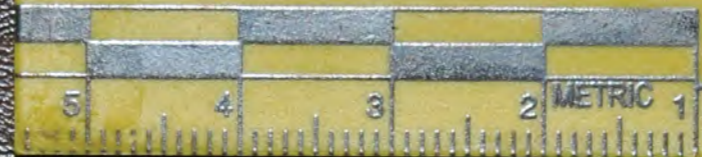
logy 12/11

Date

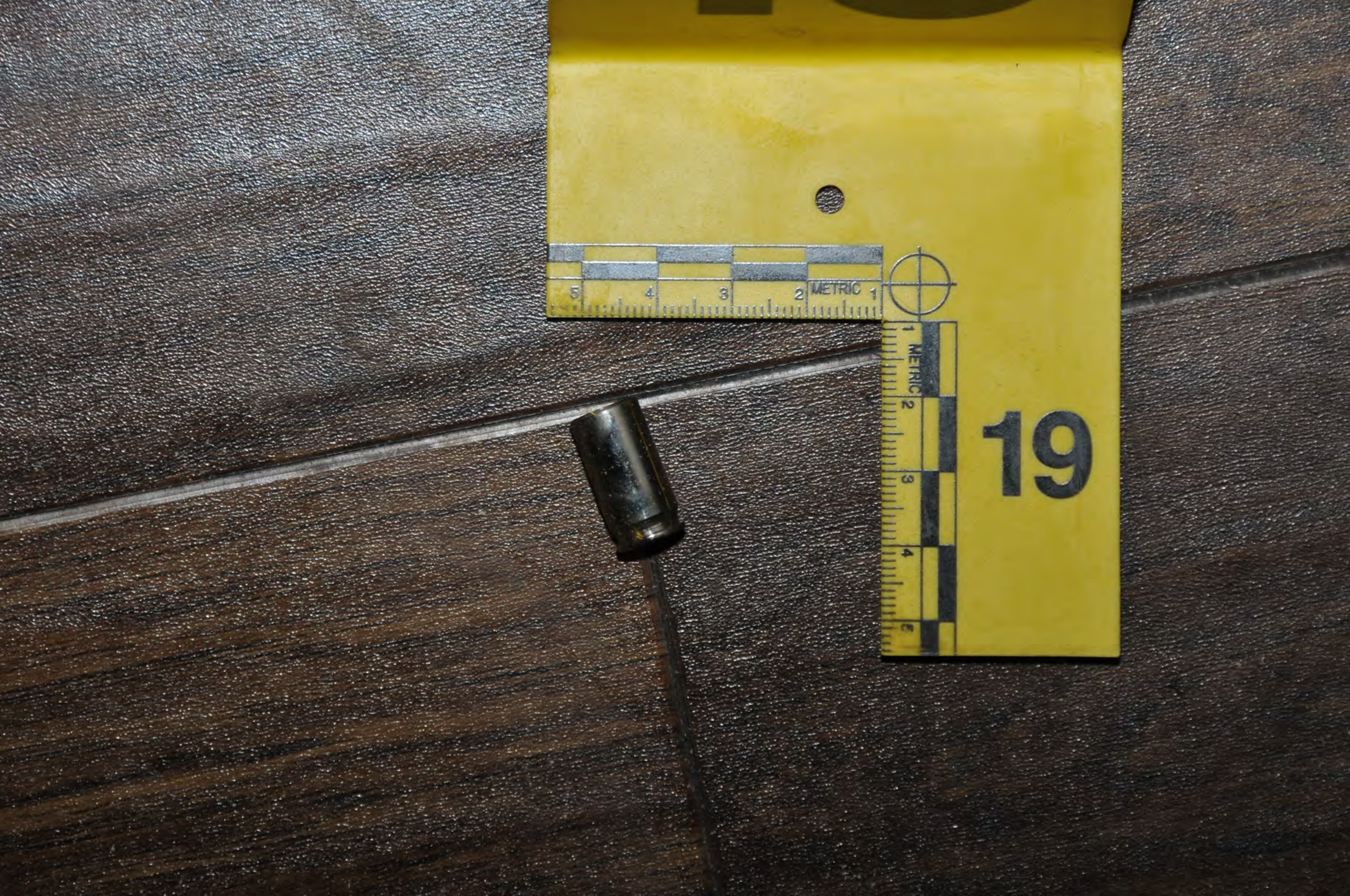
Unconfirmed







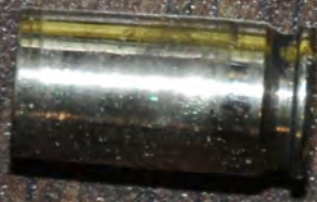
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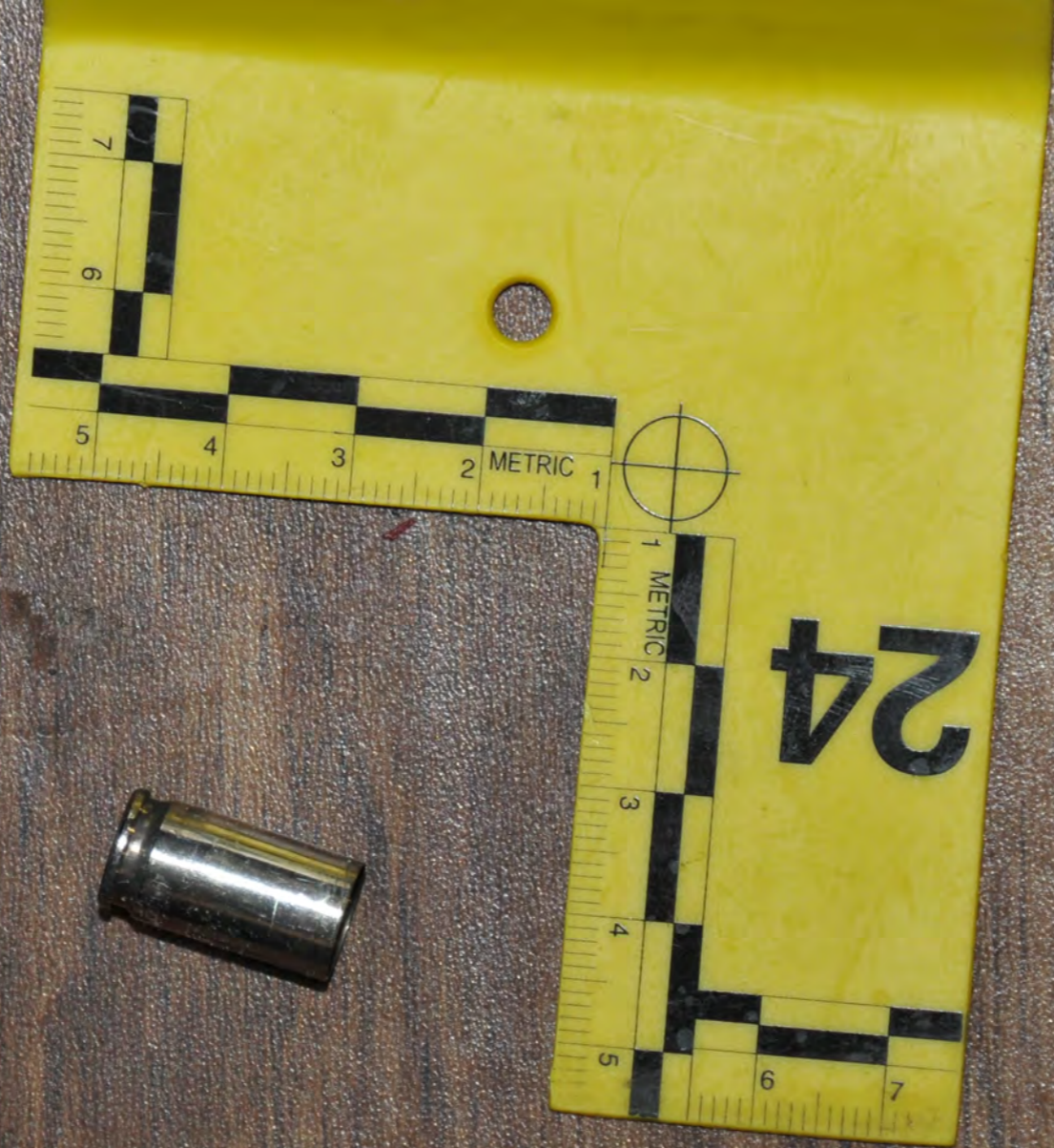




















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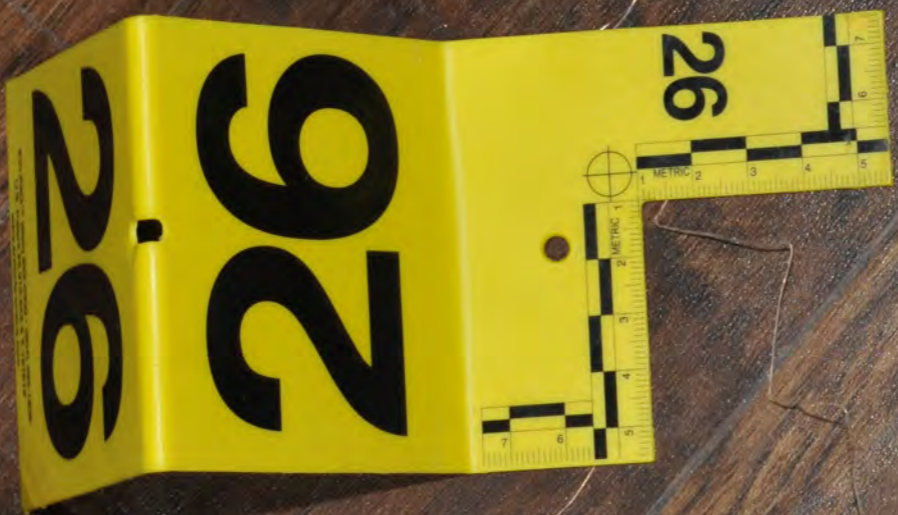
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**Franklin County Forensic Science Center**  
Office of the Coroner

Phone: 614.525.5290 Fax: 614.421.9102

**Postmortem Forensic Evidence Request**

Requestor Information			
Investigating Agency	Ohio Bureau of Criminal Investigation		
Requestor's Name	SA Chad Holcomb		
Agency Report Number	2021-0888	Request Date	4/12/2021

Decedent/Case Information			
Name of Decedent	Myles Jackson	DOB	12/5/1993
Date of Death	4/12/21	Sex/Race/Age	Male Black
Location of Death	Mt. Carmel St. Ann's Hospital 500 South Cleveland Rd		
Summary of Incident:	Officer involved shooting at the trauma bay in the hospital		

**Special Circumstances:**

For questions regarding the scene, contact: BCI Special Agent Chad Holcomb at 614-813-8496

Postmortem Evidence for Collection	
<b>Digital:</b> <input checked="" type="checkbox"/> Hand examination <input checked="" type="checkbox"/> Examination Photos <input checked="" type="checkbox"/> Scene Investigation Photos	<b>Identification:</b> <input checked="" type="checkbox"/> Ink prints <input type="checkbox"/> Mikrosil prints
<b>DNA:</b> <input checked="" type="checkbox"/> Fingernail Kit <input checked="" type="checkbox"/> Sexual Assault Evidence Collection <input checked="" type="checkbox"/> Whatman FTA Card* Other: _____	<b>Other:</b> <input type="checkbox"/> Clothing <input type="checkbox"/> Ligature <input checked="" type="checkbox"/> Projectiles Other items: _____ Other items: _____ Other items: _____
<i>*FTA Card Collected for Homicides, MVCs, Unidentified, and Suicides</i>	

FCFSC Use Only	
Case Number	Date Collected
Collected By	Pathologist





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