





# Premier Health Department of Public Safety CHAIN OF CUSTODY FORM

Miami Valley Hospital  
1 Wyoming Street  
Dayton, Ohio 45409  
(937) 208-3366

Atrium Medical Center  
1 Medical Center Drive  
Middletown, Ohio 45005  
(513) 420-5205

Miami Valley Hospital North  
9000 N. Main Street  
Englewood, Ohio 45415  
(937) 734-9505

Miami Valley Hospital South  
2400 Miami Valley Way  
Centerville, Ohio 45459  
(937) 438-2411

Upper Valley Medical Center  
3130 North County Road 25A  
Troy, Ohio 45373  
(937) 440-4440

SEXUAL ASSAULT      EVIDENCE

Subject Name: Matthew Yates Address: [REDACTED]

Type of Offense: CSW Place of Occurrence: 1132 Ashwood dr. south  
Charleston, OH

Jurisdiction: BCI Jurisdiction Notified by:  Public Safety Date/Time: \_\_\_\_\_  
 Nursing/SANE Date/Time: \_\_\_\_\_

ITEMS COLLECTED	Evidence not taken (Initial)	Evidence not taken (Initial)
Gray pants		Black shoes
Blue underwear		Black socks
Knife		Black vest
Black shirt		wallet, watch, mask, stickers, 2 notepads
Black shirt #2		

Received By: SA K. Wagner #80 BCI From: Centerville Jr Date: 7-24-22 Time: 1629

Received By: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Received By: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received By: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**EVIDENCE FINAL DISPOSITION:**

Release to Jurisdiction     Returned to Subject / Family (Circle): Signature \_\_\_\_\_  
(Receiving party)

Destroyed Confirmation by: \_\_\_\_\_ Destroyed by \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Items released by:**

\_\_\_\_\_  
RN / PCT / Physician / Other (Circle) - Print name

\_\_\_\_\_  
RN/PCT/Physician/Other - Signature

\_\_\_\_\_  
Date and Time

**Items received by:**

\_\_\_\_\_  
Law Enforcement - Print name

\_\_\_\_\_  
Law Enforcement - Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Agency