

NICKEL STEEL — WINCHESTER — MOD. 1912 — 16 GA.

TRADE MARK

REG. IN U.S. PAT. OFF. & FGN.

NICKEL STEEL — TRADE MARK WINCHESTER — MOD. 1912 — 16 GA. MOD
REG. IN U.S. PAT. OFF. & FGN.



95075

95075



LCP

379009015

RUGER





380 AUTO
NORMA

MAYODAN · USA

READ INSTRUCTION MANUAL BEFORE USING FIREARM
RUGER · MAYODAN, NC · USA

RUGER

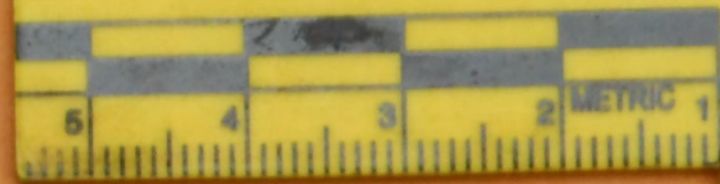




LCP

379009015

RUGER



8



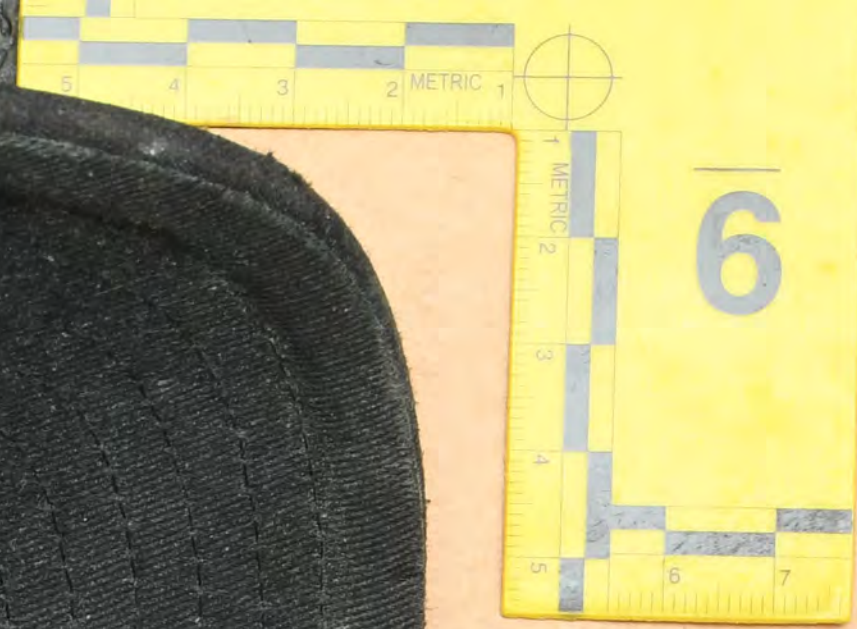
8

W4E1352612261318900

IMEI:352612261318980



RIDGECUT



OUTDOOR
SPORTS

2



ULINE
1-800-295-5510
uline.com





10



ULINE
1-800-295-5571
uline.com



SPEEDWAY 0005105
Lebanon OH 45036
TRAN#: 5752815
6/14/2023 11:27 PM

Pump 09
Regular Unleaded
2.832 @ \$3.539/GAL
GAS TOTAL \$10.02

TAX \$0.00
TOTAL \$10.02

Debit
Card Num :
XXXXXXXXXXXX9416
TERM: 01
TRANS TYPE: CAPTURE
APPR#: 232603
ENTRY METHOD: Chip
Card

USD\$ 10.02

US DEBIT
AID A0000000980840

06/14/2023 23:25:41

Verified by PIN

Cardholder agrees to
pay to issuer total
charges per the
agreement between
cardholder & issuer
Now Hinged



1



HEYL
© 1997

MADE IN
CHINA
WASH IN WARM WATER
DO NOT BLEACH
TUMBLE DRY LOW HEAT
IRON ON LOW HEAT
DO NOT IRON

UNMATCHED EVIDENCE PROTOCOL (M)
EVIDENCE TRANSMISSION PROTOCOL (M)
DATE: 08/15/15
CASE NO: 15-00000
OFFICE: [illegible]
AGENCY: [illegible]
EVIDENCE ID: [illegible]
EVIDENCE TYPE: [illegible]
EVIDENCE DESCRIPTION: [illegible]
EVIDENCE LOCATION: [illegible]
EVIDENCE QUANTITY: [illegible]
EVIDENCE WEIGHT: [illegible]
EVIDENCE MEASUREMENTS: [illegible]
EVIDENCE PHOTOGRAPHS: [illegible]
EVIDENCE ANALYSIS: [illegible]
EVIDENCE STORAGE: [illegible]
EVIDENCE HANDLING: [illegible]
EVIDENCE RETURN: [illegible]
EVIDENCE RECEIPT: [illegible]
EVIDENCE SIGNATURE: [illegible]
EVIDENCE DATE: [illegible]

1

1



Premier Health

- Miami Valley Hospital
- Miami Valley Hospital South
- Miami Valley Hospital North
- Atrium Medical Center
- Upper Valley Medical Center

UNCROSSMATCHED EMERGENCY RELEASE & MASSIVE TRANSFUSION PROTOCOL (MTP) FLOWSHEET

125-6663
 Kellum, Dione Eric
 11/13/1966 0025 56 Y M
 6/18/2023 No admitting provider
 CSN: 141345527
 HAR: 403345901

Ordering Provider: Dr. Kummerle
 Terminating Provider: Dr. Kummerle
 Activation/Call to BTS Time: _____ TEG: Y N N/A
 MTP Start Time/1st Shipment Received: 0040 MTP Stop Time: 0044
 Emergency Release (ER) Start Time: _____ Emergency Release (ER) Stop Time: _____

Date/Time	Uncrossmatched Emergency Release/ Massive Transfusion	Blood Product	Blood Product Label (Sticker)	Location (Unit)	Initials
6/18/23 0040	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	W0354 23 036909 S [G]	ER	DP/DNA
6/18/23 0041	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	W0354 23 035722 S [H]	ER	DP/DNA
6/18/23 0043	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	W0354 23 042378 S [X]	ER	DP/DNA
6/18/23 0044	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	W0354 23 042395 S [V]	ER	DP/DNA
6/18/23 0045	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	W0354 23 044409 S [J]	ER	DP/DNA
6/18/23 0046	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	W0354 23 038915 S [P]	ER	DP/DNA
	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo			
	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo			
	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo			

Transfuser Signature/Initials: Grant Hall
 2nd Verifier Signature/Initials: Grant

Premier Health

- Miami Valley Hospital
- Atrium Medical Center
- Miami Valley Hospital South
- Upper Valley Medical Center
- Miami Valley Hospital North

UNCROSSMATCHED EMERGENCY RELEASE &

MASSIVE TRANSFUSION PROTOCOL (MTP) FLOWSHEET

125-663
 Kellum, Dione Eric
 11/13/1966 0025 56 Y M
 6/18/2023 No admitting provider
 CSN: 141345527
 HAR: 403345901

Ordering Provider: Dr Kummer 17 Terminating Provider: Dr Kummer 17
 Activation/Call to BTS Time: _____ TEG: Y N N/A *Consider Thrombolytic Acid (TXA)
 MTP Start Time/1st Shipment Received: 0040 MTP Stop Time: 0044
 Emergency Release (ER) Start Time: _____ Emergency Release (ER) Stop Time: _____

Date/Time	Uncrossmatched Emergency Release/ Massive Transfusion	Blood Product	Blood Product Label (Sticker)	Location (Unit)	Initials
<u>6/18/23 0040</u>	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	<u>W0354 23 036909 8[G]</u>	<u>EB</u>	<u>DP</u>
<u>6/18/23 0047</u>	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	<u>W0354 23 035722 8[H]</u>	<u>EB</u>	<u>DP</u>
<u>6/18/23 0048</u>	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	<u>W0354 23 042378 8[X]</u>	<u>EB</u>	<u>DP</u>
<u>6/18/23 0049</u>	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	<u>W0354 23 042395 8[V]</u>	<u>EB</u>	<u>DP</u>
<u>6/18/23 0050</u>	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	<u>W0354 23 044409 8[J]</u>	<u>EB</u>	<u>DP</u>
<u>6/18/23 0051</u>	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input checked="" type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo	<u>W0354 23 038915 8[P]</u>	<u>EB</u>	<u>DP</u>
	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo			
	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo			
	<input type="checkbox"/> Uncrossmatched Emergency Release <input type="checkbox"/> MTP Shipment # _____	<input type="checkbox"/> PRBCs <input type="checkbox"/> WB <input type="checkbox"/> Plasma <input type="checkbox"/> Platelets <input type="checkbox"/> Cryo			

Transfuser Signature/Initials: Juan Hall 174 2nd Verifier Signature/Initials: Juan 17



SHERIFF



HOU 3263





POLICE

SHERIFF'S TIME DO NOT CROSS





POLICE
104
POLICE
CITY OF LEBANON

104





BEWARE
OF THE DOG