



13

EFI
Electronic Fuel Injection

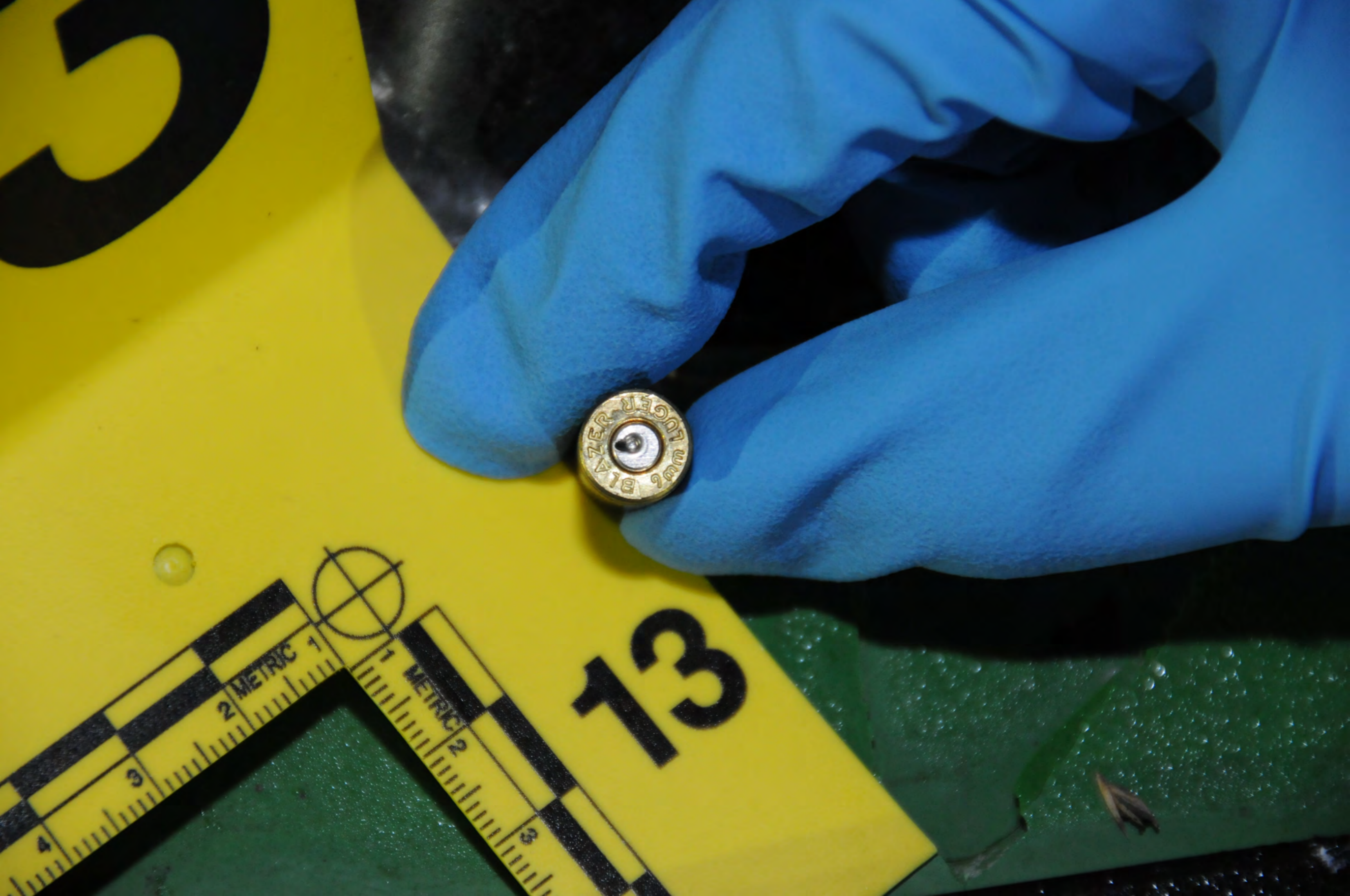
825i
Power Steering

13



13





13

2 METRIC 1

1 METRIC 2

3

3

4







EFI
Electronic Fuel Injection

825i
Power Steering



EFI
Electronic Fuel Injection



30
XED FIT
BLACK
1132-006
1520884







Wrangler

Wrangler
PREMIUM QUALITY
COMFORT BLEND
MADE IN THE USA







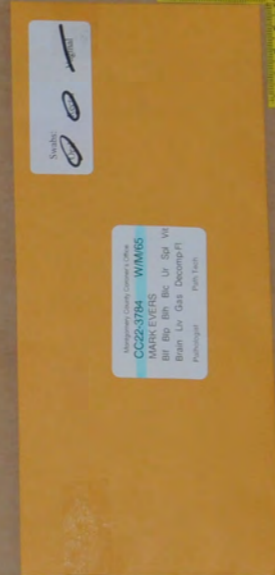
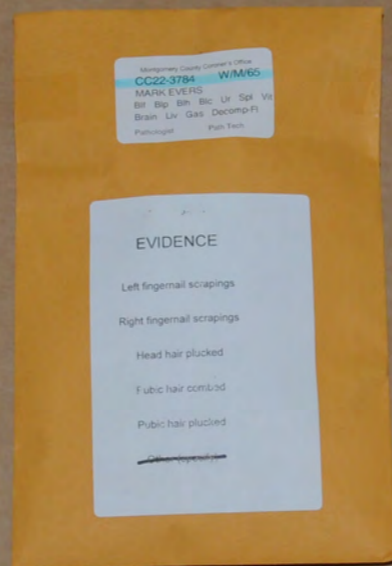
Kent E. Harshbarger, M.D.
 Office of the Coroner
 MONTGOMERY COUNTY, OHIO
EVIDENCE SHEET

CASE NUMBER CC22-3784 NAME MARK EVERS
 DESCRIPTION OF EVIDENCE 1 Sealed envelope containing hair (24 hairs) 1 Sealed envelope containing hand and palm hair and fingernail scrapings 1 Sealed envelope containing fingerprints (prints 1-10) and palm prints 1 Sealed bag containing swabs (14 swabs) 1 Sealed bag containing swabs (2 swabs, 2 swabs, hand, swabs, hand) 1 Sealed bag containing swabs (1 swab)

RECOVERED BY Tiffaine Fies AGENCY MCCO
 RECOVERED AT SCENE MORGUE OTHER _____
 SEALED YES NO
 MARKED YES NO
 RECEIVED FROM Tiffaine Fies AGENCY MCCO
 RECEIVED BY Wanda L. ... AGENCY DCI
 DATE RECEIVED 7-1-2022 TIME RECEIVED 1:55
 RECEIVED FROM _____ AGENCY _____
 RECEIVED BY _____ AGENCY _____
 DATE RECEIVED _____ TIME RECEIVED _____



Montgomery County Coroner's Office
 CC22-3784 W/M/65
 MARK EVERS
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp FI
 Pathologist Path Tech
DNA Blood Card



Montgomery County Coroner's Office
 CC22-3784 W/M/65
 MARK EVERS
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp FI
 Pathologist Path Tech

**Montgomery County Coroner's Office
 Fingerprints**

Case Number: _____
 Decedent Information
 Name: _____ Race: _____ Sex: _____
 Date: _____ Date of Death: _____
 Location of Death: _____
 Fingerprint Section: _____
 MNI Number: _____ AFIS Number: _____
 Checked by: _____
 FBI Notified: Yes No
 MVRCL Number: _____ (If active Homicide)
 After being marked in AFIS, the following schedule shall apply:
 No CHS 2-3-2004 Comparison 2-3-2004
 MVRCL File MVRCL File
 Active Homicide MVRCL File

Property of Mark Evers 22-3784

7-1-22



Montgomery County Coroner's Office

CC22-3784 W/M/65

MARK EVERS

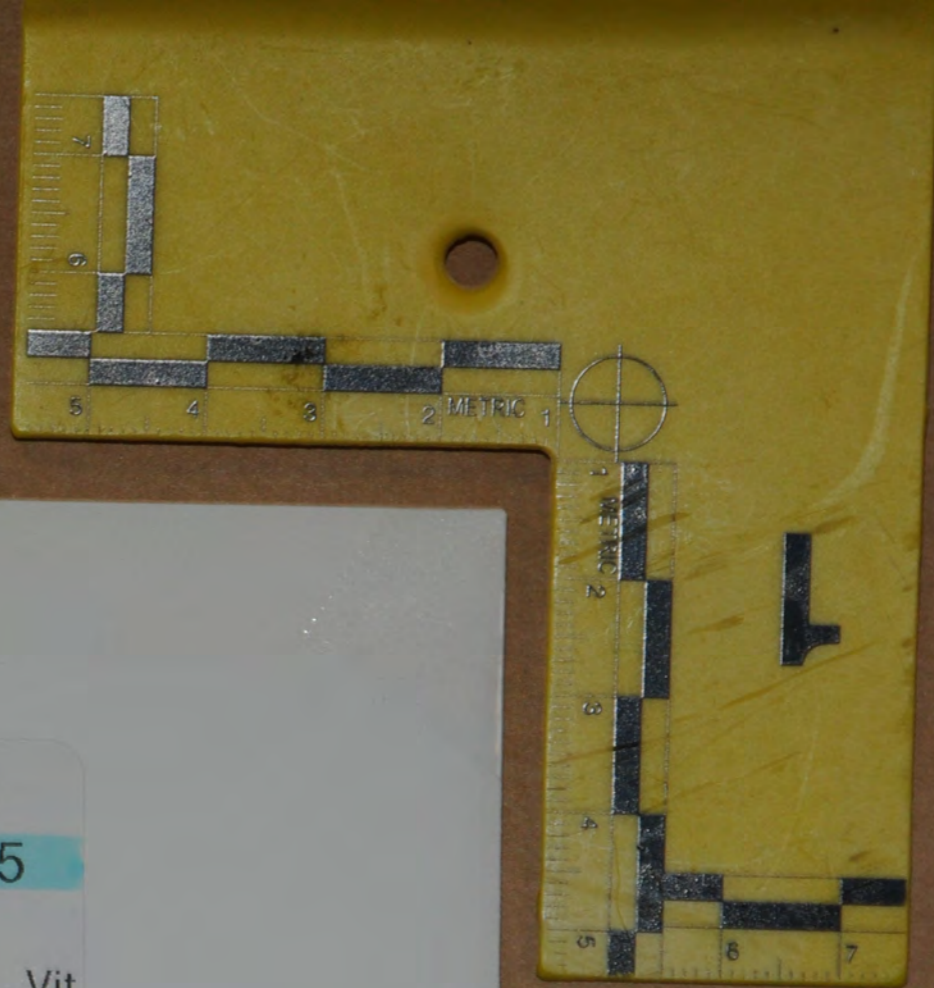
Blf Blp Blh Blc Ur Spl Vit

Brain Liv Gas Decomp-FI

Pathologist

Path Tech

DNA Blood Card



Montgomery County Coroner's Office
 CC22-3784 W/M/65
 MARK EVERS
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp-FI
 Pathologist Path Tech

EVIDENCE

Left fingernail scrapings

Right fingernail scrapings

Head hair plucked

Pubic hair comb'd

Pubic hair plucked

~~Other (specify)~~

Swabs: Oral Rectal Vaginal

Montgomery County Coroner's Office
 CC22-3784 W/M/65
 MARK EVERS
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp-FI
 Pathologist Path Tech

Montgomery County Coroner's Office
 CC22-3784 W/M/65
 MARK EVERS
 Blf Blp Blh Blc Ur Spl Vit
 Brain Liv Gas Decomp-FI
 Pathologist Path Tech

**Montgomery County Coroner's Office
 Fingerprints**

Case Number: _____

Decedent Information

Name: _____ Race: _____ Sex: _____ DOB: _____

SSN: _____ Date of Death: _____

Location of Death: _____

MNI Number: _____ Fingerprint Section _____

Checked by: _____ AFIS Number: _____

FBI Notified: Yes No BCI Notified: Yes No

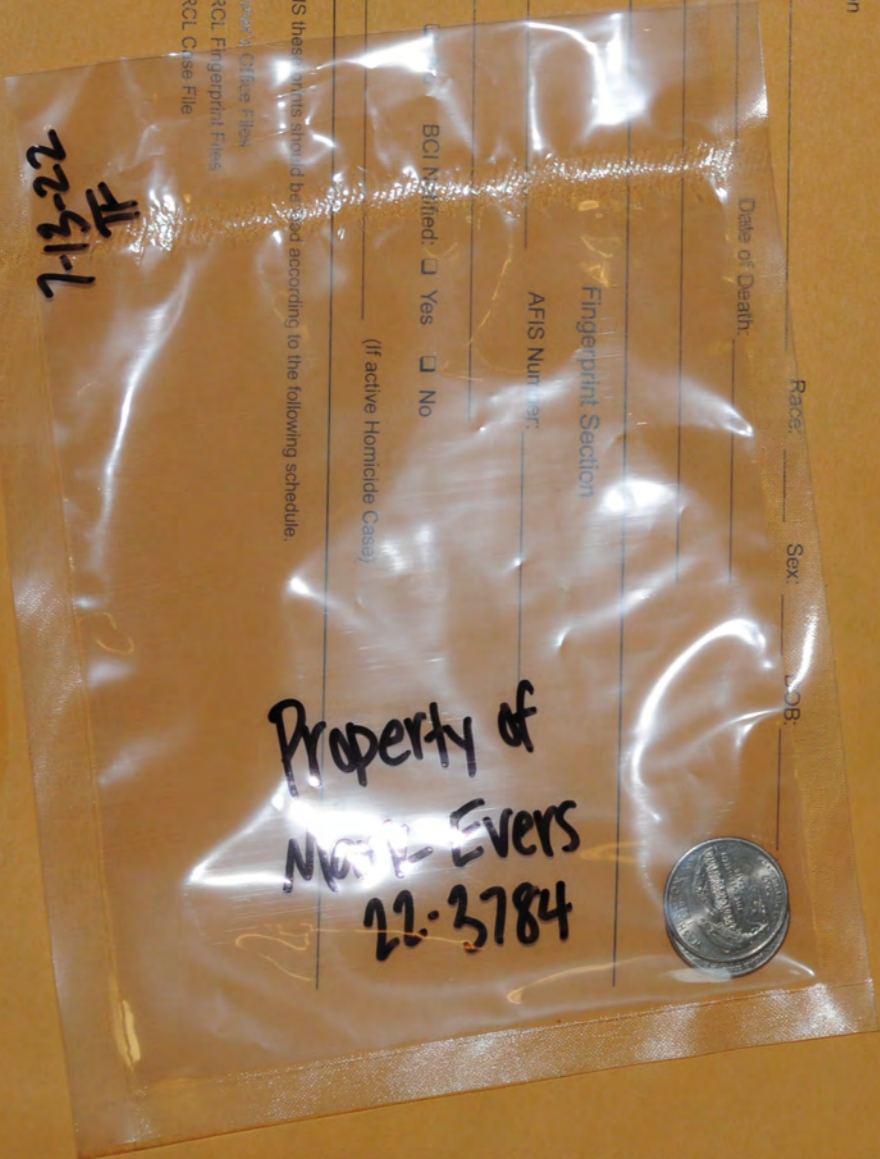
MVR/CL Number: _____ (If active Homicide Case)

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

No AFIS Number: _____ Coroner's Office Files

AFIS Number: _____ MVR/CL Fingerprint Files

Active Homicide: _____ MVR/CL Case File





MARK EVER'S
Montgomery County Coroner's Office
WIM165
08-10
7-13-12
Path Tech
Decort-P-Fl
Spl
Ur
Bic
Gas
Liv
Bip
Bic
Path Tech

MARK EVER'S
Montgomery County Coroner's Office
WIM165
08-10
7-13-12
Path Tech
Decort-P-Fl
Spl
Ur
Bic
Gas
Liv
Bip
Bic
Path Tech

MARK EVER'S
Montgomery County Coroner's Office
WIM165
08-10
7-13-12
Path Tech
Decort-P-Fl
Spl
Ur
Bic
Gas
Liv
Bip
Bic
Path Tech

4/10/11



3

Age 66 (L) 11/6
Montgomery County Coroner

CC22-3784

MARK EVERS

Blf Blp Blh BIC

Brain Liv Gas

[Signature]
Pathologist

Beckle *(R)* *W. Hock*
Montgomery County Coroners

CC22-3784

MARK EVERS *67*

Blf Blp Blh Blc U

Brain Liv Gas Dec

W. Hock
Pathologist *(R)* Path

Beckle *(R)* *W. Hock*
Montgomery County Coroners

CC22-3784

MARK EVERS
Blf Blp Blh

County Coroners Office

Forwarded

784 W/M/M/65

MERS *08-45*

Bln B1c Ur Spl Vlt

Gas *Decomp-FI*

A Path Tech

Montgomery County Coroner's Office

22-3784

W/M/6'

MARK EVERS

G755

Blp Blh Blc Ur Spl

7-13-2

Liv Gas Decomp-F

ologist

Path

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist *BC* Path Tech *TF*

713-22

Clothing
HANDCUFFS

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Bfp Blh Bfc Ur Spi Vlr
Brain Liv Gas Decomp-FI
Pathologist BC Path Tech TF

7-13-22

Briefs

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Bfp Blh Bfc Ur Spi Vlr
Brain Liv Gas Decomp-FI
Pathologist BC Path Tech TF

7-13-22

Handcuffs

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Bfp Blh Bfc Ur Spi Vlr
Brain Liv Gas Decomp-FI
Pathologist BC Path Tech TF

7-13-22

Ⓟ Sock

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Bfp Blh Bfc Ur Spi Vlr
Brain Liv Gas Decomp-FI
Pathologist BC Path Tech TF

7-13-22

Ⓟ Sock

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Bfp Blh Bfc Ur Spi Vlr
Brain Liv Gas Decomp-FI
Pathologist BC Path Tech TF

Ⓟ Shoe

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist TF
7-13-22
Ⓢ Shoe

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist TF
7-13-22
Ⓢ Shoe

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist TF
7-13-22
Ⓢ Jeans

Montgomery County Coroner's Office
CC22-3784 W/M/65
MARK EVERS
Blf Blp Blh Blc Ur Spl Vit
Brain Liv Gas Decomp-FI
Pathologist TF
7-13-22
Ⓢ Handcuffs



Montgomery
 CC22-378
 MARK EVERS
 Blf Blp Blh B
 Brain Liv Gas
 Pathologist

④ Sock



Office
 M/65
 Ur Spl Vit
 ecomp-Fl
 th Tech

7-13-22

TF



13-22

55

Spl Vit
mp-Fl

TF



13-22







PEERLESS HANDCUFF CO.
SPRINGFIELD MA

Handcuffs

68813

MADE IN USA
PATENTED

Montgon
Office
CC22-3784
MARK EVERS
Bif Blp Blh Bjc
Brain Liv
Pathologis

193-22



4







EVIDENCE
WARNING! POLICE SEAL
DO NOT REMOVE

PATIENT NAME Eric Ney

DATE AND TIME OF COLLECTION 07/12/2022 2148

NAME OF PERSON COLLECTING Alliya Shelton
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING Alliya Shelton

NAME OF ITEM COLLECTED Uniform shirt with badge and name

PLACE OF OCCURRENCE IF KNOWN date

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 Eric Ney

DATE AND TIME OF COLLECTION 07/12/2022

NAME OF PERSON COLLECTING Angie Shelton

SIGNATURE OF PERSON COLLECTING [Signature]

NAME OF ITEM COLLECTED Pants with contents

PLACE OF OCCURRENCE IF KNOWN _____

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 Eric Mey

DATE AND TIME OF COLLECTION 07/12/2022 2148

NAME OF PERSON COLLECTING Anya Shelton
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING Anya Shelton

NAME OF ITEM COLLECTED bulletproof vest

PLACE OF OCCURRENCE IF KNOWN _____

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 Eric Mey

DATE AND TIME OF COLLECTION 07/12/2022

NAME OF PERSON COLLECTING Alysa Shelton
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING Alysa C

NAME OF ITEM COLLECTED Socks

PLACE OF OCCURRENCE IF KNOWN _____

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. Write your initials on the tape edge of paper bag fold to seal.
5. Write your initials on the tape edge.
6. Write your initials on the tape edge.
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 Eric Noy

DATE AND TIME OF COLLECTION 07/12/2022

NAME OF PERSON COLLECTING Amya Shelton
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING a

NAME OF ITEM COLLECTED Ring, Pendant, f

PLACE OF OCCURRENCE IF KNOWN Identification Card

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 Eric Mey

DATE AND TIME OF COLLECTION 07/12/2022 2148

NAME OF PERSON COLLECTING Miya Shelton
(PRINT NAME)

SIGNATURE OF PERSON COLLECTING [Signature]

NAME OF ITEM COLLECTED Underwear

PLACE OF OCCURRENCE IF KNOWN _____

1. Fill out all the above information.
2. Place items individually in paper bags.

If item is wet or blood soaked, place a chux (absorbent) inside against item to seal bag. Fold edge of bag over to seal.