



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: GSW Place of Occurrence: 1132 Ashwood Dr. South Charleston, OH

Jurisdiction: BC1 Jurisdiction Notified by: Public Safety Date/Time: _____
 Nursing/SANE Date/Time: _____

ITEMS COLLECTED

	Evidence not taken (Initial)	Evidence not taken (Initial)
<u>Grey pants</u>		<u>Black shoes</u>
<u>Blue underwear</u>		<u>Black socks</u>
<u>Knife</u>		<u>Black vest</u>
<u>Black shirt</u>		<u>wallet, watch, mask, stickers</u>
<u>Black shirt #2</u>		

Received By: SA K. Wagner #80 BC1 From: enters illia jr Date: 7-24-22 Time: 1629

Received By: _____ From: _____ Date: _____ Time: _____
 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: _____

Items received by: _____

RN / PCT / Physician / Other (Circle) - Print name _____

Law Enforcement - Print name _____

RN/PCT/Physician/Other - Signature _____

Law Enforcement - Signature _____

Date and Time
S-100 (2/22)

Date and Time Agency