DJ LE-1018 (FORM 3/22/02)

Complete this form, place in an envelope addressed to the State Crime Laboratory and attach to outside of package when mailing evidence. Keep a copy of this transmittal for your files.

WISCONSIN DEPARTMENT OF JUS-STATE CRIME LABORATORY- MADI: 4706 University Madison, WI 53705-2 (608)266-2 FAX (608) 267-1

Submitting Agency Manitowoc County Sheriff's Dept.						Agency Case No. S 25-0	Agency Case No. S 95-04851	
City of Ager		Manitowoc County Manitowoc			Date Transmitted O9-19-0			
Offense Committed in City/Town/Village County Ma				Manitowoc		Offense Date 07-29-85		
Criminal Offense (In drug cases report charge; i.e., Possession, Possession with intent, Delivery)						Trial Date (if known)		
ATT. Mundel A66B						_		
2	SEX 1		Fime			<u> </u>	<del></del>	
Victim(s)					Sex/Race	Date of Birth	Age	
Susped(s) STEVEN A. AVERY					Sex/Race M W	Date of Birth 07-09-62	Age 40	
Susped(s)					Sex/Race	Date of Birth	Age	
Agency Number of Items Number of Items								
	1					use of D.N.A.		
	,,	procedur	procedures. ( PER CIRCUIT COURT ORDER). These items					
		Were Ex	were Exhibits held by the court since The end of The					
			TRIAL.					
		(HAIR AND FINGER Nail CUTTINGS)						
							١	
			•					
	EXHIBIT 214 05 CF 381  DATE: OLIVI B. Initials							
			Init	ials				
		1			· · · · · · · · · · · · · · · · · · ·			
					1, 1, 1, 8, 1, 19			
		<del>                                     </del>			<del> </del>		<del></del>	
	· · · · · · · · · · · · · · · · · · ·						<u>.</u>	
:	•							
Full Name	& Title of S	Submitting Officer:				Phone No.		
Pleas	se Type or F	Print DE	T. SGT. Jo	imes Lenk		(920) 683-	4200	