

## NON "CT 100" Kit Evidence – Clothing, Bedding and Other Evidence

Revision 1, effective 5/1/2018

Victim's Name:	T L		
Victim's DOB:	March 24, 2011		
Date of Incident:	May 8, 2020	Date of Evidence Collection:	June 6, 2020
Location of Collection:	96 Lake Drive, Trumbull, CT 06611		
<i>Please indicate if collection was from victim, hospital or scene location</i>			

<b>Offender Information:</b>			
Number of Males:	1	Number of Females:	
Relationship of Offenders to Victim: <i>(Please check all that apply)</i>			
Stranger	<input checked="" type="checkbox"/>	Family Member	<input checked="" type="checkbox"/>
Caregiver		Cohabitant same household	
Other:			

Contact by Offender to:	Contact by Hand	Contact by Mouth/Oral	Contact by Penis
Victim's Clothing:			
Victim's Body:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:			
Ejaculation by Offender on: <i>If possible, please indicate location (ex. side of bedding) of ejaculation</i>			
Victim's Clothing:	Unsure	Location:	
Victim's Body:	Unsure	Location:	
Bedding/Other:	Yes	Location:	Child described it happened on bed.
Was Condom Used?:	Unsure	If Yes, Number of Offenders that used condoms:	
Was Victim Injured and bleeding?	No	Location:	
Was Suspect injured and bleeding?	No	Location:	
Was Victim menstruating at time of assault?	No		
Was the collected clothing worn after OTHER sexual activity?	Unsure	If yes, type of OTHER sexual activity:	
If bedding collected, has OTHER sexual activity occurred on bedding?	No	If yes, type of OTHER sexual activity:	
After the Sexual Assault, was the evidence laundered?	No	Childs bed. No other sexual activity on bed.	
		If yes, indicate article of clothing/bedding washed:	

Completed by:	Det. Wheeler	Date:	June 8, 2020
Agency:	Trumbull Police Dept	Agency Case Number:	2000008424
Contact Phone:	203-261-3665	Email:	dwheeler@trumbull-ct.gov

Please attach additional pages if needed to provide other information that was not captured in the form.



DEFENDANT'S EXHIBIT	
<input checked="" type="checkbox"/> FULL	<input type="checkbox"/> ID
Initials REA	
Date 2.10.25	
Docket # S-1	
FBI 200 33 7851	