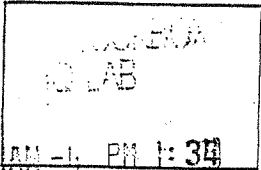


check this too: **Fulton Co DA case: 96-501913**

2005 JAN -1 PM 1:34



Georgia Bureau of Investigation
Division of Forensic Sciences
EVIDENCE SUBMISSION FORM

Received by: _____
DOFS Case # 2004-1024403

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY
INCIDENT REPORT MUST BE SUBMITTED EXCEPT ON DRUG ID CASES
PLEASE PRINT LEGIBLY

Case # 96-52726
AH App/Fore

INSTRUCTIONS FOR COMPLETION OF THIS FORM

I. Submitting Agency: Fulton County DA Agency Case # 2004-1024403 (96-52726)
County of Incident: Fulton **Date of Incident:** 12-10-96

II. (Check responses) Is Subject/Victim a juvenile? YES ☐ NO ☐ Is Subject/Victim deceased? YES ☐ NO ☐

VICTIM: Coffin David L Jr **DOB:** _____ **Race:** _____ **Sex:** _____
Last Name First Name Middle

SUSPECT: _____ **DOB:** _____ **Race:** _____ **Sex:** _____
Last Name First Name Middle

SUSPECT: _____ **DOB:** _____ **Race:** _____ **Sex:** _____
Last Name First Name Middle

III. Delivering Officer: Jackson Carter **Investigator**
Last Name First Name Title
Case Officer to receive report: Jackson Carter **Page #** 404 583-6000
Last Name First Name Title
Phone No. 404-730-4976 **Email Address:** _____ **GSP Post No. or GBI Region No.** _____
Other Officer and/or Agency to Receive Lab Report: _____ **Agency Case #** _____

IV. (Check all that are appropriate)
Type of Case: Death Case ☐ Homicide ☒ Arson ☒ Assault ☐ Sexual Assault ☐ Suicide ☐ Hit & Run ☐ VGCSA ☐ Other _____
Manner of Death: Homicide ☒ Suicide ☐ Accidental ☐ Natural ☐ Undetermined ☐
MVA/driver ☐ MVA/passenger ☐ MVA/pedestrian ☐ Fire or CO ☐
Delayed death? _____ **Suspected drugs/poisons?** _____

Cause of Death: _____

Brief Description of Item Submitted	Examination(s) Requested	Brief Case History
<u>Fingerprint Card</u>	<u>elimination</u>	

**V. PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH LABORATORY SERVICE REQUESTED
REFER TO SERVICE MENU FOR CONDITIONS/RESTRICTIONS FOR REQUESTED SERVICES AND ANALYSES**

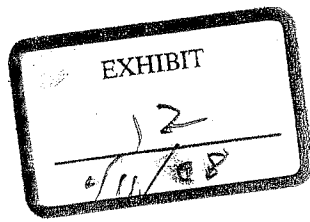
TRACE EVIDENCE ANALYSIS:
Is perpetrator known to frequent scene? _____
How often? _____

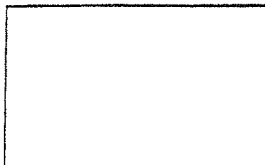
SEROLOGY/DNA ANALYSIS:
Who was bleeding? (check) suspect ☐ victim ☐ other _____
Did victim receive blood transfusion? _____
Has victim had sexual relations within the last 3 days? _____
Did perpetrator use a condom? _____
Did ejaculation occur outside the body? _____

(Submitting Agency - Retain bottom copy)

OPS FORM I REV:2 4/100

DeKalb
case #
96-52688





LAB
Georgia Bureau of Investigation
Division of Forensic Sciences
EVIDENCE SUBMISSION FORM

Received by: _____
DOFS Case #: _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY
INCIDENT REPORT MUST BE SUBMITTED EXCEPT ON DRUG ID CASES
PLEASE PRINT LEGIBLY

INSTRUCTIONS FOR COMPLETION OF THIS FORM

I. Submitting Agency <u>Fulton Co. District #111</u>		Agency Case # <u>2004-1024403 (96-52726)</u>	
County of Incident <u>Fulton</u>		Date of Incident <u>12/10/1996</u>	
II. (Check responses) Is Subject/Victim a juvenile? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is Subject/Victim deceased? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
VICTIM: <u>Coffin</u> <u>David</u> <u>L</u> <u>Dr.</u>		DOB: _____ Race: <u>W</u> Sex: <u>M</u>	
SUSPECT: _____		DOB: _____ Race: _____ Sex: _____	
SUSPECT: _____		DOB: _____ Race: _____ Sex: _____	
III. Delivering Officer: <u>Jackson Carter</u> <u>Investigator</u>			
Case Officer to receive report: <u>Jackson Carter</u>		Page # <u>404583-6000</u>	
Phone No. <u>4047304978</u>		Email Address: <u>carter.j@ga.gov</u> Post No. or GBI Region No. _____	
Other Officer and/or Agency to Receive Lab Report _____		Agency Case # _____	
IV. (Check all that are appropriate) Type of Case: Death Case <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Arson <input checked="" type="checkbox"/> Assault <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Suicide <input type="checkbox"/> Hit & Run <input type="checkbox"/> VGCSA <input type="checkbox"/> Other _____			
Manner of Death: Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/>			
MVA/driver <input type="checkbox"/> MVA/passenger <input type="checkbox"/> MVA/pedestrian <input type="checkbox"/> Fire or CO <input type="checkbox"/>			
Delayed death? _____ Suspected drugs/poisons? _____			
Cause of Death: <u>gunshot wound</u>			
Brief Description of Item Submitted		Examination(s) Requested	
Letter		recover finger prints	
V. PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH LABORATORY SERVICE REQUESTED REFER TO SERVICE MENU FOR CONDITIONS/RESTRICTIONS FOR REQUESTED SERVICES AND ANALYSES			
TRACE EVIDENCE ANALYSIS: Is perpetrator known to frequent scene? _____ How often? _____ (Submitting Agency - Retain bottom copy.)		SEROLOGY/DNA ANALYSIS: Who was bleeding? (check) suspect <input type="checkbox"/> victim <input type="checkbox"/> other _____ Did victim receive blood transfusion? _____ Has victim had sexual relations within the last 3 days? _____ Did perpetrator use a condom? _____ Did ejaculation occur outside the body? _____	

OPS FORM 1 REV.2 4/1/00