this too: Fulton A cace: 96-501913

O LAB	Georgia I	Bureau of Investigation of Forensic Sciences	1	Received by:		3
005 JAM - 1, PM 1: 34	EVIDENCE THIS FORM MUST BE	SUBMISSION I COMPLETED IN IT	ORM	DOFS Case #	004-1024	403 2726
- INCI	DENT REPORT MUST B ***PLEAS	E SUBMITTED EXCE E PRINT LEGIBLY***	PT ON DRUG ID	CASES	# 96-5	2726
I. Submitting Agence	INSTRUCTIONS FOR		HIS FORM Agency Case #266	4-102446	3 (96.57	126)
County of Incident	Fulton	* * * * * * * * * * * * * * * * * * *	Date of Incident 12		2 51/51.62	
VICTIM: (Check response	s) is Subject/Victim a j	ovenile? YES NO		m deceased? Y	ES NO Sex:	De Kall Case # 96-5268
SUSPECT:	FEEL Name	Middle	DOB:	Race:	Sex:	06-5268
SUSPECT: Last Name	Fusi Name	Middle	DOB:	Race:	Sex:	190
III. Delivering Officer.	Jackson Car	ust Name	austigati			
Case Officer to receive report	The state of the s	Name Title		404 58		
Other Officer and/or Agency			GSP Post N Agency Case			
IV. (Check all that are Type of Case:Death Case	appropriate) Homicide Arson Assau de Suicide	It Sexual Assault S	uicide Hit. & Run	Undetermined	ner	
MVA/d Delayed death? Suspect	river MVA/passenge	,	ın 🗀	Fire or CO		
Cause of Death:	TO THE AREA WAY AND					
Brief Description of Item	Submitted Examin	nation(s) Requested	Brief	Case History		
Fungerdrint &	ind elimi	nation				
V. PLEASE ANSWER T	THE FOLLOWING QUESTIONS	INS FOR EACH LABOR	ATORY SERVICE F	EQUESTED	/SFC	
TRACE EVIDENCE ANALYSIS: is perpetrator known to frequent scene? How often?		SEROLOGY/DNA A Who was bleeding? (Did victim receive bl	NALYSIS: check) suspect	victim Other_		
(Submitting Agency – Retain be	ettom co py)	Has victim had sexual Did perpetrator use a Did ejaculation occus	condom? . outside the body?	e last 3 days? OPS FORM I REV	2:2 4/1/00	



J.Q.LAB
Georgia Bureau of Investigation Division of Forensic Sciences
PEMIDENCE 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						
1. Submitting Agency Tutter Co. Inst	trict 44 Agency Case # 2004-1024403 (96.52					
County of Incident TwHto	Date of Incident 12/10/1994					
II. (Check responses) Is Subject Victim a jun	ivenile? YES NO Y is Subject Victim deceased? YES NO					
VICTIM: Caffin David Last Name Pirk Name	Middle DOB: Race: Los Sex: Ma					
SUSPECT: Tast Name First Name	DOB: Race: Sex:					
SUSPECT: Last Name First Name	DOB: Race: Sex:					
III. Delivering Officer: Quellan	exter INVESTIGETER					
Case Officer to receive report Jacks to Car	CTEX PART #484 5 83. 6 000					
Phone No. 484 738 4978 Email Address terber, when a co-fully Cost 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 Assault Sexual Assault Suicide: Hit & Run VGCSA Other						
Type of Case: Death Case Homicide Assault Scault Scault Suicide Hit & Run VGCSA Other Manuer of Death: Homicide Suicide Accidental Natural Undetermined						
MVA/driver MVA/passenger MVA/pedestrian Fire or CO Delayed death? Suspected drugs/poisons?						
Cause of Death: Quin 2h of wishing						
Brief Description of Item Submitted Examina	axtion(s) Requested Brief Case History					
letter neces	ver 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?	SEROLOGY/DNA ANALYSIS: Who was bleeding? (check) suspect victim other Did victim receive blood transfusion?					
(Submitting Agency - Retain bottom copy.)	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					