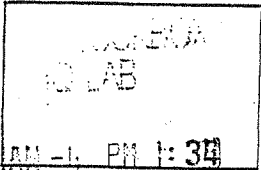


check this too: Fulton Co DA case: 96-501913

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
AHI APP/Fire

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: _____
SUSPECT: _____ DOB: _____ Race: _____ Sex: _____
SUSPECT: _____ DOB: _____ Race: _____ Sex: _____

DeKalb case # 96-52688

III. Delivering Officer: Jackson Carter Investigator
Case Officer to receive report: Jackson Carter Page # 404 583-6000
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? _____

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

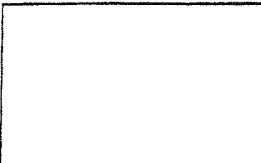
TRACE EVIDENCE ANALYSIS:
Is perpetrator known to frequent scene? _____
How often? _____

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 4/1/00

EXHIBIT
12
6/11/08



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 Fulton Co. District #111 Agency Case # 2004-1024403 (96-52726)
County of Incident Fulton Date of Incident 12/10/1996

II. (Check responses) Is Subject/Victim a juvenile? YES NO Is Subject/Victim deceased? YES NO
VICTIM: Coffin David L Jr. DOB: _____ Race: W Sex: M
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 Pager # 404583-6000
Last Name First Name Title
Phone No. 4047304978 Email Address: carter.j@emp.ga.gov 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: gunshot wound

Brief Description of Item Submitted	Examination(s) Requested	Brief Case History
<u>letter</u>	<u>recover fingerprints</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? _____ (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? _____
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OPS FORM 1 REV.2 4/1/00