

DATE RECEIVED BY: 2000/11/14 09:52

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

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Case #: 2000-1-1419

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 LOCATED ON REVERSE SIDE OF FORM.

I. Submitting Agency FLOYD COUNTY POLICE Agency Case # 01110000255 (ROME P.D.)  
County of Incident FLOYD Date of Incident 1-11-00

II. (Circle responses) Is Subject/Victim a juvenile? YES NO Is Subject/Victim deceased? YES NO  
VICTIM: DAWKINS ISAAC DOB: 2070A Race: W Sex: M  
Last Name First Name Middle  
SUSPECT: WATKINS JOEY DOB: 2070A Race: W Sex: M  
Last Name First Name Middle  
SUSPECT: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Middle

III. Delivering Officer: MAYNARD PERRY SGT  
Last Name First Name Title  
Case Officer to receive report: SUTTON STANLEY SGT Pager # 706-238-5681  
Last Name First Name Title  
Phone # 706-235-7766 GSP Post # \_\_\_\_\_ GBI Region # \_\_\_\_\_  
Other Officer and/or Agency to Receive Lab Report DET JIM MOSER  
ROME P.D. Agency Case # 01110000255

IV. (Circle 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

Brief Description of Item Submitted	Examination(s) Requested	Brief Case History
<u>DOG CARCASS w/ POSS. PROJECTILE</u>	<u>IF PROJECTILE PRESENT, COMPARE TO BULLET RECOVERED FROM VICTIM</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? YES NO UNK How often? _____	SEROLOGY/DNA ANALYSIS: Who was bleeding? (circle) suspect victim other _____ Did victim receive blood transfusion? YES NO UNK Has victim had sexual relations within the last 3 days? YES NO UNK Did perpetrator use a condom? YES NO UNK Did ejaculation occur outside the body? YES NO UNK
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Submitting Agency - Retain bottom copy)