

PR-1120-13-0010

3/7/13

3/7/13

(Date)



South Carolina Department of Public Safety

VIDEO TAPE CHAIN OF CUSTODY & DISPOSAL

Tape ID #:		Unit:	
13-1D-4 CAO # 13005239		Troop One	
(Enter Officer's Name for either type tape)		(Enter Start and End Date for In-Car Video Tape)	
Submitting Officer: S.M. Groubert	Start Date: 01/09/13	End Date: 01/10/13	
(Enter Defendant's Name for Breath Test Site Video)	Working Copy or Copies Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Defendant's Name: n/a	Circle # Copies Made: 1 2 3 4 5 6 7		

Date	From	To	Reason
01/10/13	S.M. Groubert <i>S.M. Groubert</i>	Lt. R.D. Grubbs Initials	<i>View</i>
<i>1/10/13</i>	Signature Redacted	<i>J.D. [unclear]</i> Initials	<i>VIGILANCE</i>
<i>1/17/13</i>	Signature Redacted	Signature Redacted	<i>STORAGE</i>

Authorization for Disposal

All cases on this tape have been disposed of and the tape can be disposed of after 90 days from this date in accordance with DPS Policy 300.06. I will immediately notify the county/unit evidence custodian if I am made aware of any appeals or other reasons this tape should not be disposed of.

All cases on this tape have been disposed of and the tape is not needed for a criminal appear, civil litigation, or an investigation. I believe that the tape has content that would be beneficial for training purposes.

Date:	Officer's Signature:
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Certification for Review

In accordance with DPS Policy 300.06, I have reviewed random portion(s) of this tape to evaluate the officer's (1) compliance with standard operating procedures, safety procedures and other training; (2) interactions with the public; and (3) professional behavior and demeanor. Appropriate action has been taken to address any issues that arose as a result of this review.

Date:	Supervisor's Signature:
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Certification of Disposal

I have disposed of this tape as noted in the final entry of the Chain of Custody block above.

Date:	Supervisor/Custodian Signature:
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PR-13-0010

SOUTH CAROLINA LAW ENFORCEMENT DIVISION
URINE AND/OR BLOOD SPECIMEN COLLECTION INSTRUCTIONS
(FOR HOSPITAL/CLINIC PERSONNEL)

Note: Urine and blood collection must be performed within full view of arresting officer or witness.

SUGGESTED URINE COLLECTION

- STEP 1** Remove all components from kit box and place on table.
- STEP 2** Instruct subject to remove urine bottle cap; then break through and remove the bottle integrity seal.
- STEP 3** Instruct subject to void directly into bottle and then return filled bottle directly to you.

Note A: Subject may urinate into a non-waxed paper or plastic cup, and the specimen can then be poured into the specimen bottle.

Note B: The bottle must be half-filled for analysis. (Bottle holds 100ml).

Note C: Collection must be witnessed by arresting officer or his/her representative.

- STEP 4** Immediately upon receipt of filled urine bottle, replace bottle cap and tighten to prevent leakage.
- STEP 5** Fill out all information requested on one of the specimen seals provided. Have arresting officer verify accuracy of information on seal. Remove backing from seal and affix center of seal to bottle cap, then press ends of seal down sides of bottle. Hand filled and sealed urine bottle to investigating officer.

Note: If only urine is to be collected, skip to "Suggested Instructions for Arresting Officer".

SUGGESTED BLOOD COLLECTION

- STEP 1** Cleanse blood withdrawal site with only the PVP prep pad provided in kit. Using normal hospital/clinic procedures, and only the blood tubes provided in kit, withdraw specimen from subject allowing tubes to fill to maximum volume.

Note: Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting the tubes at least five times. Do not shake vigorously!

- STEP 2** Fill out all information requested on the two remaining specimen seals. Have arresting officer verify accuracy of information on seals. Remove backing from seals and affix center of seal to rubber stopper, then press ends down sides of tubes. Hand filled and sealed blood tubes to investigating officer.

Note: Properly dispose of used needle and prep pad – DO NOT PLACE IN KIT BOX.

SUGGESTED INSTRUCTIONS FOR ARRESTING OFFICER

- STEP A** Place blood tubes and urine bottle in the bottle/tube holder. Fill out all information requested on the Investigating Officer's Report on top of the holder. Affix evidence seal where indicated on flap, then initial seal and place in ziplock bag. (DO NOT remove liquid absorbing sheet). Press out air from bag, then seal bag.
- STEP B** Return bag and its contents to kit box.
- STEP C** Fill out all information requested on URINE/BLOOD COLLECTION REPORT FORM (provided separately) and have appropriate parties sign and date where indicated. Separate pages, then place 4th copy in kit box. Follow distribution instructions for remaining pages.
- STEP D** Fill out all information requested on the FORENSIC SERVICES REQUEST FORM and return to kit box.
- STEP E** Remove backing from Kit Shipping Seal and affix to kit box where indicated.
- STEP F** Fill out information requested on box-top, then mail or hand deliver sealed kit to the SLED Laboratory as soon as possible.

SUGGESTED PROCEDURE FOR:

100-540 WJG

POSTMORTEM URINE AND BLOOD SPECIMEN COLLECTION

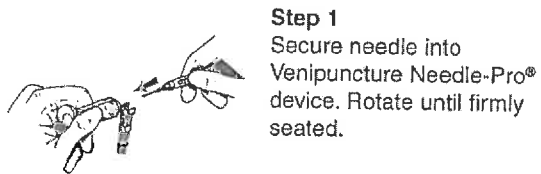
(For Coroner's Use Only)

- STEP 1** Cleanse blood withdrawal site either with soap and water or the non-alcoholic PVP prep pad provided in this kit.
- STEP 2** Collect a minimum of 7cc of blood and place in the blood tubes provided in this kit.

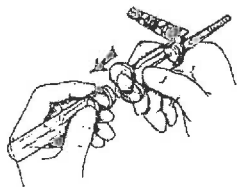
Note: Assure proper mixing of anticoagulant by slowly and completely inverting the filled blood tubes at least five (5) times. Do not shake vigorously!
- STEP 3** Collect urine and place in bottle provided in this kit.
- STEP 4** Fill out all information requested on all three specimen seals, then remove backing on seals and affix to blood and urine containers.
- STEP 5** Fill out all information requested on the Forensic Services Request Form and place in bottom of kit box.
- STEP 6** Place blood tubes and urine bottle in the bottle/tube holder. Fill out all information requested on the Investigating Officer's Report on top of the holder. Affix evidence seal where indicated on flap, then initial seal and place in ziplock bag. (DO NOT remove liquid absorbing sheet). Press out air from bag, then seal bag.
- STEP 7** Remove backing from Kit Shipping Seal and affix to kit box where indicated.
- STEP 8** Fill out all information requested on box-top, then mail or hand deliver sealed kit to the SLED Laboratory as soon as possible.

INSTRUCTIONS FOR SHIELDED BLOOD COLLECTION NEEDLE ADAPTER

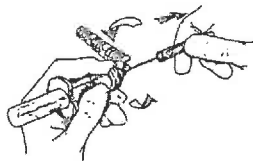
PREPARATION



Step 1
Secure needle into Venipuncture Needle-Pro® device. Rotate until firmly seated.



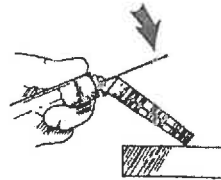
Step 2
Insert tube into holder. Advance no further than the guideline on the holder.



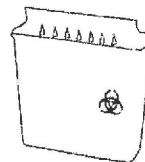
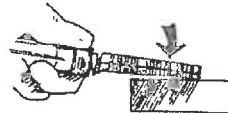
Step 3
Remove needle sheath and rotate orange needle protection device away from needle bevel or the desired position prior to venipuncture.



Step 4
Perform venipuncture as per normal procedure.



Step 5
Upon completion of specimen collection, engage the Venipuncture Needle-Pro® device using a one-handed technique by gently pressing the sheath against a hard surface. **DO NOT use free hand to press sheath over the needle.**



Step 6
Dispose of Venipuncture Needle-Pro® device into an approved Sharps container.

South Carolina Department of Public Safety Chain Of Custody & Evidence Destruction

ALL	Case Number 13005239	Evidence Type Blood	Date Impounded N/A
	<input checked="" type="checkbox"/> Highway Patrol	<input type="checkbox"/> Transport Police	<input type="checkbox"/> Bureau of Protective Service
Status Check One Only			
<input type="checkbox"/> General Session Evidence <input type="checkbox"/> Magistrate Evidence <input type="checkbox"/> Found <input type="checkbox"/> Recovered <input type="checkbox"/> Safe Keeping <input checked="" type="checkbox"/> Other			

I hereby acknowledge that the listed items represent monies/ property taken from my possession and that I have received a copy of this report. Signature

Court Date: N/A	Summons /Warrant Number: N/A
Officer: Major Moore	Date of Incident: 01-10-2013 Time of Incident: 0135
Subject / Violator's Name: Bobby Collins	Phone Number :()
Violator's Address: Unknown	License Number (Tag /State)

Item #	Quantity	Description (include make, Model and serial Numbers if applicable)	Field weight	NCIC	
				Yes	No
1	1	1 VILE OF BLOOD	N/A		X
2	1	1 Cup of urin			

DISPOSITION OF ITEM (S) ABOVE: (The item(s) above have been received in substantially the same condition as when seized.)

From	To	Location	Reason for Movement	Date
Major J.D. Moore	SLEP 284	Cola Se	TESTING	01/10/2013

We have further inspected such Conveyance as to condition and contents, including glove compartment, trunk, or any other applicable storage areas and do certify that all contents and condition of such conveyance, except contraband items , if any have been satisfactorily accounted for to me/us with this conveyance, or that such items have been disposed of in accordance with my/our instructions, except:(If no exceptions, have recipient write "None" in ink, in his/her handwriting)

It is my/our full understanding that this conveyance and it's contents, except contraband items, if any , are being returned to me/us by the South Carolina Department of Public Safety because such police agency has no interest in proceeding legally to have the conveyance declared forfeit, and that it's return is in no degree an implication or admission that its seizure was unlawful. With the forgoing clearly understood, I/we acknowledge receipt of such conveyance and its contents from: _____ on the _____ day of _____.

Signature (Individual Receiving Property) _____
 Signature (Individual Returning Property) _____
 Witness: _____

Disposition of the above cases was disposed of in General Sessions/ Magistrate's court on:

DESTRUCTION OF EVIDENCE

This is to certify that I, _____ destroyed / relinquished the above described evidence on _____ (Date)
 (Person destroying/relinquish evidence)

at _____ (Where destroyed)

_____ (Witness)

L13-00494

Sub# 1 Received (1/10/2013)
 S. C. Department of Public Safety
 Agency Case #: 13005239

Person destroying evidence



SLED LABORATORY FORENSIC SERVICES REQUEST

This Space Reserved For Lab Receipt Barcode

SLED LAB No. L13-00494
Submission: 1/10/2013 8:22:01AM

Name of Investigating officer: <u>J. D. Moore</u>	ORI No: <u>SCDPUBSAF</u>
Agency: <u>S. C. Department of Public Safety</u> Phone No: <u>737-4983</u>	Agency Case No: <u>13005239</u>
Fax No: _____ Email: _____	Offense: <u>MISCELLANEOUS</u>
Mailing Address: <u>1620 Shop Rd</u>	County: <u>Richland</u>
City / State / Zip: <u>Columbia, SC 29201</u>	Offense Date: <u>01/10/2013</u>
CC: _____	Officer Involved Shooting <input type="checkbox"/> Yes
	Rush: <input type="checkbox"/> Yes

Is this evidence related to another lab number?
 Yes No
 If yes, Lab Number: _____

SLED ITEM No LAB ONLY	Agency Item No.	Description of Evidence	Analysis Requested
1		Blood (Toxicology) - Bobby Collins	TOXICOLOGY
2		Urine - Bobby Collins	TOXICOLOGY

Subject(s)	Sex	Race	DOB	SSN
Bobby Collins				

Comments

All sealed evidence packages accepted by the laboratory are assumed to contain what they are "said to contain" by the submitter. The laboratory does not conduct a detailed inventory of evidence package contents during the evidence intake process.

Submitted By :

Received By :

Signature Redacted

Signature Redacted

J. D. Moore

Doris Yarbrough
Forensic Technician



SLED LABORATORY FORENSIC SERVICES REQUEST

(Use ballpoint pen and press firmly. Print all information except where signature is required.)

FORM: LAB-003
NOVEMBER 1993
Previous Editions
May Be Used



Name of Investigating Officer: J.D. MOORE Rank: MAJOR
 Department: SC DEPT. OF PUBLIC SAFETY Telephone Number: _____
 Street Address or Post Office Box: 10331 WILSON BLVD.
BLYTHEWOOD State: SC Zip Code: 29016
 City: _____ Incident Date: 1/10/13
 CC: _____ Related Lab No.: _____

Subject # _____ Victim # _____ Sex: M ___ F ___
COLLINS BOBBY _____
 Last Name First Name Middle Name
 SID/FBI _____
 DL/SS NO: _____
 Race: Cau ___ Blk ___ Other _____
 DOB: _____

Subject # _____ Victim # _____ Sex: M ___ F ___

 Last Name First Name Middle Name
 SID/FBI _____
 DL/SS NO: _____
 Race: Cau ___ Blk ___ Other _____
 DOB: _____

Subject # _____ Victim # _____ Sex: M ___ F ___

 Last Name First Name Middle Name
 SID/FBI _____
 DL/SS NO: _____
 Race: Cau ___ Blk ___ Other _____
 DOB: _____

Subject # _____ Victim # _____ Sex: M ___ F ___

 Last Name First Name Middle Name
 SID/FBI _____
 DL/SS NO: _____
 Race: Cau ___ Blk ___ Other _____
 DOB: _____

* Could any subjects or victims have the following: (circle) AIDS VD Hepatitis Tetanus TB Lice
 Comments: _____

COMPLETE THIS SECTION ON ALL CASES: (Circle Appropriately)
 Homicide Suicide Accidental Death Natural Death Child Fatality Autopsy Performed: Yes No
 (A) Gunshot (B) Stabbing (C) Beating (D) Strangulation (E) Drug/Poison (F) Alcohol (G) Carbon Monoxide (H) Fire (I) Hanging (J) Electrocution
 (K) Heart Related (L) Disease (M) Other _____
 Accident Fatality Victim: (A) Driver (B) Pedestrian (C) Motorcyclist (D) Bicyclist (E) Passenger (F) Swimming/Boating
 TYPE OF CASE: (IF NOT DEATH) (A) Drugs (B) CSC (C) Burglary (D) Larceny (E) Other _____

FOR TOXICOLOGY CASES: (Circle Appropriately)
 DUI Felony DUI Was a Breath Test given? Yes No If Yes, Reading _____
 Number of Specimens Enclosed: Blood 1 Urine 1 Ocular Fluid _____ Other _____
 Examination Requested: Blood Alcohol Drug Screen CO Blood Type Other _____
 Drugs Suspected: Yes No List Drugs _____

FOR SEROLOGY/DNA/HAIR/FIBER CASES: (Circle Appropriately)
 Was the subject(s) bleeding? Yes No Unknown Have any of the victims/subjects been transfused in the last 120 days? Yes No Unknown
 Crime occurred: Suspect's residence Victim's residence Suspect's vehicle Victim's vehicle Other _____
 Was a weapon involved? Yes No Unknown Type of weapon? _____
 Have standards from all possible bleeders or body fluid donors been submitted? Yes No Unknown Comments: _____

Submission of victim and suspect standards is necessary before complete analysis can be performed.

THE ITEMS SUBMITTED WILL BE EXAMINED WITH YOUR ASSURANCE THAT THE SUBMITTED SPECIMENS HAVE NOT NOR WILL BE SUBMITTED TO ANY OTHER LABORATORY FOR TECHNICAL OR SCIENTIFIC EXAMINATION BY OFFICER.
J.D. MOORE Signature Redacted
 Print Name of Delivering Officer Signature of Delivering Officer

SOUTH CAROLINA LAW ENFORCEMENT DIVISION
P. O. Box 21398 • Columbia, South Carolina 29221-1398

Wagner Moore
SCHP

CONFIDENTIAL

SOUTH CAROLINA LAW ENFORCEMENT DIVISION FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

J. D. Moore
S. C. Department of Public Safety
1620 Shop Rd
Columbia, SC 29201

TOXICOLOGY DEPARTMENT
January 14, 2013
SLED No: L13-00494
Your Case No: 13005239
Incident Date: 01/10/2013

[S] Bobby Collins

This is an official report of the South Carolina Law Enforcement Division Forensic Services Laboratory and is to be used in connection with an official criminal investigation. These examinations were conducted under your assurance that no previous examinations of person(s) or evidence submitted in this case have been or will be conducted by any other laboratory or agency.

Mark A. Keel, Chief
South Carolina Law Enforcement Division

ITEMS OF EVIDENCE

Item: 1 **Sample Type: Blood (Toxicology) - labeled "Bobby Collins"**

Analysis by Headspace Gas Chromatography (GC) and/or Headspace Gas Chromatography/Mass Spectrometry (GC/MS)

Analyte	Result	Units	Threshold
Ethanol	Negative	% (g/dL)	0.01



1/14/13

Screen by Enzyme Linked Immunosorbant Assay (ELISA)

Analyte	Result	Units	Threshold
Amphetamine Synonyms: Adderall®, metabolite of Methamphetamine, metabolite of Vyvanse®	Negative	mg/L	0.10
Benzodiazepines	Negative	mg/L	0.05
Buprenorphine Synonyms: Subutex®, Suboxone®	Negative	µg/L	1.00
Carisoprodol Synonyms: Soma®	Negative	mg/L	0.50
Cocaine Metabolite	Negative	mg/L	0.20
Methadone Synonyms: Dolophine®	Negative	mg/L	0.05
Methamphetamine Synonyms: Desoxyn®, Methedrine®	Negative	mg/L	0.10
Opiates	Negative	mg/L	0.08
Oxycodone Synonyms: Oxycontin®, Percodan®	Negative	mg/L	0.08
Tramadol Synonyms: Ultram®, Tramal®, Topalgic®	Negative	mg/L	0.05
Zolpidem Synonyms: Ambien®	Negative	mg/L	0.02
Cannabinoids	Negative	mg/L	0.03

Item: 2 **Sample Type: Urine - labeled "Bobby Collins"**

Analysis by Headspace Gas Chromatography (GC) and/or Headspace Gas Chromatography/Mass Spectrometry (GC/MS)

Analyte	Result	Units	Threshold
Ethanol	Negative	% (g/dL)	0.01



1/14/13

Signature Redacted

Robert M. Sears
Forensic Toxicologist

For any additional interpretation of results please contact the Toxicologist above at the SLED Toxicology Department, (803) 896-7385.





Confidential

Address Only

Major J. Moore

South Carolina Department of Public Safety Chain Of Custody & Evidence Destruction

ALL	Case Number 13005239	Evidence Type Blood	Date Impounded N/A
	<input checked="" type="checkbox"/> Highway Patrol	<input type="checkbox"/> Transport Police	<input type="checkbox"/> Bureau of Protective Service <input type="checkbox"/> Other
	Status Check One Only <input type="checkbox"/> General Session Evidence <input type="checkbox"/> Magistrate Evidence <input type="checkbox"/> Found <input type="checkbox"/> Recovered <input type="checkbox"/> Safe Keeping <input checked="" type="checkbox"/> Other		

I hereby acknowledge that the listed items represent monies/ property taken from my possession and that I have received a copy of this report. Signature _____

Court Date: N/A	Summons /Warrant Number: N/A
Officer: Major Moore	Date of Incident: 01-10-2013 Time of Incident: 0135
Subject / Violator's Name: Bobby Collins	Phone Number :()
Violator's Address: Unknown	License Number (Tag /State)

Item #	Quantity	Description (include make, Model and serial Numbers if applicable)	Field weight	NCIC	
				Yes	No
1	1	1 VILE OF BLOOD	N/A		
2	1	1 Cup of urin			X

DISPOSITION OF ITEM (S) ABOVE: (The item(s) above have been received in substantially the same condition as when seized.)

From	To	Location	Reason for Movement	Date
Major J.D. Moore	SLED 24	Cola se	TESTING	01/10/2013

We have further inspected such Conveyance as to condition and contents, including glove compartment, trunk, or any other applicable storage areas and do certify that all contents and condition of such conveyance, except contraband items , if any have been satisfactorily accounted for to me/us with this conveyance, or that such items have been disposed of in accordance with my/our instructions, except:(If no exceptions, have recipient write "None" in ink, in his/her handwriting)

It is my/our full understanding that this conveyance and it's contents, except contraband items, if any , are being returned to me/us by the South Carolina Department of Public Safety because such police agency has no interest in proceeding legally to have the conveyance declared forfeit, and that it's return is in no degree an implication or admission that its seizure was unlawful. With the forgoing clearly understood, I/we acknowledge receipt of such conveyance and its contents from: _____ on the _____ day of _____,

Signature (Individual Receiving Property) _____

Signature (Individual Returning Property) _____

Witness: _____

Disposition of the above cases was disposed of in General Sessions/ Magistrate's court on:

DESTRUCTION OF EVIDENCE

This is to certify that I, _____ destroyed / relinquished the above described evidence on _____
 (Person destroying/relinquish evidence) (Date)

at _____
 (Where destroyed)

 (Witness)

L13-00494

Sub# 1 Received (1/10/2013)
 S. C. Department of Public Safety
 Agency Case #: 13005239

Person destroying evidence



South Carolina Department of Public Safety

January 10, 2013

HAND-DELIVERED

Mr. Bobby Collins
[Redacted]
[Redacted]

Dear Mr. Collins:

This letter is to officially inform you that you are hereby terminated effective January 10, 2013 at the close of business for **Improper Conduct/Conduct Unbecoming a State Employee** based on your behavior during a traffic stop that occurred in the early morning hours of January 10, 2013.

The foregoing action is imposed upon you for violating South Carolina Department of Public Safety Policy #400.08 (Disciplinary Action) and #400.08G (Guidelines for Progressive Disciplinary Action).

Please contact Ms. Patty Duggan in the SCDPS Human Resources Office at (803) 896-8018 regarding your separation and State benefits.

Sincerely, [Handwritten Signature]

Signature Redacted

Leroy Smith
Director [Handwritten Signature]

My signature acknowledges that I received this document.

Employee Signature

REFUSG TO SIGN

Date

1/10/13

Signature Redacted

THIS DOCUMENT WILL BECOME PART OF YOUR PERSONNEL FILE