

ORIGINAL

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DARLINGTON COUNTY
Court of General Sessions

RECEIVED

J. Michael Baxley, Circuit Court Judge

NOV 18 2015

Appellate Case No. 2014-000395

SC Court of Appeals

The State, Respondent.

Damyon M. Cotton, Appellant.

AMENDED RECORD ON APPEAL – VOLUME II OF II

Lesley A. Firestone
Moore & Van Allen, PLLC
78 Wentworth Street
Charleston, SC 29401
firestonelesley@mvalaw.com
Tel: 843-579-7027
Fax: 843-579-8720

Robert Michael Dudek, Esquire
Chief Appellate Defender
PO Box 11589
Columbia, SC 29211
Tel: 803-734-1330
Fax: 803-734-1397

ATTORNEYS FOR APPELLANT

ALAN MCCRORY WILSON
Attorney General

SALLEY W. ELLIOTT
Assistant Attorney General

CHRISTINA CATOE BIGELOW
Assistant Attorney General

Post Office Box 11549
Columbia, SC 29211
Office: 803-734-3970
Fax: (803) 253-6283

JOHN WOODROW HOLT, IV
Solicitor, Fourth Judicial Circuit
1 Public Square, Rm. 410
Darlington, SC 29532

ATTORNEYS FOR RESPONDENT

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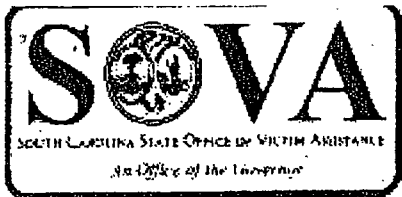
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State of South Carolina
State Office of Victim Assistance
Medical Examination Release Form

In the matter of:
Yasmin Cusack
Patient 226-71-3197
Social Security Number
606 Samboyn St
Address
Florence SC 29501
City State Zip

Dr. Raymond Horton
Name of Health Care Provider
Federal Tax Number
555 E. Cheves St
Address
Florence SC 29501
City State Zip

In accordance with South Carolina Victims and Witnesses Bill of Rights, signed into law on June 22, 1984, I hereby voluntarily consent and authorize the South Carolina State Office of Victim Assistance (SOVA) and its authorized agents to receive my medical records. I also authorize SOVA to pay such medical expenses allowed by law to Health Care Providers for routine medical tests and examinations for evidentiary purposes as prescribed by South Carolina Law Enforcement Division (SLED)/South Carolina Hospital Association sexual assault protocol kit.

Dated this second day of February, 2013, at _____, South Carolina.

Yasmin Cusack / Yasmin Cusack
Signature of Patient/Guardian/Responsible Adult

Health Care Official's Signature (SANE/MD)

Brandon Peavy
Print Name of Law Enforcement Officer

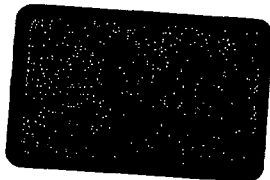
[Signature]
Signature of Law Enforcement Officer

Darlington County Sheriff Office
Name of Law Enforcement Agency (Do not abbreviate)

Darlington, SC
Incident Location (County and State)

2/1/13
Date of Crime

Health Care Provider must attach a copy of **SOVA Sexual Assault Protocol (SAP) Billing Statement (located in the SLED approved protocol kit)** to this Medical Examination Release Form for payment and forward to:



STATE OFFICE OF VICTIM ASSISTANCE
1205 Pendleton Street, Rm. 401
Columbia, South Carolina 29201
Phone: (803) 734-19

South Carolina Law Enforcement Division
Sexual Assault Examination Protocol

Name of Hospital: McLeod Regional Medical Center Date: 2/1/13 ~~2/2/13~~ Time admitted: 2118

- Name: Yasmin Ruth Cusack
- Age: 18 Gender: M/F Ethnicity: Black
- Home address: 606 Samborn St. Florence, SC 29501
- Date of Birth: 7/11/94 Marital status: single
- Parent or Guardian: Grace Cusack

Law Enforcement:

- Agency: Darlington County Sheriff's Office Case Number: _____
- Forensic Exam Requested: Yes No If no, describe: _____
- Reporting Officer: Det Brandon Deavy Time: 2230 2/1/13
- Investigator: _____ Time: _____

Advocacy: •if indicated

- Rape crisis advocate: _____ Notified: _____ Arrival: _____
- Other: _____ Notified: _____ Arrived: _____
- Interpreter: _____ NA

Persons present during collection of history:

- Advocate Family Law Enforcement Other: _____

Persons present during medical exam:

- Advocate Family Other: _____

Pertinent medical history:

- LMP 1/16/13 Normal Yes No G 0 P 0
- Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures or medical treatment that may affect the interpretation of current physical findings?
 Yes No If Yes, describe: _____
- Any other pertinent medical conditions or injuries that may affect the interpretation of current physical findings?
 Yes No If Yes, describe: genital herpes (known condition)
- Current medications: None: _____

Pertinent pre and post assault related history:

- | | No | Yes | Date |
|---|-------------------------------------|--------------------------|----------------|
| • Consensual intercourse within 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Oral | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| • Vaginal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| • Anal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| • If yes, was a condom used? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Other type of contraception used? | <input type="checkbox"/> | <input type="checkbox"/> | Describe _____ |

Medications, Social Drugs or Alcohol:

- Ingestion of alcohol/drugs by patient: No Yes Unsure
- If yes, Alcohol Drugs Time _____ Date _____
- Describe: _____
- If yes Voluntary Forced Coerced Suspected
- Any voluntary use of alcohol 12 hours prior to assault? No Yes
- Any voluntary use of drugs 96 hours prior to assault? No Yes
- Any voluntary use of alcohol or drugs between time of assault and forensic exam? No Yes

Revised June 2008

Initials DPD

SCA1050

**SOUTH CAROLINA LAW ENFORCEMENT DIVISION
Sexual Assault Examination Protocol**

CUSACK, YASMIN RUI H



02/01/13 18 F

HORTON, RAYMOND C GUY

Post assault hygiene/activity:

- | | | |
|----------------------------|-------------------------------------|--------------------------|
| | No | Yes |
| • Urinated | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Defecated | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Genital or body wipes | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Douched | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Removed tampon/diaphragm | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Brushed teeth | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Mouthwash | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Bath/shower/wash | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Ate or drank | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Vomited | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Changed clothing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Smoked | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe: _____

Assault History:

- Date of assault 2/1/13 Time of assault 1900 (approximately)
- Location of assault "In woods" off Turnpike Road in Darlington, SC
- Any witnesses see the assault? Yes No If yes, identify: _____

History of assault per patient:

pt stated assailant picked her up at her home to take her to the movies. pt was taken to the Julia movie theatre in Florence, SC, then taken to K-mart in Florence, and then taken to "the woods" in Darlington, SC off Turnpike road. The pt states the assailant dragged her out of the car, snatched her pants off, breaking her pants zipper and forced her head onto his penis. pt states assailant put on a condom and put his penis inside her vagina. pt states the assailant told her to put on her clothes after they had sex. pt states the assailant gave the pt back her phone and drove her home.

Assailants Name	Age	Gender	Ethnicity	Relationship
#1 Damien	20's	M	Black/African American	friend
#2				
#3				
#4				

Method(s) employed by assailant(s):

- | | | |
|---------------------------|-------------------------------------|-------------------------------------|
| | No | Yes |
| Weapons | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Threatened | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Injuries inflicted | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Types of weapons | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical blows | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grabbing/holding/pinching | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Physical restraints | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Strangulation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Burns | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Verbal threats of harm | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other methods | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If yes, describe:
gun
Threatened to pull out gun

pt was held down by assailant

pt stated she was choked

threatened to kill her

**SOUTH CAROLINA LAW ENFORCEMENT DIVISION
Sexual Assault Examination Protocol**

02/01/13 18 F
HORTON, RAYMOND C GUY

Were any injuries inflicted upon the assailant during the assault? No Yes
 • If yes, describe: scratches noted to left buttock and left thigh.

Is assailant known: to have STD No Yes If yes, describe: _____
 • Had a vasectomy: No Yes Was sterile: No Yes
 • Alcohol/drug use by assailant No Yes Unsure Time 1045 Date 2/1/13
 if yes, Alcohol Drugs Describe: marijuana

Contacts Described By Patient *if more than one assailant, identify number

Penetration of vagina by: Describe: _____

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Object	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Penetration of anus by: Describe: _____

	No	Yes	Attempted	Unsure
Penis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Object	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oral copulation of genitals: Describe: _____

	No	Yes	Attempted	Unsure
Of patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of assailant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-genital acts: Describe: _____

	No	Yes	Attempted	Unsure
Licking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fondle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other acts: Describe: _____

	No	Yes	Attempted	Unsure
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did ejaculation occur: Describe: _____

	No	Yes	Unsure
<input checked="" type="checkbox"/> Mouth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

condom used with vaginal ejaculation

Contraception or lubricant used: Describe type/brand if known: _____

	No	Yes	Unsure
Foam used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jelly used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubricant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

condom used



General Physical Examination

Describe general physical appearance: healthy female
of childbearing age

- Describe general demeanor: Quiet Tearful Trembling Anxious Controlled Angry Sobbing Tense
- Response to questions: Briefly Reluctantly Readily
 - Eye contact: Good Poor
 - Describe: _____

c/o Non-genital injury, pain and/or bleeding? No Yes, describe scratches noted to left buttock and left thigh

c/o Anal-genital injury, pain and/or bleeding? No Yes, describe _____

Genital Examination-Females:

- Exam position used: Supine Lithotomy Lateral Knee-chest
- Exam methods for genital examination: Water lubricated speculum Foley catheter Toluidine Blue Dye
 Colposcope UV light (Woods light) Positive Negative *show location on diagram on page 5
- Presence of sperm: vaginal wet prep: Motile Non-motile None visualized

Genital Examination-Males:

- Circumcised? Yes No
- Exam position used: Supine Lithotomy Lateral Other (describe) _____
- Exam methods for genital examination: Toluidine Blue Dye Coloscope UV light

Strangulation Assessment*: NA *Note patient history

- Object used on neck: One hand Two hands Forearm Other _____
- How long was the patient strangled? less than 5 min How many times? 2
- Any loss of consciousness? Yes No
- Throat hoarseness? Yes No
- Voice at time of exam _____

Drug Facilitated Sexual Assault Assessment*: NA *Note patient history

- Orientation: Oriented x 3 Disoriented; describe _____
- Ability to recall events: Well No memory Lapses of memory loss
- Patient's speech: Clear Garbled
- Patient's gait: Steady Unsteady; describe: _____
- History of nausea: Yes No Vomiting: Yes No times? _____
- Other concerning symptoms or assessments: _____

Lab tests performed:

- Pregnancy Positive Negative NA
- Wet prep/KOH prep
- Urinalysis
- Gonorrhea Culture site _____
- Chlamydia Culture site _____
- RPR, syphilis
- HIV
- Other _____

Radiological studies: _____

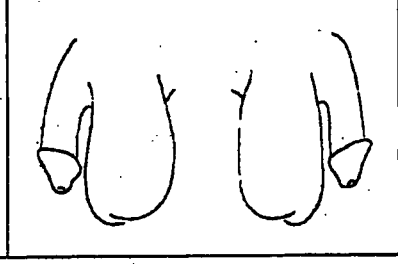
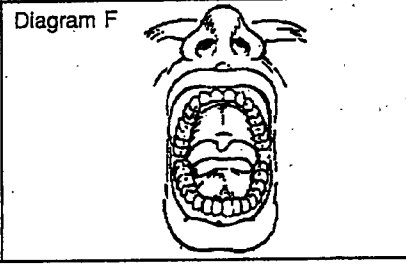
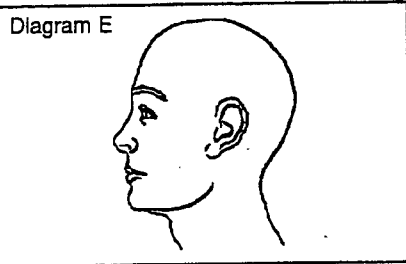
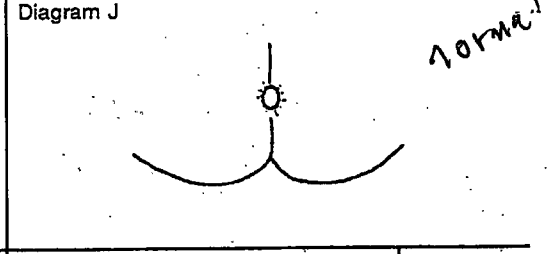
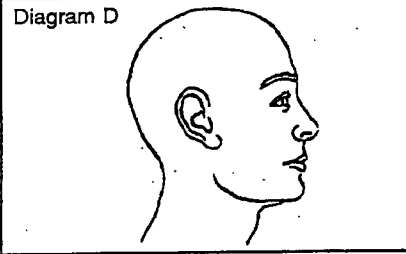
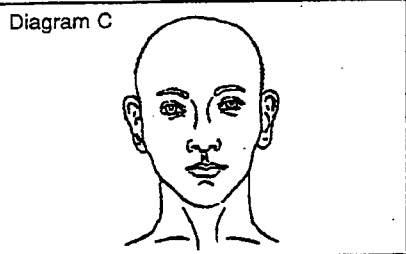
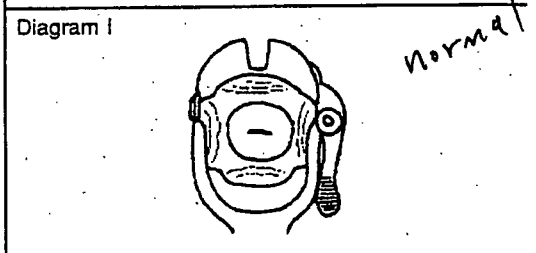
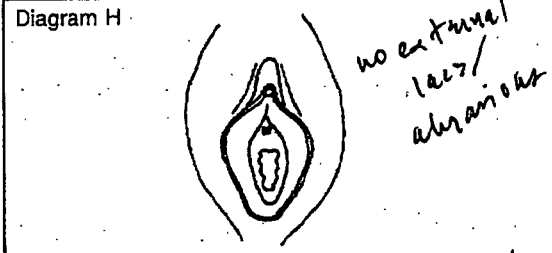
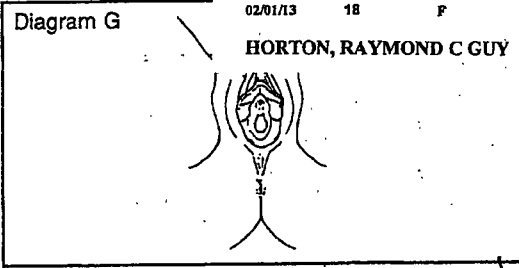
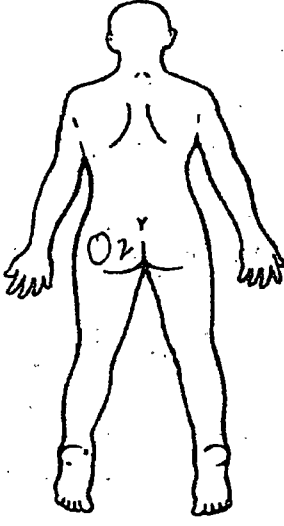
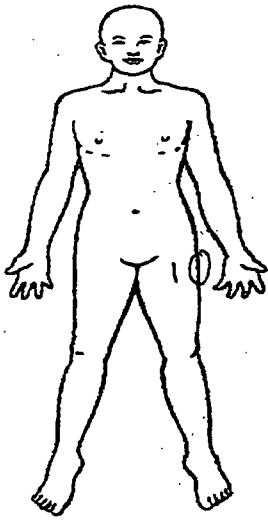
Surgical procedure required: No Yes, describe _____

South Carolina Law Enforcement Division
Sexual Assault Examination Protocol



02/01/13 18 F

HORTON, RAYMOND C GUY



Location #	Description	Location #	Description
1	scratch mark		
2	scratch mark		

**SOUTH Carolina Law Enforcement Division
Sexual Assault Examination Protocol**

00-50-24-10
CUSACK, YASMIN RUTH
02/01/13 18 F
HORTON, RAYMOND C GUY

Evidence Collected

Clothing collected: describe clothing NA Changed clothes Bathed

- Shirt pink shirt and black shirt
- Pants blue jeans
- Underwear blue and green underwear
- Bra yellow bra
- Jacket _____
- Belt _____
- Shoes _____
- Other _____
- Debris sheet _____

DNA Evidence Collected:

- | | No | Yes | Describe |
|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Miscellaneous materials | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>not available</u> |
| Lick/kiss/suck/bite mark | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>no bite/lick/kiss/suck marks</u> |
| Oral swab and smear | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Fingernail scraping/cuttings | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Known DNA/Buccal swab | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Combed pubic hairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Vaginal swab and smear | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Rectal swab and smear | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ |
| Suspected body fluid | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>no evidence of body fluid</u> |

Toxicology Evidence Collected:

- | | No | Yes | Describe |
|----------------|-------------------------------------|--------------------------|----------|
| Blood/grey top | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| Urine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| Vomit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |

Photography:

- | | No | Yes | *Photographs stored with forensic chart |
|------------------|-------------------------------------|--------------------------|---|
| Colposcope | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Magnification _____ |
| 35mm camera | <input checked="" type="checkbox"/> | <input type="checkbox"/> | # of pictures _____ |
| Digital pictures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | # of pictures _____ |

Medications administered:

- Gonorrhea prophylaxis: _____ NA
- Chlamydia prophylaxis: _____ NA
- Pregnancy prevention: _____ NA
- Tetanus toxoid: 2/2/13 NA NA
- Other meds: _____ NA

Discharge Information:

- Time: 0215 Discharged to: Gracie Cusack (mom)
- Accompanied by home
- Admitted to Hospital: No Yes/Room Number _____ Admitting MD _____
- Consults: NA Yes _____

Follow-Up:

- Medical: _____ Date: _____
- Counselor: _____ Date: _____

Signature of Officer receiving Evidence:

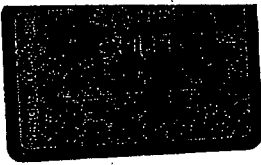
- Signature: [Signature] Time: _____
- Agency: Darlington County Sheriff's Office
- Evidence Released: SLED kit Clothing Urine Other _____

Signature of SANE/MD _____

Revised June 2008

SCA1050

Initials DAG
Page 6 of 6



This Space Reserved For Lab Receipt Barcode.



SLED LABORATORY FORENSIC SERVICES REQUEST

SLED LAB No. L13-01843
Submission: 2/8/22/2013 3:36:00PM

Name of Investigating officer: _____		ORI No: <u>SC0160000</u>
Agency: <u>Darlington County Sheriff's Office</u>	Phone No: <u>398.4501</u>	Agency Case No: <u>2013020022</u>
Fax No: _____	Email: _____	Offense: <u>SEXUAL ASSAULT</u>
Mailing Address: <u>P.O. Box 783</u>		County: <u>Darlington</u>
City / State / Zip: <u>Darlington, SC 29540</u>		Offense Date: <u>02/01/2013</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
3	002	Clothing - (1) pair of blue jeans with a broken zipper (victim)	DNA ANALYSIS
4	003	Clothing - (1) black tank top (victim)	DNA ANALYSIS
5	004	Clothing - (1) neon green/yellow bra (victim)	DNA ANALYSIS
6	005	Clothing - (1) pink tie-dye shirt (victim)	DNA ANALYSIS

Subject(s)	Sex	Race	DOB	SSN
Damien Cotton	M	B	09/05/1992	

Victim(s)	Sex	Race	DOB	SSN
Yasmin Cusack	F	B	07/11/1994	

Comments
 Case Comments: CSC 1st.

Submission Comments: On 08/20/13, Solicitor John Holt spoke with the DNA department (Simmons) about this case. The suspect has refused a DNA standard and a court order is being drafted. Solicitor Holt requests that tests for the presence of semen be performed on all the clothing due to the fact oral sex was performed during the incident. The broken zipper area of the jeans is to be tested for potential touch DNA of the suspect. The case is on a court ordered short trial period of less than 120 days per Solicitor Holt.



**SLED LABORATORY
FORENSIC SERVICES REQUEST**

This Space Reserved For Lab Receipt Barcode.

SLED LAB No. L13-01843
Submission: 2 8/22/2013 3:36:00PM

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 :

Russ Harrell

Nikki Perry Hughes
Forensic Technician

Printed: 08/22/2013 15:37

Page 2 of 2

RECORD 0471

SOUTH CAROLINA LAW ENFORCEMENT DIVISION
FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

April Cooke
Darlington County Sheriff's Office
P.O. Box 783
Darlington, SC 29540

SEROLOGY ANALYSIS
August 23, 2013
SLED LAB: L13-01843
Your Case No: 2013020022
Incident Date: 2/1/2013
[S] Damien Cotton
[V] Yasmin Cusack

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

SEROLOGY ANALYSIS

Items Submitted:

Results of Examinations:

- | | | | |
|-------|---|-------|-----------------------------|
| 1 | Sexual Assault Evidence Collection Kit from Yasmin Cusack | | |
| 1.1 | Smears (vaginal, oral, rectal) | 1.1 | No spermatozoa identified. |
| 1.2 | Vaginal swabs | 1.2 | No semen identified. |
| 1.3 | Oral swabs | 1.3 | No semen identified. |
| 1.4 | Rectal swabs | 1.4 | No semen identified |
| 1.5 | Fingernail scrapings | | |
| 1.5.1 | Left hand fingernail scrapings | 1.5.1 | Submitted for DNA analysis. |
| 1.5.2 | Right hand fingernail scrapings | 1.5.2 | Submitted for DNA analysis. |
| 1.6 | Pubic hair combings | 1.6 | No hair found. |
| 1.7 | Victim buccal swabs | 1.7 | Submitted for DNA analysis. |



P.O. Box 21398, Columbia, South Carolina 29221-1398 Phone (803) 896-7300 Fax (803) 896-7351

SLED LAB No. L13-01843
August 23, 2013

Page 2 of 2

Note: Any remaining evidence and/or packaging will be returned to the requesting agency.

Andrea Simmons

Andrea Simmons
Forensic Serologist



P.O. Box 21398, Columbia, South Carolina 29221-1398 Phone (803) 896-7300 Fax (803) 896-7351



RECORD 0473

SOUTH CAROLINA LAW ENFORCEMENT DIVISION
FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

April Cooke
Darlington County Sheriff's Office
P.O. Box 783
Darlington, SC 29540

EVIDENCE PROCESSING
February 19, 2014
SLED LAB: L13-01843
Your Case No: 2013020022
Incident Date: 02/01/2013
[S] Damien Cotton
[V] Yasmin Cusack

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Mark A. Keel, Chief
South Carolina Law Enforcement Division

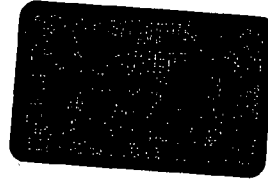
SUPPLEMENTAL REPORT

ITEMS OF EVIDENCE:

Item: 3 Blue jeans

RESULTS:

No semen indicated.



Item: 3.1 Swabs from zipper and button areas

RESULTS:

Item forwarded to the DNA section.

Item: 3.2 Swab from button hole area

RESULTS:

Item forwarded to the DNA section.



P.O. Box 21398, Columbia, South Carolina 29221-1398 Phone (803) 896-7300 Fax (803) 896-7351

Item: 4 Black tank top

RESULTS:

No semen indicated.

Item: 5 Neon green/yellow bra

RESULTS:

No semen indicated.

Item: 6 Pink and white shirt

RESULTS:

No semen indicated.


Item: 6.1 Debris from Items 3 through 6

RESULTS:

Item forwarded to the DNA section.

These examinations were conducted by DNA Evidence Processing Technician Betty Butler and were reviewed by Forensic Serologist Ashley Bell in the DNA Casework Department.

Note: Any remaining evidence and/or packaging will be returned to the requesting agency.



Ashley Bell
Forensic Serologist



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SOUTH CAROLINA LAW ENFORCEMENT DIVISION
FORENSIC SERVICES LABORATORY REPORT

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

April Cooke
Darlington County Sheriff's Office
P.O. Box 783
Darlington, SC 29540

DNA ANALYSIS
February 18, 2014
SLED LAB: L13-01843
Your Case No: 2013020022
Incident Date: 2/1/2013
[S] Damien Cotton
[V] Yasmin Cusack

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.

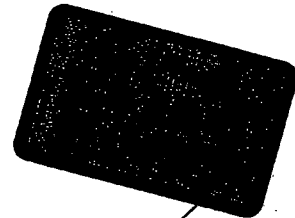
Mark A. Keel, Chief
South Carolina Law Enforcement Division

DNA ANALYSIS

ITEMS ANALYZED:

- 1.7 Buccal swabs – Yasmin Cusack
- 7 Buccal swabs – Damien Cotton

- 1.5.1 Fingernail scrapings - left hand
- 1.5.2 Fingernail scrapings - right hand
- 3.1 Swabs from zipper and button of Cusack's jeans
- 3.2 Swab around button hole of Cusack's jeans
- 6.1.1 Hair from Cusack's clothes
- 6.1.2 Hair from Cusack's clothes



EXAMINATIONS

DNA analysis was performed on the items above. The results of Short Tandem Repeat (STR) PCR DNA analysis are shown in Table 1.



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RESULTS

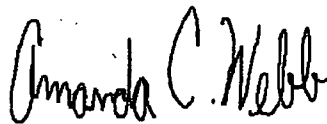
No DNA profile foreign to Yamsin Cusack was developed from items 1.5.1 or 1.5.2.

The partial DNA profile developed from item 3.1 is insufficient for comparison purposes.

The DNA profile developed from item 3.2 is a mixture of at least two individuals. DNA attributable to Yasmin Cusack is present in this mixture. The DNA profile foreign to Yasmin Cusack matches the DNA profile of Damien Cotton and has been entered into the Combined DNA Index System (CODIS). The probability of randomly selecting an unrelated individual having a DNA profile matching the DNA profile foreign to Yasmin Cusack is approximately 1 in 220 million. A DNA type not attributable to Yasmin Cusack or Damien Cotton is also present in this mixture and is insufficient for reliable interpretation.

No DNA profile was developed from items 6.1.1 or 6.1.2.

Note: Any remaining evidence and/or packaging will be returned to the requesting agency.



Amanda C. Webb
Forensic Scientist



P.O. Box 21398, Columbia, South Carolina 29221-1398 Phone (803) 896-7300 Fax (803) 896-7351



Table 1 - Identifier

Items	D8S1179	D21S11	D7S820	CSF1PO	D3S1358	TH01	D13S317	D16S539	D2S1338	D19S433	vWA	IPOX	D18S51	D5S818	FGA	Amelogenin
1.7 Yasmin Cusack	12,14	28,30	10,11	8,12	13,15	7,9	8,12	9,12	19,21	13,14,2	16	8	16,19	11,12	21,24	X
7 Damien Cotton	13,16	29,32,2	8,12	12	16,17	6,7	12	11	16,22	13,2,14	16,17	7,9	16,17	8,13	23,25	XY
1.5.1 Fingernail scrapings - left hand	(12),14	-	-	(8)	(13,15)	7,(9)	(12)	(12)	-	13	16	8	-	(11)	-	X
1.5.2 Fingernail scrapings - right hand	(12)	(28,30)	-	-	-	(7)	-	-	-	(13)	(16)	(8)	-	-	-	(X)
3.1 Zipper and button	-	-	-	-	-	-	-	-	-	(13)	(16)	-	-	-	-	(X)
3.2 Button hole	12,13 14,16	28,29 30,32,2	8,10 11,(12)	8,12	13,15 16,17	6,7 9	8,(11) 12	9,11 12	(16),19 (21,22)	13,13,2 14,14,2	16,17	(7),8	16,(17) (19)	(8),11 12,(13)	21,(23) 24	XY
6.1.1 Hair	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.1.2 Hair	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

() = alleles between 75 and 149 rfu - = no results Bold = major contributor Inc = Inconclusive

RECORD 0478





Friends Message Give Gift

Timeline About Photos 442 Friends 287 Mutual More

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About

Crew Member at Chick-fil-A Past: Hollister Co.

Studies at Wilson High School 2011 to 2015

Lives in Florence, South Carolina

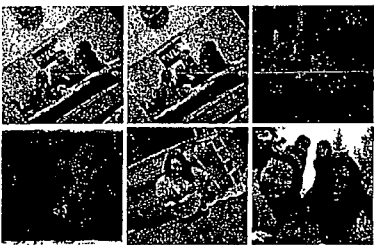
From Atlanta, Georgia

Married to Blake Turner

Photos - 442



Chat (Off)



Friends - 5,000 (287 Mutual)



Cornelia Candykisses Scott Travon Young Savage Wiley Donovan Adams



Frankie Dee Tia Vanderhall De'Andre Way

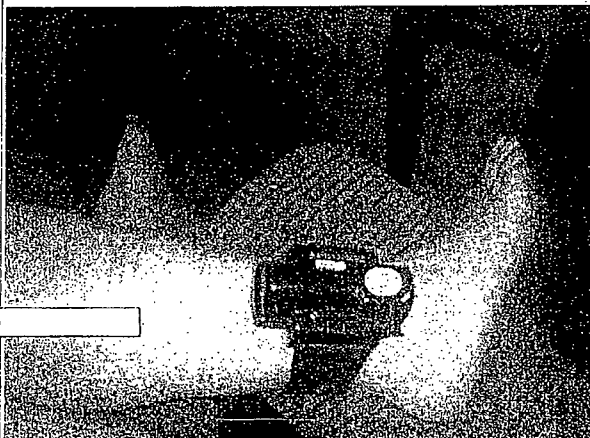
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Roddy Tedder U need something,lol 33 minutes ago Like

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Candice Gatling Damnnnn! What did you do? 12 minutes ago Like

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18 hours ago via mobile

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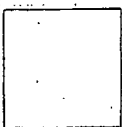
ForeverKnown Alexander Cassandra Segovia Lindsay Briana Sanebury

Places



Daytona Beach, Florida last Tuesday

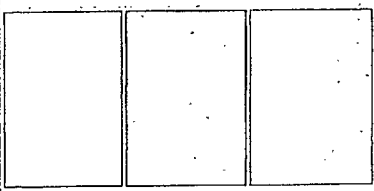
Music · 161



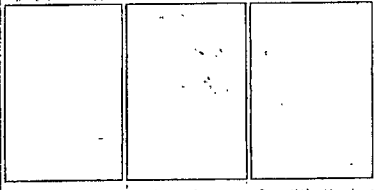
Ghetts JustKe Just-Ke Demer... GSM

Ykes the Originalist 3 Staccz ENT. CHPT. BM... CuseBoyz

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I Dont Readd	The Lottery Rose	Bluford Series
Games · 4		
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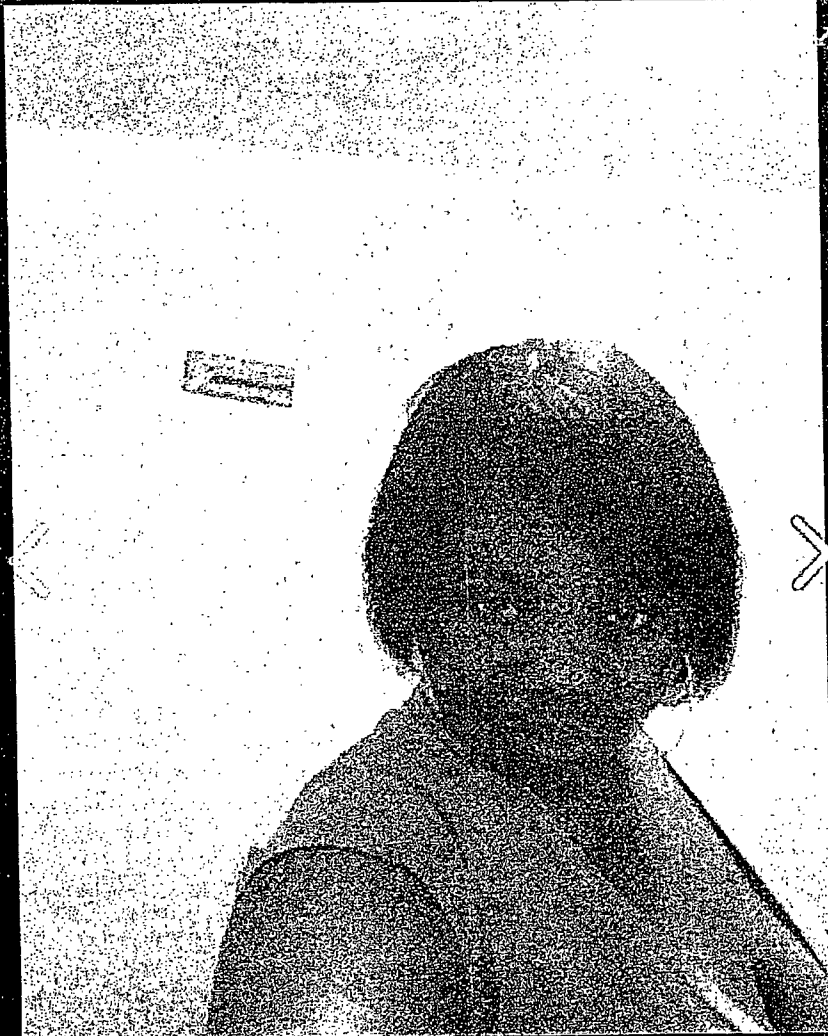
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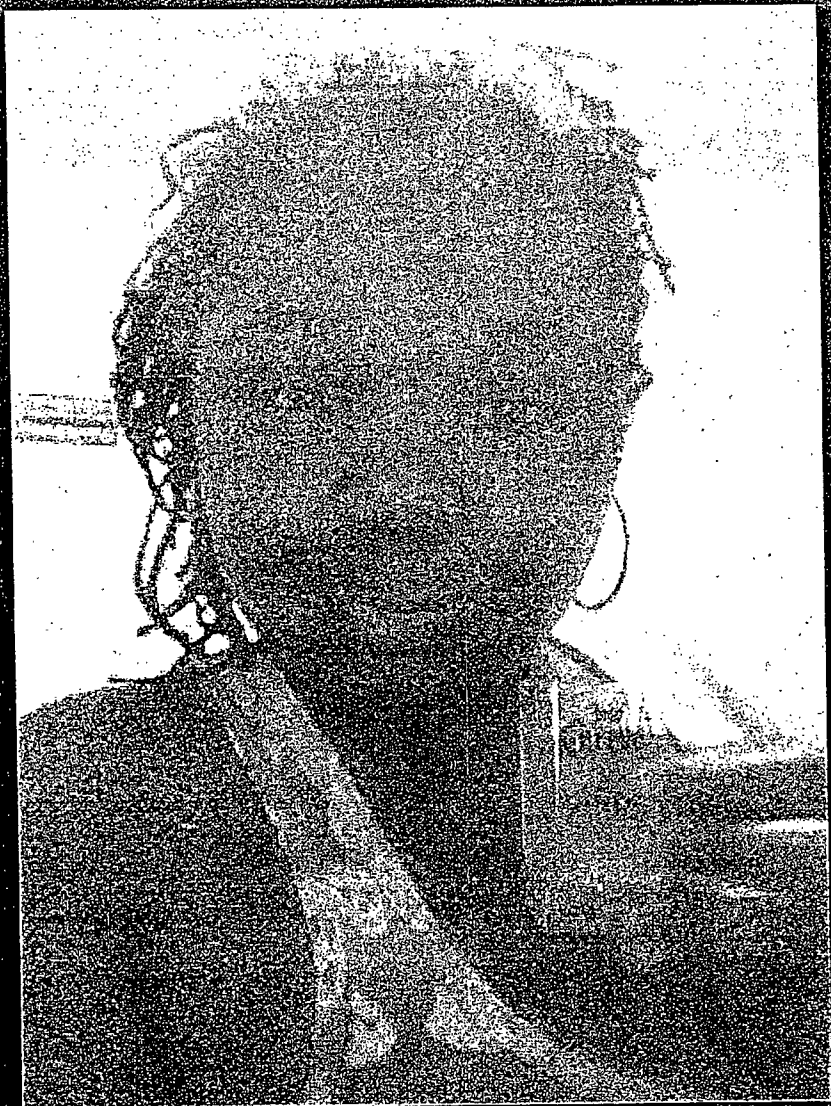
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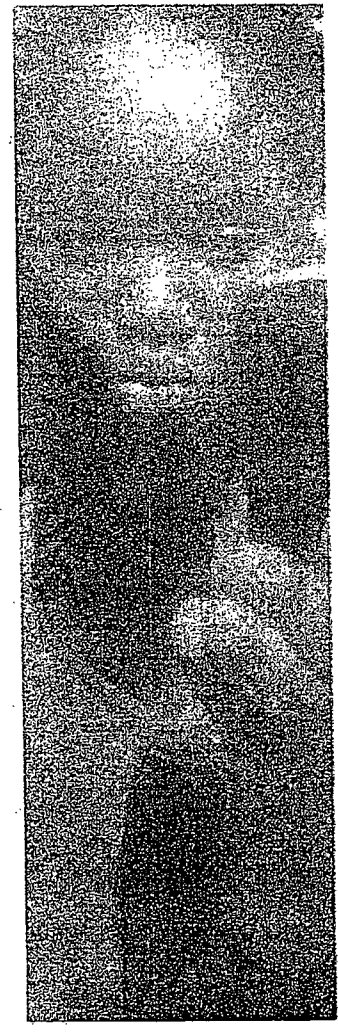
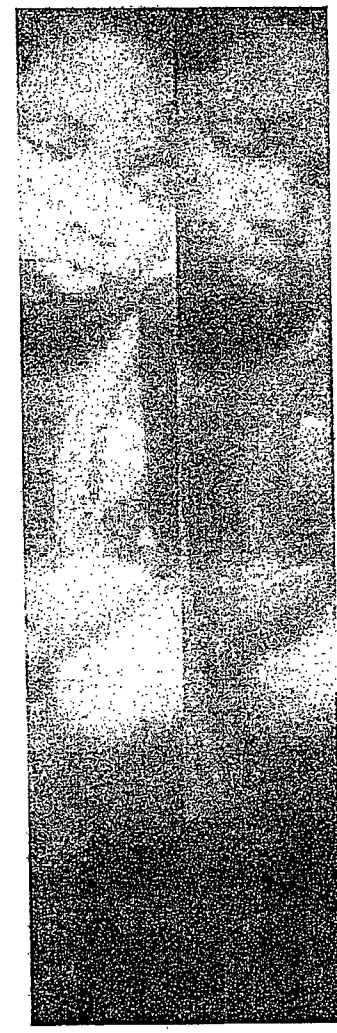
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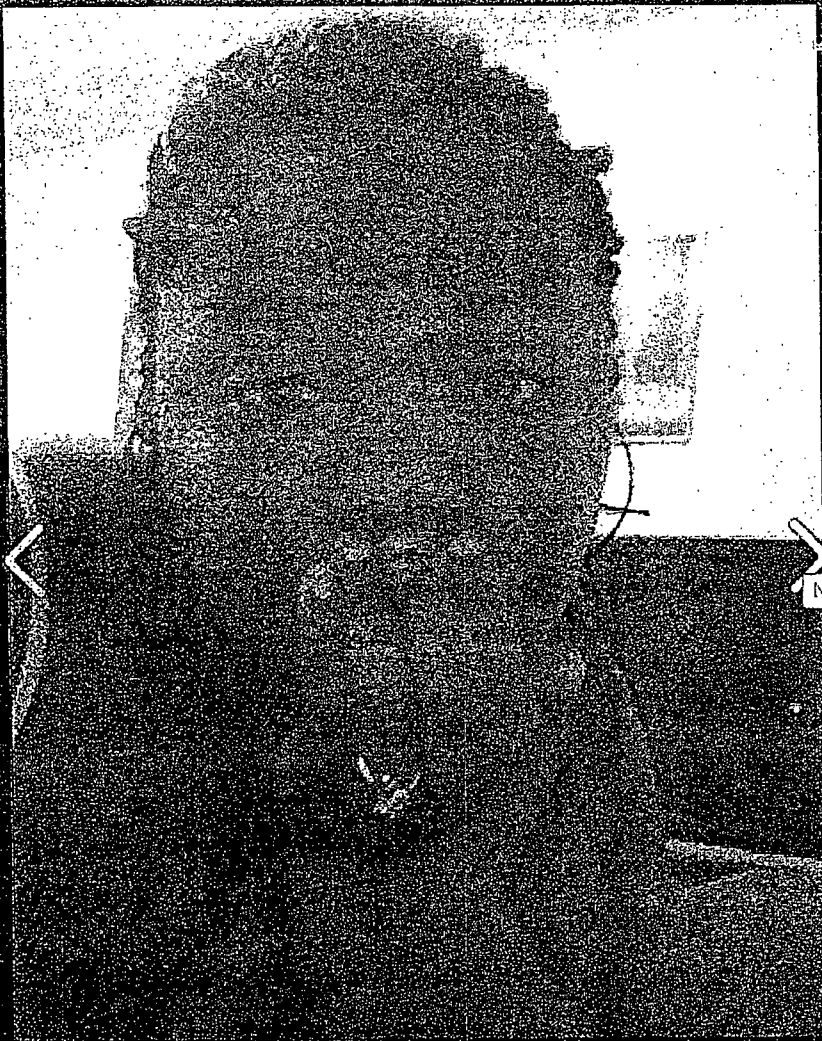
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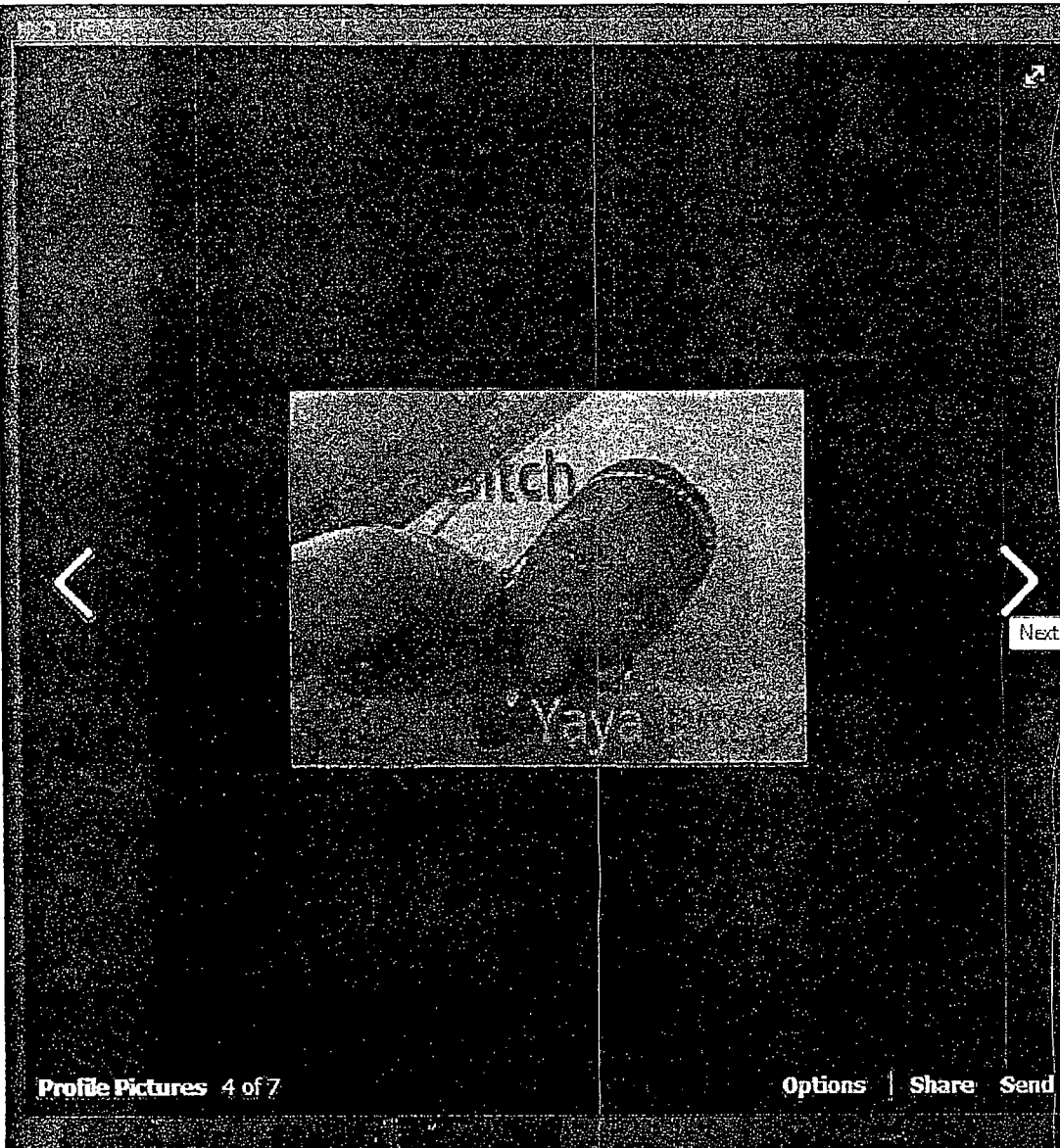
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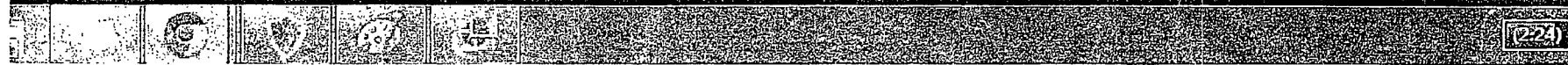


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February 14

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RECORD 0497



DARLINGTON COUNTY SHERIFF'S OFFICE

VOLUNTARY STATEMENT

STATE OF SOUTH CAROLINA

COUNTY OF Darlington

PERSONALLY appeared before me YASMIN RUTH CUSACK, who states:

"My name is YASMIN RUTH CUSACK My address is 1606 SANBORN ST.

Date of Birth 07-11-1994 Social Security Number: _____ Phone Number 843-260-2039

I completed the 11th grade in school, and I can not read and write."

Before answering any questions or making any statements DCSO

a person who identified himself as SGT. K.B. PEAVY

duly warned and advised me, and I know and understand that I have the following rights: That I have the right to remain silent and I do not have to answer any questions or make any statements at all; that any statement I make can and will be used against me in a court or courts of law for the offense or offenses concerning which the following statement is hereinafter made; that I have the right to consult with a lawyer of my own choice before or at anytime during any questioning or statements I make; that if I cannot afford to hire a lawyer, I may request and have a lawyer appointed for me by the proper authority before or at anytime during any questioning or statements that I make, without cost or expense to me; that I can stop answering any questions or making any statements at any time that I choose, and call for the presence of a lawyer to advise me before continuing any more questioning or making any more statements, whether or not I have already answered some questions or made some statements.

I do not want to talk to a lawyer, and I hereby knowingly and purposely waive my right to remain silent, and my right to have a lawyer present while I make the following statement to the aforesaid person, knowing that I have the right and privilege to terminate any interview at any time hereafter and have a lawyer present with me before answering any more questions or making any more statements, if I choose to do so.

I declare that the following voluntary statement is made of my own free will without promise or hope of reward, without fear or threat of physical harm, without coercion, favor, without leniency or offer of leniency, by any person or persons whomsoever.

Y.C. At around 6:34 Daniel pull up in my yard and pick me up at my mother. He ask me where do I work and I say to the Wendies. He pull up to the Wendies name Julia and he forced me to have sex with him in the parking lot. I told him no. & He say if I suck his dick he'll take me Valentine shopping. Then we went to K-Mart and he hand me \$15 child. I ask him was he going to in the store with me he say no he don't feel like it. So then we left K-Mart then we went to an open wood turnpike road. While we was there he force me to have sex with him and all. So he snatch my pants off and make me zinda. He choke me and threatening and drag me out the car. And force my head onto his dick and then he put the condom on and put it inside me. Then he rush me to put on my clothes, Y.C.

I have read each page of this statement consisting of 2 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time before it was finished did I request that this statement be stopped. I also declare that I was not told or prompted what to say in this statement.

This statement was completed at 2:45 P M. on the 02 day of February, 20 13

SWORN TO AND SUBSCRIBED TO BEFORE ME
THIS _____ DAY OF _____, 20 _____
Yasmin Cusack
Signature of person giving voluntary statement

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: _____

WITNESS: [Signature]
WITNESS: [Signature]
Yasmin Cusack

I certify that I have been given a copy of this statement consisting of 2 pages.

DARLINGTON COUNTY SHERIFF'S OFFICE

PAGE NO. 2 OF 2 PAGES

VOLUNTARY STATEMENT / SUPPLEMENTAL

Vaswin Ruth Cusack

Statement of, Continued

then on the way home he kept asking me is I was gonna
y.c. call the police? I told him to leave me alone
me and all. He do have his money back I had throw it at him
during the time. ~~xxxxxx~~ y.c.

*NO FURTHER
NO FURTHER*

Person giving statement to place initials behind
last word of statement as appears on last page.

Rev. 5/95

Vaswin Cusack
Signature of person giving voluntary statement

RECEIVED

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

NOV 18 2015

SC Court of Appeals

APPEAL FROM DARLINGTON COUNTY
Court of General Sessions
J. Michael Baxley, Circuit Court Judge

Appellate Case No. 2014-000395

The State, Respondent.

Damyon M. Cotton, Appellant.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Amended Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

By: [Signature]

Lesley A. Firestone
Moore & Van Allen, PLLC
78 Wentworth Street
Charleston, SC 29401
firestonelesley@mvalaw.com
Tel: 843-579-7027
Fax: 843-579-8720

Robert Michael Dudek, Esquire
Chief Appellate Defender
PO Box 11589
Columbia, SC 29211

Attorneys for Appellant
Damyon M. Cotton

November 18, 2015
Charleston, South Carolina

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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM DARLINGTON COUNTY
Court of General Sessions
J. Michael Baxley, Circuit Court Judge

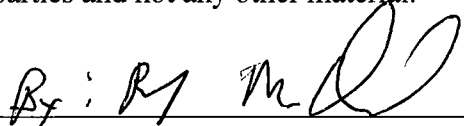
Appellate Case No. 2014-000395

The State, Respondent.

Damyon M. Cotton, Appellant.

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Amended Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

By: 

Lesley A. Firestone
Moore & Van Allen, PLLC
78 Wentworth Street
Charleston, SC 29401
firestonelesley@mvalaw.com
Tel: 843-579-7027
Fax: 843-579-8720

Robert Michael Dudek, Esquire
Chief Appellate Defender
PO Box 11589
Columbia, SC 29211

Attorneys for Appellant
Damyon M. Cotton

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