

STATE OF SOUTH CAROLINA
IN THE SUPREME COURT

Appeal from Dorchester County
James E. Lockemy, Circuit Court Judge

RECEIVED

JAN 14 2014

S.C. Supreme Court

MARION BOWMAN,

PETITIONER,

V.

STATE OF SOUTH CAROLINA,

RESPONDENT

Appellate Case No. 2012-213468

SUPPLEMENTAL APPENDIX

ROBERT M. DUDEK
Chief Appellate Defender

ALAN WILSON
Attorney General

DAVID ALEXANDER
Appellate Defender

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Senior Assistant Deputy Attorney General

South Carolina Commission on Indigent
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Columbia, SC 29211

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SCARBOROUGH, LLP
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Columbia, South Carolina 29201
(803) 255-9589

ATTORNEYS FOR RESPONDENT

ATTORNEYS FOR PETITIONER

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PORTIONS OF PLAINTIFF'S EXHIBIT #42-ID
(ALVIN COKER FILE).....1

01001493

Statement of Miranda Rights

- KB 1. You have the right to remain silent.
- KB 2. Anything you say can and will be used against you in a court of law.
- KB 3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
- KB 4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- KB 5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

Waiver of Rights

I have read the above statement of my rights and I understand each of those rights, and having these rights in mind I waive them and willingly make a statement.

MENDRA BOWMAN

12th GRADE

Kendra Bowman

Witnessed By: *David K. [Signature]*
 Officer's Name *Sgt. A.M. Cotton*
 Officer's Department *DORCHESTER Co. SO.*
 Date: *MAY 26*, *2001*
 Time: *(19:02)* *7:02* *PM.*

ORIGINAL

EASTERN HEALTHCARE GROUP, INC.

PHYSICIAN ORDERS

Name:	Diagnosis (If Changed)
DOB:	
Allergies:	
Date:	<input type="checkbox"/> Generic Substitution is not permitted
Name: <u>Bowman, Marion</u>	Diagnosis (If Changed)
DOB:	<u>Amoxicillin 1000 mg TID</u> <u>X 7 (sup. T.O. DR. FENDER)</u> <u>Goodier R</u> <i>noted Goodier R</i>
Allergies: <u>NKA</u>	
Date:	<input type="checkbox"/> Generic Substitution is not permitted
Name: <u>Bowman, Marion</u>	Diagnosis (If Changed)
DOB:	<u>do Matrin 800 mg q80 PRN.</u> <u>Matrin 800 mg T 9 PD x3</u> <u>sup. T.O. DR. FENDER/C.</u> <i>noted Goodier R</i>
Allergies: <u>NKA</u>	<u>Goodier R</u>
Date:	<input type="checkbox"/> Generic Substitution is not permitted
Name: <u>Bowman, Marion</u>	Diagnosis (If Changed)
DOB:	<u>Matrin 800 mg T q80 PRN.</u> <u>V.O. DR. FENDER</u> <i>noted Goodier R</i>
Allergies: <u>NKA</u>	
Date:	<input type="checkbox"/> Generic Substitution is not permitted
Name: <u>Bowman, Marion</u>	Diagnosis (If Changed)
DOB:	<u>Chlancinone sint 2/2 BID.</u> <u>to HASH. V.O. DR. FENDER</u> <i>noted Goodier R</i>
Allergies: <u>NKA</u>	<u>R</u>
Date:	<input type="checkbox"/> Generic Substitution is not permitted

Note allergies in red

EASTERN HEALTHCARE GROUP, INC.

PROGRESS NOTES

Date/Time Inmate Name: Bowman, Marion ID#: _____ DOB _____

02-22-01	S. Rash, subcut welts
	D. Wells - raised arms
	W/40 lb on arms
	A. Wells
	A. Wells
	7-8 days of SD & did
	x 6 days - very
02-22-01	8:30 S. Rash
	A. Wells
	A. Benadryl 50mg QID x 6 days
	P. Follow physician order. Goodier R
02-22-01	10P Two clots of blood drawn and
	added to Lt. Robell. Goodier R
03-01-01	11A S. Rash
	D. Wells
	A. will check & discuss new order - Knight R
03-01-01	-
	S. Breaking out again
	D. Wells
	A. Wells
	7-8 days of SD & did 10 days
	Prescription 10mg Tab 10
	now to end x 5 days 4 20 x 5
	7 2 x 5. 10 2 x 5 -
	7 2 x 5 x 5

DATE:

MEDICATION SHEET ADMINISTRATION RECORD

MEDICATION ORDERS

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
START										STOP 7-0-01																				
START 18-04-01										STOP 2-0-01																				
START 18-04-01										STOP 18-04-01																				
START										STOP																				
START										STOP																				
START										STOP																				
START										STOP																				

~~Metformin 500mg~~
~~qs~~
7 days

Amoxicillin 1000mg
TID x 7 days

~~Metformin 500mg~~
TID x 3 days

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LS MB	LS MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB	MB MB
11	12	13	14	15	16	17	18	19	20																					
21	22	23	24	25	26	27	28	29	30	31																				

NURSE'S SIGNATURE, TITLE AND INITIALS

Carol Goodier RN *Deborah J. [Signature]*
[Signature]

ALLERGIES _____ DIET _____

PATIENT'S NAME: *Bowman, Marion* ROOM NO.: *C* PHYSICIAN NAME: *Fender* Cur. Mth.: *12* Year: *01* FACILITY: *DCDC*

DATE:

MEDICATION SHEET ADMINISTRATION RECORD 7

MEDICATION ORDERS

Benadryl 50mg
QID x 6 days

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
5																						X	X	X	X	X	X	X	X	X	X	X
10																						X	X	X	X	X	X	X	X	X	X	X
15																						X	X	X	X	X	X	X	X	X	X	X
20																						X	X	X	X	X	X	X	X	X	X	X
25																						X	X	X	X	X	X	X	X	X	X	X
30																						X	X	X	X	X	X	X	X	X	X	X

START 02-22-01 STOP

START STOP

START STOP

START STOP

START STOP

START STOP

START STOP

1	2	3	4	5	6	7	8	9	10	
11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	31
	KMBJ MBS	MBS MBS MBS	MBS MBS MBS	MBS MBS MBS	MBS MBS MBS	MBS MBS MBS	MBS MBS MBS	MBS MBS		

NURSE'S SIGNATURE, TITLE AND INITIALS

[Handwritten signatures and initials]

[Handwritten signatures and initials]

ALLERGIES DIET

DIAGNOSES

PATIENT'S NAME ROOM NO. PHYSICIAN NAME Cur. With. Year FACILITY

Bowman, Marion C Gender 02 01 DCDC

DATE:

MEDICATION SHEET ADMINISTRATION RECORD

MEDICATION ORDERS

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
5																																		
9																																		
START 3-01-01										STOP 03-12-01																								
5																																		
9																																		
START 03-04-01										STOP 03-09-01																								
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9																																		
START 03-09-01										STOP 03-14-01																								
5																																		
9																																		
START 03-15-01										STOP 03-19-01																								
5																																		
9																																		
START 03-20-01										STOP 03-24-01																								

Benadryl 50mg
TID x 10 days

Predisone 10mg
IV NOW

Predisone 10mg
1/11 tabs QID x 5 days

Predisone 10mg
1/1 QID x 5 days

Predisone 10mg
1/2 Bid x 5 days

Predisone 10mg
1/2 daily x 5 days

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS
MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS
MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS
MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS
MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS	MBS

NURSE'S SIGNATURE, TITLE AND INITIALS
 Rosalee Knight RN
 Cpl. Coker
 Cpl. Coker
 Sgt. J. S.
 Cpl. Coker
 DIET

DIAGNOSES
 PATIENT'S NAME: Bourman, Marion C
 ROOM NO.:
 PHYSICIAN NAME: Linder
 Cur. Mth.: 03
 Year: 01
 FACILITY: D.C. DC

EASTERN HEALTHCARE GROUP, INC.
Consent for Routine Health Services

Site: Dorchester County Jail
Name: BOWMAN, MARION
Date of Birth: _____

I understand that I may be provided with routine health care services while I am within the custody of the Dorchester County Jail. The health services provided by Eastern Healthcare Group, Inc. may include procedures such as blood samples, immunizations, treatment of communicable disease(s) routine suturing of minor lacerations, X-Ray and other treatment interventions generally governed by implied consent guidelines based on the current community standard.

~~I fully understand this consent agreement and I certify that no guarantee, written or oral, has been made to me as to the results of such professional medical treatment and services.~~

I hereby (check one) Consent Do Not Consent.

I request and authorize that all medical reports, medical bills, X-Ray reports, office notes, admission and/or discharge summaries, any and all information incidental or related to the medical care and treatment of the undersigned will be furnished to the director of the medical department of this jail.

I hereby acknowledge that I have been advised of the proper way of obtaining medical services while incarcerated in this jail.

Inmate Signature: Marion Bowman Date: 2/20/01

Officer Signature: [Signature] Date: 02-20-01

Contact Person Family /Friend

Name: Dorothy Bowman Relationship: MOM

Address: _____

City: Branchville State: SC ZIP: 29432

Home Phone: _____ Business Phone: _____

EASTERN HEALTHCARE GROUP, INC.

J-29

CONSULTATION REQUEST AND REPORT

20

Inmate Name Bowman, Marion Institution Name DCDC

ID# _____ SS# _____ DOB _____ Male Female _____

Status: _____ Federal _____ State _____ County Boarding From _____ County

Referral To: Dr. Harris
Specialist's Name _____ Specialty Service _____

Diagnostic Test extraction of 31 + 32
Tentative Release ?

Reason for Consult (Please list problem. Include date of onset. History of problem: injury, complaint, medications, lab results, diagnostic work-up, X-rays.

Urgent N

Referring Physician Dr. FENDER / C. Modieva Date 12-04-01
Verbal permission

Approved Y N EHG Authorized Signature _____ Date _____

Report of Consult: Authorization is provided ONLY for the above reason requested. If further testing is required please state below. The EHG site physician must review and request additional authorization. For Security Reasons inmates must not be informed of follow-up appointments or possible hospitalizations.

Assessment and Findings ① xray 31 + 32 13.00
32 - extraction 65.00

Recommendation/Plans patient needs # 31 extraction also but did not want to do so. Dr. Hill recommends antibiotic and pain rx \$ 78.00

Signature of Consultant _____ Date 12-4-01

EHG Site Physician
 I have reviewed the recommendations and concur.
 I have reviewed the recommendations, I do not concur and choose to revise the following:
EHG Physician [Signature] Date 12-4-01

Services performed other than requested or approved by HSA will not be the financial responsibility of Eastern Healthcare, Inc.

EASTERN HEALTHCARE GROUP, INC.
Medical History and Assessment

Site: Dorchester County Jail Date: 03-01-01 Time: 11 AM PM

Name: Bourman, Marion DOB: _____
Age: 20 ID#: _____

Question	Yes	No	Narrative Note For Yes Answers
Have you been to the doctor in the last month?		<input checked="" type="checkbox"/>	<i>hit in the head. Don't know what happen.</i>
In the past six months have you been in the hospital?		<input checked="" type="checkbox"/>	
Have you had an injury in the past three months or have an injury now?	<input checked="" type="checkbox"/>		
Do you have lice or crabs now?		<input checked="" type="checkbox"/>	
Do you have a history of:			
Asthma		<input checked="" type="checkbox"/>	<i>diabetes run in family</i>
Epilepsy/Seizures		<input checked="" type="checkbox"/>	
Hypertension		<input checked="" type="checkbox"/>	
Heart Trouble		<input checked="" type="checkbox"/>	
TB		<input checked="" type="checkbox"/>	
Diabetes		<input checked="" type="checkbox"/>	
Hepatitis		<input checked="" type="checkbox"/>	
Family history of heart disease, TB or diabetes or other disease? <i>Hypertension</i>	<input checked="" type="checkbox"/>		
Are you taking any medications?		<input checked="" type="checkbox"/>	
Are you allergic to any medications, food or plants?		<input checked="" type="checkbox"/>	
Have you ever been treated or hospitalized for nervous/mental disorder?		<input checked="" type="checkbox"/>	Alcoholism Screening Section
Have you tried to kill yourself? Thought of it? Explain?		<input checked="" type="checkbox"/>	Do you drink almost daily <u>(Y)N</u> <u>(Liquor beer wine)</u> ,
Do you have other health problems?		<input checked="" type="checkbox"/>	Have you ever had a drink in the morning to get rid of a hangover <u>Y(N)</u>
Alcohol/Drug Use (how much, how long when last used) Withdrawal			After drinking, have you sometimes could not remember what happened <u>Y(N)</u>
Alcohol	<input checked="" type="checkbox"/>		Female Patients Only
Heroin		<input checked="" type="checkbox"/>	Date of Last Period:
Cocaine		<input checked="" type="checkbox"/>	Pregnant now? Y N # Pregnancies
Barbiturates		<input checked="" type="checkbox"/>	Abortions Miscarriage
Other <i>Marijuana</i>	<input checked="" type="checkbox"/>		
Are you in a methadone program now? Y N			I have answered all questions truthfully.
If yes: Name of Program			Inmate Signature: <i>x Marion Bourman</i>

RECEIVING SCREENING

LAST NAME Bowman FIRST Marlon Jr MI 02 DATE 02-20-01 TIME 1224 AM PM
 INMATE I.D. NO. _____ SOCIAL SECURITY No. _____ SEX M PREVIOUS INCARCERATION? WHERE? WHEN? MS Orangeburg
 MEDICAL COVERAGE? Yes No (Medical, Auto, Parent, Employer, Other) INTERVIEWER'S NAME AND TITLE Thomas

VISUAL OBSERVATION Circle Y or N (Explain all "Yes" answers)

	Yes	No
1. Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral? If Yes, _____	Y	N
2. Are there obvious signs of fever, jaundice, skin lesions, rash, or infection? Needle marks? Body vermin? If Yes, _____	Y	N
3. Does the inmate's behavior/appearance suggest the risk of suicide or assault? If Yes, _____	Y	N
4. Does the inmate exhibit any signs of abnormal behavior? If Yes, _____	Y	N
5. Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? If Yes, _____	Y	N
6. Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc.? If Yes, _____	Y	N
7. Are there any visible cuts, bruises or other minor injuries? If Yes, _____	Y	N

INMATE QUESTIONNAIRE Circle Y or N (Explain all "Yes" answers)

8. Are you taking medication for: (circle as appropriate) asthma, diabetes, heart condition, high blood pressure, mental health problems, ulcers, or other condition? If Yes, what medication <u>allergies benedray</u>	Y	N
9. Are you allergic to any medications, foods, plants, etc.? If Yes, _____	Y	N
10. Have you fainted or had a head injury within the last 72 hours? If Yes, _____	Y	N
11. Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? If Yes, _____	Y	N
12. Have you been hospitalized by a physician or psychiatrist within the last year? If Yes, _____	Y	N
13. Have you ever considered or attempted suicide? If Yes, _____	Y	N
14. Have you visited a Dentist in the last six- (6) months? If Yes, _____	Y	N
15. Are you on a diet? <u>do not eat ketchup</u> If yes, _____	Y	N
16. Do you use drugs? What kind? _____ How often? _____ How much? _____	Y	N
17. Do you use alcohol? What kind? <u>beer liquor</u> How often? <u>everyday</u> How much? <u>quart a day</u>	Y	N
18. Females: Last menstrual period ____ Are you pregnant, on birth control pills, recently delivered or aborted? If Yes, _____	Y	N

PLACEMENT RECOMMENDATION (Check one)
 Emergency Room General Population Infirmary Isolation Observation Next Sick Call

REMARKS: _____

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for professional services to be provided to me by and through Eastern Healthcare Group, Inc.

Inmate's Signature Marlon Bowman Jr Officer Signature Thomas 3/00

EASTERN HEALTHCARE GROUP, INC. DENTAL SCREENING FORM

Site: Dorchester County Jail
Referral to Dentist: _____ Yes: _____ No: ✓
Inmate Name: Bowman Marion
DOB: _____

Date of Exam: 03-01-01

Please examine all 8 areas of the mouth as indicated below and note the location of any oral lesions, trauma, swelling or cavities.

1. Upper Lip (outer and inner) Left WNL
Teeth/Gingival

2. Lower Lip (outer/inner) WNL
Teeth/Gingiva

3. Palate WNL

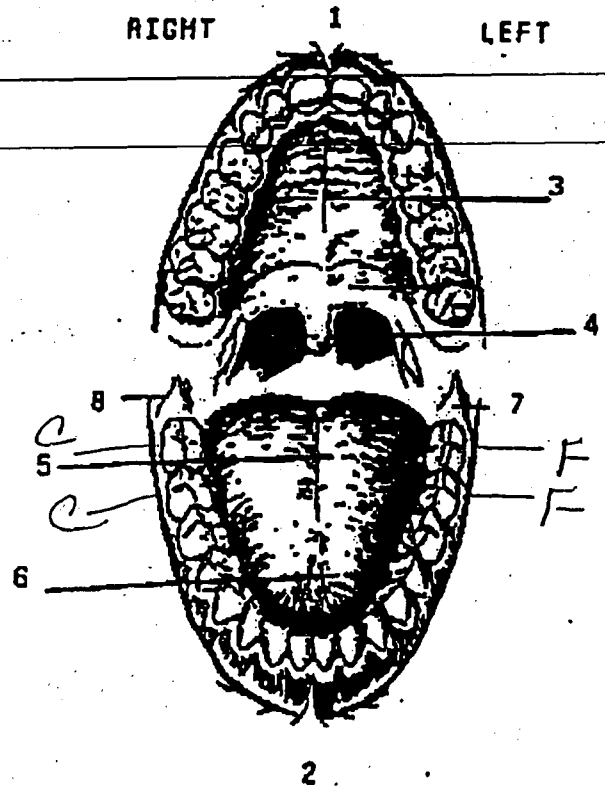
4. Pharynx WNL

5. Tongue: dorsal, lateral borders,
ventral WNL

6. Floor of the mouth WNL

7. Left mucobuccal folds WNL

8. Right mucobuccal folds WNL



COMMENTS:

F = fillings
C = cavity
0% pain in teeth.

Signature of Examiner: [Signature]

Y&S Pharmacy
Pharmacy Consultant Check List

Site: DODD
Inmate Name: Bowman, Marion DOB: _____
Date: 02-23-01
Medication (Name, Dose, Route, Times) Benedyl
Adverse Reactions: _____

Allergies: NKA
Drug Interactions _____

Laboratory Test Modification: _____

Recommendations to Physician: _____

Pharmacy Consultant Signature: Judith Pickenbacher

Date: 20 Nov 2001

Medication: (Name, Dose, Route, Times) metrin
Adverse Reactions: _____

Allergies: NKA
Drug Interactions _____

Laboratory Test Modification: _____

Recommendations to Physician: _____

Pharmacy Consultant Signature: Judith Pickenbacher

Date: _____

Medication: (Name, Dose, Route, Times) _____
Adverse Reactions: _____

Allergies: _____
Drug Interactions _____

Laboratory Test Modification: _____

Recommendations to Physician: _____

Pharmacy Consultant Signature: _____

RETURN

I received the attached Search Warrant FEBRUARY 22 2001, and have executed it as follows:

On 2/22/01 at 10:34 o'clock A M, I searched the person) described in the warrant and (the premises)

I left a copy of the warrant with MARION BOWMAN JR
Name of person searched or "at the place of search" with.
Together with a receipt for the items seized

The following is an inventory of property taken pursuant to the warrant: _____

TWO TUBES OF BLOOD

This inventory was made in the presence of LT. EARL ASBELL, SGT. ALVIN COKER, SGT. TAJANA
AND PFC. B. WALLACE, CAROL GOODIER

I swear that this Inventory is a true and detailed account of all the property taken by me on the warrant.

SWORN to before me this _____
day of _____, 20____

Signature of Judge LS

Carl D. [Signature]
(Signature of Officer Executing Warrant)

ORIGINAL

STATE OF SOUTH CAROLINA

County of DORCHESTER

SEARCH WARRANT

Date FEBRUARY 21, 2001

Officer SGT. ALVIN COKER

ORIGINAL

Personally appeared before me, one DETECTIVE SGT. ALVIN COKER
who, being duly sworn, says that there is probable cause to believe that certain property subject to seizure under provisions
of Section 17-13-140, 1976 Code of laws of South Carolina, as amended, is located on the following premises in this County:

DESCRIPTION OF PROPERTY SOUGHT

TWO TUBES OF BLOOD FOR DNA TESTING, A BODY SEARCH FOR ANY EVIDENCE OF WOUNDS, PHOTOGRAPHS OF ANY SUCH WOUNDS THAT
MIGHT BE FOUND ON THE SUSPECTS BODY, UNDER WEAR OR OTHER GARMENTS WORN BY THE DEFENDANT THAT MIGHT CONTAIN BLOOD.

DESCRIPTION OF PREMISES (PERSON, PLACE OR THING)
TO BE SEARCHED

THE BODY AND PERSON OF ONE MARION BOWMAN JR., B / M / DOB: // SSN:

REASON FOR AFFIANT'S BELIEF THAT THE
PROPERTY SOUGHT IS ON THE SUBJECT PREMISES

THAT ON 2/17/01 THE BODY OF KANDEE MARTIN WAS FOUND BURNED, IN THE TRUNK OF THE VICTIMS CAR.
AN AUTOPSY REVEALED THE VICTIM HAD BEEN SHOT AT LEAST TWICE. INVESTIGATION REVEALED THAT ONE
OF THE LAST PERSONS SEEN WITH THE VICTIM WAS MARION BOWMAN JR. AFTER BEING ARRESTED ON
NON-RELATED CHARGES, MARION BOWMAN PROVIDED A WRITTEN STATEMENT WHEREIN HE CONFESSED TO
TAKING PART IN THE KILLING OF THE VICTIM, AND NAMES JAMES TAWAIN GADSON AS AN ACCOMPLICE,
FURTHERMORE THAT JAMES TAWAIN GADSON ALSO PROVIDED A WRITTEN STATEMENT IN WHICH HE
CONFESSED TO BEING PRESENT WITH MARION BOWMAN WHEN THE VICTIM WAS KILLED.

Sworn to and Subscribed before me

at his 21 day of Feb, 20 01
Alvin Coker (L.S.)
Signature of Judge

Alvin Coker
Affiant

Address 100 SEARS ST. GEORGE, SC

ORIGINAL

TO ANY BONDED LAW ENFORCEMENT OFFICER OF THIS STATE OR COUNTY OR OF THE MUNICIPALITY
OF _____

It appearing from the attached affidavit that there are reasonable grounds to believe that certain property subject to seizure under provisions of Section 17-13-140, 1976 Code of Laws of South Carolina, as amended, is located on the following premises:

DESCRIPTION OF PREMISES (PERSON, PLACE OR THING)
TO BE SEARCHED

THE BODY AND PERSON OF ONE MARION BOWMAN JR. / B / M / DOB: _____ / SSN: _____

~~Now, therefore, you are hereby authorized to search the subject premises for the property described below, and to seize such property if found:~~

DESCRIPTION OF PROPERTY

TWO TUBES OF BLOOD FOR DNA TESTING, A BODY SEARCH FOR ANY EVIDENCE OF WOUNDS, PHOTOGRAPHS OF ANY SUCH WOUNDS THAT MIGHT BE FOUND ON THE SUSPECTS BODY, UNDER WEAR OR OTHER GARMENTS WORN BY THE DEFENDANT THAT MIGHT CONTAIN BLOOD.

This Search Warrant shall not be valid for more than ten days from the date of issuance.

A written inventory of all property seized pursuant to this Search Warrant shall be made to

ISSUING MAGISTRATE:

within ten days from the date of this warrant, such Inventory to be signed by the officer executing this warrant, and a copy of such inventory shall be furnished to the person whose premises are searched if demand for such copy is made.

A copy of this Search Warrant shall be delivered to the person in charge of the premises searched at the time of such search if practicable, and, if not, to such person as soon thereafter as is practicable; in the event the identity of the person in charge is not known or if such person cannot be found after reasonable diligence in attempting to locate the person, a copy shall be attached to a prominent place on such premises.

A. George _____, S.C.
Feb 21 _____, 2001 [Signature] _____ (L.S.)

ORIGINAL

RETURN

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the person) described in the warrant and (the premises)

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I swear that this Inventory is a true and detailed account of all the property taken by me on the warrant.

SWORN to before me this _____
day of _____, 20____

Signature of Judge LS

Carl Asbell
(Signature of Officer Executing Warrant)

ORIGINAL



F:\PCIVER6\IMG00004\00515085.JPG

Name (Last, First Middle) BOWMAN, MARION					
Race B	Sex M	Date Birth	Place of Birth ORANGEBURG COUNTY	Height 602	Weight 170
Eyes BROWN	Hair BLACK	Complexion DARK	Build MEDIUM	Scars, Marks, Tattoos TATTOO ON LEFT HAND	
Social Security #		Driver's Lic #	State	Occupation UNEMPLOYED	
Fingerprints on File LANE E			Agency Orangeburg-Calhoun Reg. Deten		
Address BRANCHVILLE SC 29432			Date 02/18/2001		
Charges RECEIVING STOLEN GOODS					

Alias	
Alias	
Misc I.D./Type	
FBI Number	SBI Number

Next of Kin (Last, First Middle) DORTHY(BOWMAN) (MOTHER)		Address SAME ADDRESS		Telephone	
Doctor (Last, First Middle)		Address		Telephone	
Suicidal No	Heart No	Diabetic No	Epileptic No		

FINGERPRINTS [Narrative ID = 01-012765 JAI000001]
 Added 02/18/2001 - 01:21:14 By LANE E
 ON THE ABOVE DATE AND TIME I/M BOWMAN JR., MARION INFORM MYSELF OFFICER
 LANE THAT HE IS NOT TAKING ANY FINGER PRINTS TONIGHT. PLEASE FINGER PRINT.
 BEFORE BEING RELEASE.

DEFENDANT'S KK
 EXHIBIT
 #5 10

P C I B A S E PRISONER PROPERTY AND ADMISSION CONTROL REPORT RULEBOOK

I certify that I have received a copy of the Inmate rulebook.

Signature : _____ Date : _____

Refused to sign. (Witness _____ Date : _____)

PROPERTY

Searched by : LANE E Date : 02/18/2001 Department : OCRDC

I certify that the below listed property is a true and complete accounting of all personal property taken from me at the time I was committed to this jail.

Signature : _____ Date : _____

Refused to sign. (Witness _____ Date : _____)

I certify that I have received all property listed below and due me following my release from this jail.

Signature : _____ Date : _____

Refused to sign. (Witness _____ Date : _____)

Mail

I authorize officials of this jail the right to examine for contraband all mail, packages and other items which are sent to me while I am confined in this jail.

Signature _____
Date _____

Permission to examine mail, etc., is refused.

Witness _____

Date _____

Name : BOWMAN, MARION
SSN :
JCA : 01-012765

Telephone Call

I certify that I have been given the opportunity to contact the following individuals by telephone

- Relative Friend Employer
- Attorney Bondsman No Contact
- No Call Desired. (Witness _____)

Signature _____

Time _____ Date _____

MEDICAL TREATMENT

Upon being admitted to this jail, and having answered question no. 1 of the Receiving Screening Form "yes", I refuse request medical treatment. IF I have refused treatment, I release the county County, the Sheriff, and the jail staff from any and all liability which might arise as a result of such refusal.

Date _____

Inmate _____

Witness _____

MEDICAL AUTHORIZATION

I hereby authorize any medical provider treating me while I am confined in the the county County Jail to release medical records arising from such treatment to the sheriff of the county County or the the county County Detention Center.

Date _____

Inmate _____

Description	Brand	Model	Serial	Value	Qty	Location	Line Item #
-------------	-------	-------	--------	-------	-----	----------	-------------

PAID				0	1	LG GRN BAG	0001
BLK				0	1	LG GRN BAG	0002
BLK				0	1	LG GRN BAG	0003
RY				0	1	LG GRN BAG	0004
				0			

Name : BOWMAN, MARION JR Race : B Sex : M
 Born : SSN : JCA : 01-012765
 Date Confined : 02/18/2001 Time : 0050
 Date Released : / / Time : 0000
 Total Days Served : 220
 Hold For : Sentence :
 Reason for Release :
 Reason for Jailing : ARRES
 Work Release : [] Medical Record : [] PC107 : []

Inmate Charges
Type 1

Offense	F F Court / A Date M	Court	County	Reference Number	Bond Amount	Bond Type	Sentence W a i t	S e r #	Lir ltc #
RECEIVING STOLEN GOODS *** Total ***	F Y / /	OBURG MAG	ORANGEBURG	MCAHAM/OCSD	0.00		0 Y N	0001	
					.00		0		

Inmate Transports Report
Type 1

Date Begun	Time	Date Return	Time Return	Destination	Off ID #	Reason for Trip	How Transported	Line ltem #
02/18/2001	1637	02/18/2001	2248	OSD BOWMAN MARION	1130	SPEAK TO LARRY WILLIAMS	OCRDC/MYERS	0001
02/19/2001	1359	02/19/2001	1435	COURT/MARION BOWMAN	8623	BOND HEARING	OCSD	0002

Medicines Prescribed for Inmate
Type 1

Medicine	Prescription Number	Frequency	Doctor	Discontinue	Total Line Per Item Day #

09/25/2001 : 14:45:49

Orangeburg-Calhoun Reg. Deten
Inmate History for : BOWMAN, MARION
Based on SSN :

Jail Report
Inmate History

Date Confined	Time In	Charges	Date Court	Bond Amount	Arresting Officer	Jail Disposition	Time Out	Date Out	Total Days	Birth Date	Line Item #
01/26/2000	1057	A&B W/INTENT TO KILL BURGLARY ARMED ROBBERY	02/14/2000	100000.	1148	FOUND NOT GUILTY	0952	06/23/2000	150	06/06/1980	0001
			02/14/2000	00							
			/ /	0.00							
				0.00							
08/04/2000	0306	OPEN CONTAINER UNLAWFUL CARRYING OF A PISTAL POSS. OF PISTOL BY FELONY	/ /	199.00	6882	\$3000 SB W/HOUSER	1546	08/10/2000	7	06/06/1980	0002
			/ /	3000.00							
				0.00							
02/18/2001	0050	RECEIVING STOLEN GOODS	/ /	0.00	6882	PENDING	0000	/ /	220	06/06/1980	0003
*** Total ***											

377



BOWMAN JR, MARION
02/18/2001 Cat : MED Ref : BEARD
Tag # Name : BOWMAN MARION

Default Name of Jail
Receiving Screening Form

JCA # : 01-012765 Time : 0102 Date : 02/18/2001

INMATE : MARION BOWMAN SSN :

OFFICER : ID :

DOES THE INMATE

- 1. Have any Contagious Diseasesno
- 2. Have a history of Venereal Disease or abnormal Dischargeno
- 3. Have obvious pain, bleeding or other symptoms requiring
Emergency Serviceno
- 4. Appear to be under the influence of Drugs or Alcoholno
Appear to be have withdrawal symptomsno
- 5. Behavior suggest the risk of suicideno
- 6. Behavior suggest the risk of assault to staff or other inmatesno
- 7. Appear Mentally Confusedno

8. IS THE INMATE PRESENTLY TAKING MEDICATION FOR :
 Heart Disease...no Seizures.....no Diabetes.....no
 Asthma.....no Ulcers.....no Arthritis.....no
 Psychiatric Disorder...no Other ..Yes BENADRYL Blood Pressure..no

- 9. Is the inmate carrying medication ... no List :
- 10. Have a special diet prescribed by a physicianYes
Explain :NO KETCHUP
- 11. Allergic to any medicine or foodYes KETCHUP
- 12. Been hospitalized or seen a physician recently for any
illness ...no
- 13. Fainted, Had Seizures or a Recent Head Injuryno
- 14. Have a history of Tuberculosisno
- 15. Have a history of Hepatitisno
- 16. Have a painful dental condition ...no
- 17. Use alcohol :YesEVERYDAY Drugs :no
- 18. If Female, are you pregnant.....no
Are you currently on birth control pills.....no
Have you recently delivered.....no
- 19. Do you have any other medical problems ...no

Inmate's Signature _____

Comments :

Default Name of Jail
Medical Screening Form
JCA # : 01-012765 Time : 0115 Date : 02/18/2001
INMATE : MARION BOWMAN SSN :

INMATE HISTORY - Have you ever been treated for :

- Heart.....No
- High Blood Pressure.....No
- Convulsion/Seizures.....No
- Recent Head Injury.....No
- Ulcers.....No
- Kidney Troubles.....No
- Dental Pain.....No
- Skin Problems.....No
- Hepatitis.....No
- Tuberculosis.....No
- Sex Trans Disease.....No
- Asthma/Emphysema.....No
- Respiratory.....No
- Diabetes.....No
- Insulin/Oral.....No
- Cancer.....No
- Mental Health.....No
- Att Suicide.....No
- Hemophilia.....No
- Allergies.....No
- AIDS/Exposed.....No
- Alcohol/DT's.....No
- Heroin/Cocaine.....No
- Sinusitis.....No

Comments :
Previous Hospitalization :
Do you have hospitalization insurance.....No
Name of Carrier:

IMMUNIZATIONS/VACCINES:

Tetanus: No Date: / /
TB Skin Test: No Date : / / POS/NEG:
Last Chest X-Ray Date: / / NOR/ABN :

Females Only, LMP: No
No. of Pregnancies: 0
Birth Control Pills: No
Current Medicaton :

PHYSICAL EXAM:

Height:
Weight: 0
Blood Pressure:
TPR:

Any large scars, tattoos or needlemarks:
Does he or she have a medical bracelet or necklace: No

Inmate's Signature _____

STATE (V)

MARION BOWMAN JR.

COURT PROCEDURES

WITNESSES

DET. A. COKER, DCSD

ARREST WARRANT NUMBER

G326978

Arrested: Feb 20, 2001

ACTION OF GRAND JURY

Date

Tru BII

[Signature]
Foreperson of Grand Jury
Date: August 2, 2001

VERDICT

Foreperson of Petit Jury
Date:

DOCKET NO. J1GS18-0348

The State of South Carolina

County of

DORCHESTER

COURT OF GENERAL SESSIONS

August 06, 2001 TERM

THE STATE

vs.

Marion Bowman, Jr.

Indictment for

MURDER

SC Code: 16-03-10 / 16-03-20

CDR Code: 0116

Class: FEL-EXM

After being fully advised as to my rights, I hereby waive presentment to the Grand Jury.

Defendant

I hereby appear in my own proper person and plead guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

STATE OF SOUTH CAROLINA)
)
COUNTY OF DORCHESTER)

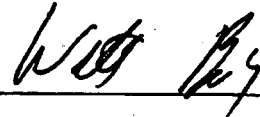
INDICTMENT
2001GS18-0348

At a Court of General Sessions, convened on August 06, 2001 the Grand Jurors of Dorchester County present upon their oath:

MURDER

That Marion Bowman, Jr., did in Dorchester County, on or between February 16, 2001 and February 17, 2001, with malice aforethought, kill one Kandee Martin by means of shooting the victim in the head and back, and the said victim did die as a proximate result thereof.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.



Walter Bailey SOLICITOR

31

WITNESSES

DET. A. COKER, DCSD

ARREST WARRANT NUMBER

G326979

Arrested: Feb 20, 2001

ACTION OF GRAND JURY

Date: *[Signature]*

Foreperson of Grand Jury
Date: August 2, 2001

VERDICT

Foreperson of Petit Jury
Date:

DOCKET NC 01GS18-0349

The State of South Carolina

County of

DORCHESTER

COURT OF GENERAL SESSIONS

August 06, 2001 TERM

THE STATE

vs.

Marion Bowman, Jr.

Indictment for

ARSON - 3RD DEGREE

SC Code: 16-11-110(C)

CDR Code: 0008

Class: FEL-E

After being fully advised as to my rights, I hereby waive presentment to the Grand Jury.

Defendant

I hereby appear in my own proper person and plead guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348
 # 01-GS-18-349

VERDICT FORM

Please circle the appropriate verdicts and then sign and date the bottom of this form.

1. As to the charge of Murder, we the jury unanimously find the Defendant

Guilty

Not guilty

2. As to the charge of Arson in the 3rd degree, we the jury unanimously find the Defendant

Guilty

Not guilty

Laine Inusi
 Foreperson

May 20 2002
 Date

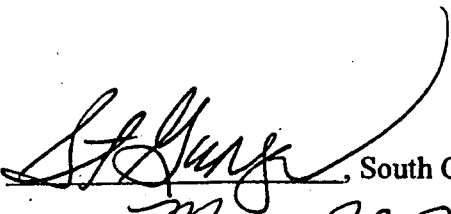
STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS

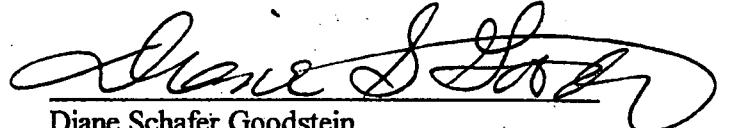
Indictment # 01-GS-18-348

AFFIRMATION OF DEATH SENTENCE

As the Trial Judge in the above entitled action, and prior to the imposition of the death sentence upon the Defendant, Marion Bowman, Jr., I find as an affirmative fact that the evidence of the case warrants the imposition of the death penalty and its imposition is not a result of prejudice, passion, or any other arbitrary factor.


 _____, South Carolina

Dated: May 23, 2002


 Diane Schafer Goodstein
 Presiding Judge

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS
 Indictment # 01-GS-18-348
 RECOMMENDATION OF SENTENCE
 DEATH PENALTY

We, the jury in the above-entitled case, having found beyond a reasonable doubt the existence of the following statutory aggravating circumstance(s), to wit:

~~Murder was committed while in the commission of kidnaping~~
~~Murder was committed while in the commission of larceny~~
~~with the use of a deadly weapon.~~

now recommend to the Court that the Defendant, Marion Bowman, Jr., be sentenced to death.

[Signature]
 Foreperson

 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror
[Signature]
 Juror

St. George, SC
 Dated: May 23 2002

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348

AGGRAVATING CIRCUMSTANCES

We, the jury in the above-entitled case, find beyond a reasonable doubt the following statutory aggravating circumstance(s): _____

~~Murder was committed while in the commission of kidnaping~~
~~Murder was committed while in the commission of~~
 larceny with the use of a deadly weapon

George L. ...
Foreperson

Juror *[Signature]*

Juror *Margaret Washington*

Juror *George Young*

Juror *[Signature]*

Juror *[Signature]*

Juror *Leo J Sullivan*

Juror *[Signature]*

Juror *Kathleen A. McPartlan*

Juror *[Signature]*

St. George, SC

Dated: May 23, 2002

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS


Indictment # 01-GS-18-348

SENTENCE

The Defendant, Marion Bowman, Jr., has been found by the jury to be guilty of the offense of murder. The jury has recommended that the Defendant should be sentenced to death.

It is, therefore, the judgment of the law and the Sentence of the Court that the Defendant,

Marion Bowman, Jr., be taken to the Dorchester County Detention Center, and thence to the State Department of Corrections, henceforth to be kept in close and safe confinement until the 22nd day of July 2002, upon which day between the hours of six o'clock P.M. and six o'clock A.M., or upon an Order of Execution issued by the South Carolina Supreme Court, the Defendant, Marion Bowman, Jr., shall suffer death by electrocution or by lethal injection in the manner provided by law.


 Diane Schafer Goodstein
 Presiding Judge

St. George, South Carolina

Dated: May 23, 2002

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF
 GENERAL SESSIONS

 Indictment # 01-GS-18-348

 STATUTORY INSTRUCTIONS

In determining whether to recommend that the Defendant, Marion Bowman, Jr., be sentenced by the Court to Life Imprisonment or to Death, you may consider the following statutory AGGRAVATING CIRCUMSTANCE(S):

1. ~~Murder was committed while in the commission of Criminal Sexual Conduct~~
2. ~~Murder was committed while in the commission of Kidnaping~~
3. Murder was committed while in the commission of Larceny with the use of a deadly weapon.
4. Murder was committed while in the commission of Robbery while armed with a deadly weapon.

You may also consider the following statutory MITIGATING CIRCUMSTANCE(S):

1. The Defendant has no significant history of prior criminal conviction involving the use of violence against another person.
2. The age or mentality of the Defendant at the time of the crime.
3. Or any other mitigating factors that the Jury may find.

You may also consider any NON-STATUTORY mitigating circumstance(s).

Diane Schaffer Goodstein
 Diane Schaffer Goodstein
 Presiding Judge

St. George, South Carolina

Dated: *May*

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348

**RECOMMENDATION OF SENTENCE
LIFE IMPRISONMENT**

We, the jury in the above-entitled case, recommend to the Court that the Defendant,
 Marion Bowman, Jr., be sentenced to life imprisonment.

Foreperson

Dated: _____

_____, South Carolina

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348

**RECOMMENDATION OF SENTENCE
 DEATH PENALTY**

We, the jury in the above-entitled case, having found beyond a reasonable doubt the existence of the following statutory aggravating circumstance(s), to wit:

now recommend to the Court that the Defendant, Marion Bowman, Jr., be sentenced to death.

- _____
Foreperson
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror
- _____
Juror

_____, SC
 Dated: _____

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348

AGGRAVATING CIRCUMSTANCES

We, the jury in the above-entitled case, find beyond a reasonable doubt the following statutory
 aggravating circumstance(s): _____

Foreperson

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

_____, SC

Dated: _____

STATE OF SOUTH CAROLINA)
)
 COUNTY OF DORCHESTER)
)
 The State of South Carolina)
)
 vs.)
)
 Marion Bowman, Jr.)
 Defendant.)
 _____)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348

**UNANIMOUS FINDING
OF NO AGGRAVATING
CIRCUMSTANCES**

We, the jury in the above-entitled case, unanimously find that there are no aggravating
 circumstances existing.

Foreperson

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

Juror

_____, SC

Dated: _____

STATE OF SOUTH CAROLINA)
)
COUNTY OF DORCHESTER)
)
The State of South Carolina)
)
vs.)
)
Marion Bowman, Jr.)
)
Defendant.)
_____)

IN THE COURT OF GENERAL SESSIONS

Indictment # 01-GS-18-348

**NO FINDING OF AGGRAVATING
CIRCUMSTANCES**

We, the jury in the above-entitled case, are unable to unanimously agree on the
existence of any aggravating circumstances.

Foreperson

Dated: _____

_____, South Carolina

DEATH PENALTY CHARGE

(NOTE: BEFORE GIVING CHARGE, PREPARE FORMS)

CHARGE AFTER ARGUMENTS

**MADAM FOREPERSON AND MEMBERS OF THE JURY,
IT NOW BECOMES YOUR DUTY TO DECIDE WHAT
SENTENCE YOU WILL RECOMMEND THAT THIS COURT
~~IMPOSE UPON THE DEFENDANT, MARION BOWMAN, JR.~~**

**WHEN I USE THE WORD "DEFENDANT" IN THIS CHARGE, I
AM REFERRING TO MR. MARION BOWMAN, JR.**

**THERE ARE TWO VERDICTS YOU ARE TO CONSIDER
IN THIS CASE — ONE IS THE DEATH PENALTY, WHICH IN
THIS STATE IS BY ELECTROCUTION OR LETHAL
INJECTION, AT THE OPTION OF THE DEFENDANT, AND
THE OTHER IS LIFE IMPRISONMENT WITHOUT THE
POSSIBILITY OF PAROLE.**

**IF YOU SENTENCE THE DEFENDANT TO DEATH YOU
MUST ASSUME THAT THE SENTENCE WILL BE CARRIED**

OUT. IF A RECOMMENDATION OF LIFE IMPRISONMENT IS MADE, THE DEFENDANT SHALL BE SENTENCED TO LIFE IMPRISONMENT WITHOUT THE POSSIBILITY OF PAROLE.

YOUR SENTENCING RECOMMENDATION WILL BE FOLLOWED BY THIS COURT.

THE ORDER IN WHICH I EXPLAIN THESE TWO SENTENCES IS IN NO WAY A RECOMMENDATION BY THIS COURT AS TO WHICH SENTENCE YOU SHOULD CHOOSE TO RECOMMEND; IT IS SIMPLY THAT ONE MUST BE STATED FIRST.

THE DEATH PENALTY

(HOLD UP RECOMMENDATION OF DEATH PENALTY FORM)

BY THIS "RECOMMENDATION OF SENTENCE" FORM WHICH I HOLD IN MY HAND, YOU, THE JURY, MAY RECOMMEND THAT THIS COURT SENTENCE THE DEFENDANT TO DEATH. PLEASE OBSERVE THAT IMMEDIATELY BELOW THE BODY OF THE

RECOMMENDATION (*INDICATE*) THERE ARE TWELVE
LINES. THIS IS WHERE, SHOULD YOU DECIDE TO
RECOMMEND THE DEATH PENALTY, EACH ONE OF YOU
WOULD SIGN YOUR NAME. IT IS THE LAW IN THIS STATE,
MADAM FOREPERSON AND MEMBERS OF THE JURY, THAT
A RECOMMENDATION FOR IMPOSITION OF THE DEATH
PENALTY BE A UNANIMOUS RECOMMENDATION AND
THAT EACH AND EVERY JUROR SIGN HIS OR HER NAME
TO THE RECOMMENDATION FORM.

I WILL NOW READ TO YOU THE TEXT OF THIS FORM:

QUOTE: "WE THE JURY IN THE ABOVE ENTITLED
CASE, HAVING FOUND BEYOND A REASONABLE DOUBT
THE EXISTENCE OF THE FOLLOWING STATUTORY
AGGRAVATING CIRCUMSTANCE OR CIRCUMSTANCES, TO
WIT:" -- AT THIS POINT THERE IS A PLACE PROVIDED
FOR YOU TO WRITE SUCH CIRCUMSTANCES, ABOUT
WHICH I WILL INSTRUCT YOU FURTHER — QUOTE: "NOW

RECOMMEND TO THE COURT THAT THE DEFENDANT,
MARION BOWMAN, JR. BE SENTENCED TO DEATH.”-- END
QUOTE.

STATUTORY AGGRAVATING CIRCUMSTANCE

NOW, FOR THIS RECOMMENDATION TO BE MADE—
THAT IS, THAT THE DEFENDANT BE SENTENCED TO
~~DEATH — YOU MUST FIRST FIND THAT A STATUTORY~~
~~AGGRAVATING CIRCUMSTANCE EXISTED BEYOND A~~
REASONABLE DOUBT.

WHAT IS A STATUTORY AGGRAVATING
CIRCUMSTANCE? IT IS A FACT, AN INCIDENT, A DETAIL
OR AN OCCURRENCE WHICH THE GENERAL ASSEMBLY
HAS DECLARED BY STATUTE WOULD MAKE WORSE, THAT
IS “AGGRAVATE”, THE OFFENSE OF MURDER WHEN THE
TWO OCCUR TOGETHER. IN OTHER WORDS, IT IS
SOMETHING WHICH INCREASES THE ENORMITY, OR
ADDS TO THE INJURIOUS CONSEQUENCES, OF THE

OFFENSE.

HOLD UP "STATUTORY INSTRUCTIONS

**UPON THIS SHEET OF PAPER WHICH I HOLD IN MY
HAND ARE WRITTEN THE WORDS, "STATUTORY
INSTRUCTIONS". YOU WILL HAVE THIS PAPER IN YOUR
JURY ROOM DURING YOUR DELIBERATIONS.**

THE BODY OF THIS FORM STATES:

**QUOTE: "IN DETERMINING WHETHER TO
RECOMMEND THAT THE DEFENDANT, MARION BOWMAN,
JR., BE SENTENCED BY THE COURT TO LIFE
IMPRISONMENT OR TO DEATH, YOU MAY CONSIDER THE
FOLLOWING STATUTORY AGGRAVATING
CIRCUMSTANCES:**

- 1. MURDER WAS COMMITTED WHILE IN THE
COMMISSION OF CRIMINAL SEXUAL CONDUCT.**
- 2. MURDER WAS COMMITTED WHILE IN THE
COMMISSION OF KIDNAPING.**

3. MURDER WAS COMMITTED WHILE IN THE
COMMISSION OF LARCENY WITH THE USE OF A
DEADLY WEAPON.
4. MURDER WAS COMMITTED WHILE IN THE
COMMISSION OF ROBBERY WHILE ARMED WITH A
DEADLY WEAPON.

END QUOTE.

NOW, AT THIS POINT, LADIES AND GENTLEMEN WE
WILL PUT ASIDE THAT SHEET AND I WILL EXPLAIN
FURTHER TO YOU THOSE INSTRUCTIONS AND I WILL
COME BACK TO THAT SHEET MOMENTARILY.

LET ME EMPHASIZE TO YOU THAT THESE ARE THE
ONLY CIRCUMSTANCES YOU MAY CONSIDER AS
AGGRAVATING CIRCUMSTANCES. SHOULD YOU FIND --
AND IT MUST BE A UNANIMOUS FINDING, THAT IS, A
FINDING BY EACH AND EVERY ONE OF YOU - SHOULD
YOU FIND THAT THE STATE HAS PROVEN BEYOND A

REASONABLE DOUBT THE EXISTENCE OF ONE OR MORE OF THE CIRCUMSTANCES LISTED ON THIS SHEET OF PAPER, THEN YOU WOULD BE AUTHORIZED, WHICH IS TO SAY "PERMITTED", TO CONSIDER RECOMMENDING TO THIS COURT THAT THE DEFENDANT BE SENTENCED TO DEATH.

WHAT DO I MEAN BY THE TERM, "PROVEN BEYOND A REASONABLE DOUBT"? PROOF BEYOND A REASONABLE DOUBT IS PROOF THAT LEAVES YOU FIRMLY CONVINCED OF THE EXISTENCE OF ONE OR MORE OF THE AGGRAVATING CIRCUMSTANCES. THERE ARE FEW THINGS IN THIS WORLD THAT WE KNOW WITH ABSOLUTE CERTAINTY, AND IN CRIMINAL CASES THE LAW DOES NOT REQUIRE PROOF THAT OVERCOMES EVERY POSSIBLE DOUBT. IF, BASED ON YOUR CONSIDERATION OF THE EVIDENCE, YOU ARE FIRMLY CONVINCED THAT (AN) AGGRAVATING CIRCUMSTANCE(S) EXISTED, THEN

YOU WOULD BE AUTHORIZED, WHICH IS TO SAY
“PERMITTED”, TO CONSIDER RECOMMENDING TO THIS
COURT THAT THE DEFENDANT BE SENTENCED TO DEATH.

IF ON THE OTHER HAND, YOU THINK THAT NO
AGGRAVATING CIRCUMSTANCE(S) EXIST, YOU MUST
GIVE HIM THE BENEFIT OF THE DOUBT AND IN SUCH
CASE WOULD MAKE NO RECOMMENDATION OF

SENTENCE. THE COURT WOULD THEN SENTENCE THE
DEFENDANT UNDER THE LAW.

AND PLEASE PAY PARTICULAR ATTENTION TO THIS:
YOU ARE NEVER REQUIRED TO RECOMMEND THE DEATH
PENALTY, EVEN IF YOU FIND THAT A STATUTORY
AGGRAVATING CIRCUMSTANCE EXISTED AT THE TIME
THE OFFENSE OCCURRED.

(SHOW FORM)

HOWEVER, IF YOU FIND THE EXISTENCE OF A STATUTORY AGGRAVATING CIRCUMSTANCE, PLEASE LIST THAT CIRCUMSTANCE ON THE FORM ENTITLED "AGGRAVATING CIRCUMSTANCES" AND ALL TWELVE WILL SIGN.

NOW, MADAME FOREPERSON, AND LADIES AND GENTLEMEN, AS YOU RECALL, THE FOUR STATUTORY AGGRAVATING CIRCUMSTANCES SUBMITTED TO YOU FOR YOUR CONSIDERATION IN THIS CASE ARE: MURDER WHILE IN THE COMMISSION OF CRIMINAL SEXUAL CONDUCT, MURDER WHILE IN THE COMMISSION OF KIDNAPING, MURDER WHILE IN THE COMMISSION OF ROBBERY WITH A DEADLY WEAPON, WHICH WE CALL ARMED ROBBERY, AND MURDER WHILE IN THE COMMISSION OF LARCENY WITH THE USE OF A DEADLY WEAPON.

FIRST OF ALL, CRIMINAL SEXUAL CONDUCT IS

DEFINED AS THE DEFENDANT ENGAGING IN A SEXUAL BATTERY WITH THE VICTIM.

SEXUAL BATTERY IS NON CONSENSUAL SEXUAL INTERCOURSE, CUNNILINGUS, FELLATION, ANAL INTERCOURSE, OR ANY INTRUSION, HOWEVER SLIGHT, OR ANY PART OF A PERSON'S BODY OR OF ANY OBJECT INTO THE GENITAL OR ANAL OPENINGS OF ANOTHER PERSON'S BODY, EXCEPT WHEN THE INTRUSION IS ACCOMPLISHED FOR MEDICALLY RECOGNIZED TREATMENT OR DIAGNOSTIC PURPOSES.

NEXT, KIDNAPING IS KNOWINGLY AND UNLAWFULLY SEIZING, CONFINING, INVEIGLING, DECOYING, KIDNAPING, ABDUCTING, OR CARRYING AWAY ANOTHER PERSON WITHOUT AUTHORITY OF LAW.

TO DO A THING UNLAWFULLY IS TO DO IT WILFULLY AGAINST THE LAW.

KNOWINGLY MEANS WITH KNOWLEDGE,

CONSCIOUSLY, NOT ACCIDENTLY.

**SEIZING MEANS TO TAKE HOLD OF SUDDENLY OR
FORCIBLY.**

**CONFINING MEANS TO LIMIT, RESTRICT, OR
ENCLOSE WITHIN BOUNDS, IMPRISON, OR SHUT OR KEEP
IN.**

**INVEIGLING MEANS TO LURE, ENTICE, OR LEAD
ASTRAY BY FALSE REPRESENTATIONS, PROMISES, OR
OTHER DECEITFUL MEANS.**

**DECOYING MEANS TO LURE BY, OR AS IF BY, DECOY.
A DECOY IS SOMETHING TO ENTICE A PERSON INTO A
TRIP.**

**KIDNAPING IS TO REMOVE A PERSON AGAINST HER
WILL BY UNLAWFUL FORCE OR BY FRAUD.**

**ABDUCTING MEANS TO CARRY OFF SECRETLY OR BY
FORCE FOR AN ILLEGAL PURPOSE.**

CARRYING AWAY MEANS TO REMOVE.

SOMETHING DONE WITHOUT AUTHORITY OF LAW IS SOMETHING WHICH THE LAW DOES NOT SANCTION, PERMIT, ALLOW, CONDONE, OR PROVIDE JUSTIFICATION FOR.

NEXT OF ALL IS ROBBERY WHILE ARMED WITH A DEADLY WEAPON OR ARMED ROBBERY. IT IS DEFINED IN OUR STATUTE AS A PERSON WHO COMMITS ROBBERY

WHILE ARMED WITH A PISTOL OR OTHER DEADLY WEAPON.

NOW, LADIES AND GENTLEMEN, AS YOU KNOW, ROBBERY WHILE ARMED WITH A DEADLY WEAPON INCLUDES LARCENY, ROBBERY AND THE IMPOSITION OF A WEAPON. LARCENY, YOU RECALL, IS THE SAME THING AS STEALING. IT MEANS A WRONGFUL TAKING INTO POSSESSION OF SOMEBODY ELSE'S PERSONAL PROPERTY.

SECONDLY, IT MEANS THE CARRYING AWAY AND THE REMOVAL OF THAT PERSONAL PROPERTY. FINALLY

IT MEANS THE WRONGFUL INTENT, THE FELONIOUS INTENT, TO STEAL ON THE PART OF THE TAKER SO AS TO PERMANENTLY DEPRIVE THE OWNER OF THE USE OF THAT PROPERTY. THAT'S WHAT LARCENY IS.

ROBBERY IS LARCENY FROM THE PERSON OR IN THE PRESENCE OF ANOTHER PERSON EITHER BY USING

VIOLENCE OR BY PUTTING THAT PERSON IN FEAR OF

VIOLENCE. ARMED ROBBERY TAKES ALL OF THOSE ELEMENTS AND ADDS THE IMPOSITION OF A DEADLY WEAPON INTO THE EQUATION.

SO ROBBERY WHILE ARMED WITH A DEADLY WEAPON INCLUDES ALL OF THE ELEMENTS OF LARCENY AND ROBBERY, AND IT ALSO REQUIRES THAT ONE MUST HAVE USED A DEADLY WEAPON TO ESTABLISH THE PURPOSE OF THE ROBBERY.

NOW, LARCENY WHILE ARMED WITH A DEADLY WEAPON IS THAT STEALING, THAT FELONIOUS TAKING

**INTO POSSESSION OF THE PERSONAL PROPERTY OF
ANOTHER, THE CARRYING AWAY AND REMOVAL OF
THAT PERSONAL PROPERTY WITH THE FELONIOUS
INTENT TO STEAL ON THE PART OF THE TAKER SO AS TO
PERMANENTLY DEPRIVE THE OWNER OF ITS USE AND TO
CHANGE IT OVER TO THE TAKER'S OWN USE WHILE
ARMED WITH A DEADLY WEAPON.**

**SO YOU SEE THAT THERE IS SLIGHT DIFFERENCE
BUT AN IMPORTANT DISTINCTION BETWEEN ROBBERY
WHILE ARMED WITH A DEADLY WEAPON AND LARCENY
WHILE ARMED WITH A DEADLY WEAPON. LARCENY
DOES NOT NECESSARILY IMPLY THE USE OF VIOLENCE
OR BY PUTTING A PERSON IN FEAR OF VIOLENCE OR BY
TAKING THE PROPERTY FROM THE PERSON OR
PRESENCE OF ANOTHER. LADIES AND GENTLEMEN,
THOSE ARE THE ELEMENTS OF ROBBERY WHILE ARMED
WITH A DEADLY WEAPON AND LARCENY THROUGH THE**

USE OF A DEADLY WEAPON.

I REMIND YOU AGAIN THE PERSON NEED NOT BE ARMED DURING THE ENTIRE COURSE OF THE TAKING. IT IS SUFFICIENT THAT IF THE PERSON BECOMES ARMED AT ANY POINT DURING THE COMMISSION OF THE CRIME AND BEFORE THE PROPERTY IS TAKEN AWAY TO SATISFY

~~THE REQUIREMENTS OF THE STATUTE.~~

NOW, LADIES AND GENTLEMEN, THE LAW REQUIRES, AS I HAVE INDICATED TO YOU THAT THE MURDER MUST HAVE BEEN COMMITTED WHILE IN THE COMMISSION OF ONE OF THOSE PARTICULAR ACTS. SO WHAT DO WE MEAN BY THE TERMS IN THE COMMISSION OF?

IF THE CRIMES WERE COMMITTED, THAT IS, THE CRIMES AS ALREADY OUTLINED , THE CRIMINAL SEXUAL CONDUCT, KIDNAPING, LARCENY, THE ROBBERY WHILE USING A DEADLY WEAPON, WERE COMMITTED AFTER THE MURDER, THAT DOES NOT NECESSARILY

INVALIDATE THEM AS AGGRAVATING CIRCUMSTANCES.

**IF THE CRIMES WERE CONSUMMATED IN A
CONTINUOUS SERIES OF ACTS ALONG WITH THE MURDER
OR IF THEY WERE COMMITTED IN THE SAME PLACE AND
WERE NOT SEPARATED BY ANY SUBSTANTIAL LAPSE OF
TYPE, THAT DOES NOT DEFEAT THEM BEING
~~CONSIDERED AS AGGRAVATING CIRCUMSTANCES FOR~~
~~THE PURPOSE OF THE STATUTE.~~**

**I INSTRUCT YOU FURTHER THAT SHOULD YOU FIND
THE STATE HAS NOT PROVEN THAT SUCH A STATUTORY
AGGRAVATING CIRCUMSTANCE EXISTED - - THAT IS TO
SAY, YOU FIND THAT YOU STILL HAVE A REASONABLE
DOUBT AS TO THE EXISTENCE OF SUCH A
CIRCUMSTANCE - - THEN YOU WOULD NOT MAKE A
RECOMMENDATION OF SENTENCE. THE COURT WOULD
THEN SENTENCE THE DEFENDANT UNDER THE LAW. YOU
WOULD INDICATE THAT FINDING ON THE FORM**

ENTITLED "NO FINDING OF AGGRAVATING
CIRCUMSTANCES" AND THE TWELVE OF YOU WOULD
SIGN THIS FORM. IF YOU ARE UNABLE TO UNANIMOUSLY
AGREE ON THE EXISTENCE OF ANY AGGRAVATING
CIRCUMSTANCES THERE IS A FORM TO INDICATE THAT
EVENT. IF THAT IS THE FINDING OF THIS JURY THEN THE
FORM ENTITLED "NO FINDING OF AGGRAVATING

CIRCUMSTANCES" WOULD BE USED AND BE FILLED OUT
AND SIGNED BY THE FOREPERSON.

NOW, SHOULD YOU FIND BEYOND A REASONABLE
DOUBT THAT ONE OF THE AGGRAVATING
CIRCUMSTANCES LISTED ON THIS SHEET OF
"STATUTORY INSTRUCTIONS" EXISTED AT THE TIME OF
MURDER OR DURING THE COMMISSION OF THE CRIME OF
MURDER, AND SHOULD YOU THEN DECIDE, AFTER
CONSIDERING THE ELEMENTS IN FAVOR OF A
RECOMMENDATION OF LIFE IMPRISONMENT, ABOUT

WHICH I WILL INSTRUCT YOU LATER, THAT THE
RECOMMENDATION OF THE JURY IS TO BE THAT THE
DEFENDANT BE SENTENCED TO DEATH, THEN IT WOULD
BE YOUR DUTY, MADAM FOREPERSON, TO WRITE ON THE
RECOMMENDATION OF THIS SENTENCE FORM (*HOLD UP*
"RECOMMENDATION OF DEATH PENALTY" FORM) THE
STATUTORY AGGRAVATING CIRCUMSTANCE OR
CIRCUMSTANCES WHICH YOU HAVE FOUND.

THEN, MADAM FOREPERSON, YOU AND EACH AND
EVERY JUROR WOULD SIGN YOUR NAMES IN THE PLACES
PROVIDED.

OTHER FACTS ABOUT THE DEFENDANT'S
BACKGROUND AND RECORD HAVE BEEN INTRODUCED BY
THE STATE. I CHARGE YOU THAT THIS EVIDENCE OF
THESE CRIMES, THESE OTHER CRIMES, SHOULD NOT BE
CONSIDERED AS SUBSTANTIVE EVIDENCE OF
AGGRAVATING CIRCUMSTANCES; BUT IF YOU ARE

CONVINCED THAT THE DEFENDANT COMMITTED THOSE
CRIMES, OR ANY OF THEM, YOU MAY CONSIDER THEM AS
EVIDENCE OF HIS CHARACTERISTICS. THESE MAY BE
CONSIDERED ALONG WITH ALL OF THE OTHER
EVIDENCE AND YOU MAY GIVE THEM WHATEVER
WEIGHT YOU DEEM PROPER UNDER THE
CIRCUMSTANCES OF THIS CASE.

HOWEVER, UNDER NO CIRCUMSTANCES MAY YOU
CONSIDER THOSE FACTS, EVEN IF PROVEN, AS EVIDENCE
OR PROOF OF STATUTORY AGGRAVATING
CIRCUMSTANCES.

THOSE OTHER FACTS, IF PROVEN, MAY ONLY BE
CONSIDERED AS EVIDENCE OF THE DEFENDANT'S
CHARACTERISTICS AND GIVEN SUCH SIGNIFICANCE AS
YOU DETERMINE THEY ARE ENTITLED TO RECEIVE.

THEY ARE NOT PROOF OF STATUTORY
AGGRAVATING CIRCUMSTANCES AND MAY NOT BE

CONSIDERED AS SUCH.

LIFE IMPRISONMENT

*(HOLD UP "RECOMMENDATION OF LIFE IMPRISONMENT"
FORM)*

BY THIS FORM WHICH I HOLD IN MY HAND, YOU, THE
JURY, CAN RECOMMEND TO THIS COURT THAT THE

~~DEFENDANT BE SENTENCED TO LIFE IMPRISONMENT.~~

I WILL NOW READ THE TEXT OF THIS
RECOMMENDATION FORM:

QUOTE: "WE THE JURY IN THE ABOVE ENTITLED
CASE, RECOMMEND TO THE COURT THAT THE
DEFENDANT, MARION BOWMAN, JR., BE SENTENCED TO
LIFE IMPRISONMENT. - END QUOTE.

PLEASE NOTE THAT ALTHOUGH YOU MUST
UNANIMOUSLY AGREE TO RECOMMEND LIFE
IMPRISONMENT, ONLY THE FOREPERSON IS REQUIRED

MITIGATION OF THE OFFENSE, AND YOU CAN
RECOMMEND A SENTENCE OF LIFE IMPRISONMENT FOR
NO REASON AT ALL.

IF YOU DECIDE TO RECOMMEND THE DEATH
PENALTY, YOU WILL COMPLETE THE PROPER FORM.
YOU MUST WRITE OUT THE AGGRAVATING
CIRCUMSTANCE THAT YOU FOUND, AND ALL TWELVE
JURORS MUST SIGN THE RECOMMENDATION.

SHOULD YOU DECIDE TO RECOMMEND LIFE
IMPRISONMENT, ONLY THE FOREPERSON MUST SIGN THE
RECOMMENDATION, AND NO REASON IS TO BE GIVEN

FOR YOUR DECISION.

WHATEVER YOUR RECOMMENDATION IS, IT MUST BE
A UNANIMOUS ONE, THAT IS TO SAY, IT MUST BE THE
VERDICT OF EACH AND EVERY JUROR. YOUR
SENTENCING RECOMMENDATION WILL BE FOLLOWED
BY THIS COURT.

CERTIFICATE OF SERVICE BY MAIL

I, Cindy J. Phelps, Legal Secretary, to attorney Clyde C. Dean, Jr. and Jeffrey S. Holcombe, hereby certify that I have served the individuals listed below with the foregoing Motion for Discovery and Motion to Disclose by mailing copy of same, postage prepaid, and return address clearly indicated on said envelope to them at the following addresses:

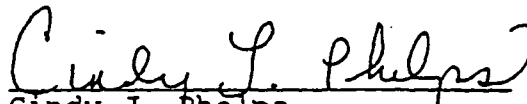
Orangeburg County Solicitor's Office
P. O. Box 1525
Orangeburg, South Carolina 29483

Attention: Mr. Frank Quattlebaum, Solicitor

Dorchester County Sheriff's Office
212 Deming Way, Box 10
Summerville, South Carolina 29483

Attention: Sgt. Alvin Coker

on this 21st day of February, 2000.


Cindy J. Phelps,
Legal Secretary

Orangeburg, S. C.

STATE OF SOUTH CAROLINA)
COUNTY OF ORANGEBURG)

ORANGEBURG COUNTY SHERIFF'S OFFICE
CRIMINAL INVESTIGATIVE DIVISION

Place: Bv. The P.O. Date: 02-18-01 Time: 8:30 am

THESE ARE YOUR RIGHTS. PLEASE READ CAREFULLY.

BEFORE WE ASK YOU ANY QUESTIONS, YOU MUST UNDERSTAND YOUR RIGHTS. Please initial beside each sentence.

- JTG 1. You have the right to remain silent, anything you say can be used against you in court.
- JTG 2. You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.
- JTG 3. If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.
- JTG 4. If you decide to answer questions not without a lawyer present, you will still have the right to stop answering at any time.
- JTG 5. You also have the right to stop answering at any time until you talk to a lawyer.

I UNDERSTAND MY RIGHTS.

James J. Dabo
Signature

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

James J. Dabo
Signature

Witnesses:

Sgt. T.A. VanHorn 2-18-01

- STATEMENT CONTINUATION -

AGE 2 OF 2

CASE # 01001493

As we drove down McAlhaney road, Marion was pointing out houses he wanted to rob. While we were riding, Marion put his arm around Kandee on the back of the seat and pointed his finger at the back of her head and made a gesture as if he was shooting a gun. We got to a stop sign and turned right. We followed that road and then turned left onto the road where we left Kandee. Marion told Kandee to pull over beside a yellow road sign and park. We got out and Marion gave Kandee a hit of crack. We were walking down the road while Kandee was still in the car smoking the crack. We were going to rob a house at the end of the road. Marion told me he was going to kill her because he said she was wired by the police a couple of weeks ago when she got drugs from him. Kandee got out of the car and ran up to us. She grabbed Marion by the arm and said she was scared. Then a car came by so I jumped in the bushes. Marion and Kandee also jumped in the bushes. After the car passed I heard then get out of the bushes and run toward the car. I came out of the bushes and started walking toward the car. I hear three gun shots and three flashes as the went off. Kandee came running toward me with Marion running behind her. She stopped just before she got to me. About 15 or 20 feet away from me. She turned around to face Black (Marion) and said "No Black, No Black, don't shoot me again, I've got a child to take care of". Then Marion shot two more times and she fell to pavement. When he shot her I got scarred and messed and pissed in my pants. Black (Marion) then grabbed her legs and was pulling her to the woods. He said "Did you hear her head hit the road". I told him he should not have shot her. I ran and got in the car. I saw him put some kind of white paper down to mark the spot where Kandee's body was at. He also counted his steps. He got in the driver seat and said he shot her in the head. He said he was coming back to get her. He had the gun in his pants. We drove back to Branchville. He parked next to a field near the coal plant on highway 78 and we got out of it. Marion said he was coming back for the car later and drive it to Allen Murray Club in Bowman, SC. We walked down the rail road track, and went to the Branchville Villa Apartments. Black got ahead of me and beat me to the Villa's. When I got there he was sitting in a blue Mazda 4 door talking to Travis Felder. It was Travis Felder's car. Black told Travis to meet him at the top of McAlhaney road after the club. Hank Koger, Darrin Williams, were at the Villa when I got there. I went into apartment 10 (Meeka's apartment) where I washed and changed my clothes. I put my soiled clothes in a plastic grocery bag and tied up the bag. "Twitty" (LNU) was there. We talked but I did not say anything about what had just happened. Chance Bennett came over later and spent the night. Saturday morning I got up and took my clothes home and washed them. Saturday after noon around 12:00 noon, I saw Travis Felder at apartment 24 of the Villa apartments. I called him over to where I was and ask him about black going to jail. He said yes. I ask him where Kandee's car was at. He said don't worry about it because it and Kandee had been burned up. He said he had followed Black to McAlhaney road and watched Black set the car and Kandee on fire, then brought Black back from where it was at. Travis left to go the barber shop. I did not see him anymore after that. I did not shoot Kandee or help Marion burn her or her car.

HAVE READ THE FOREGOING STATEMENT OR HAVE HAD IT READ TO ME AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE GIVEN THIS STATEMENT FREELY AND VOLUNTARILY AND HAVE BEEN PROVIDED A COPY OF MY STATEMENT.

WITNESS: Jared Calaway

WITNESS: Amber

SIGNATURE: James J Dodson



South Carolina Law Enforcement Division
Forensic Services Laboratory
CHAIN OF CUSTODY

Laboratory Case Number L _____

Agency of Origin _____

Container# (s) or Item # (s)

Notes (e.g. sub items)

(1) Black Levi's Jeans, (2) Black boots,
(3) Ladies watch, (4) Blisic, (5) SCDC
00763680, (6) Sales Receipt, (7)
Black Coat

THE ABOVE EVIDENCE WAS TRANSFERRED

From:

To:

Date/Time:

A. M. Coker

02/20/11 1441

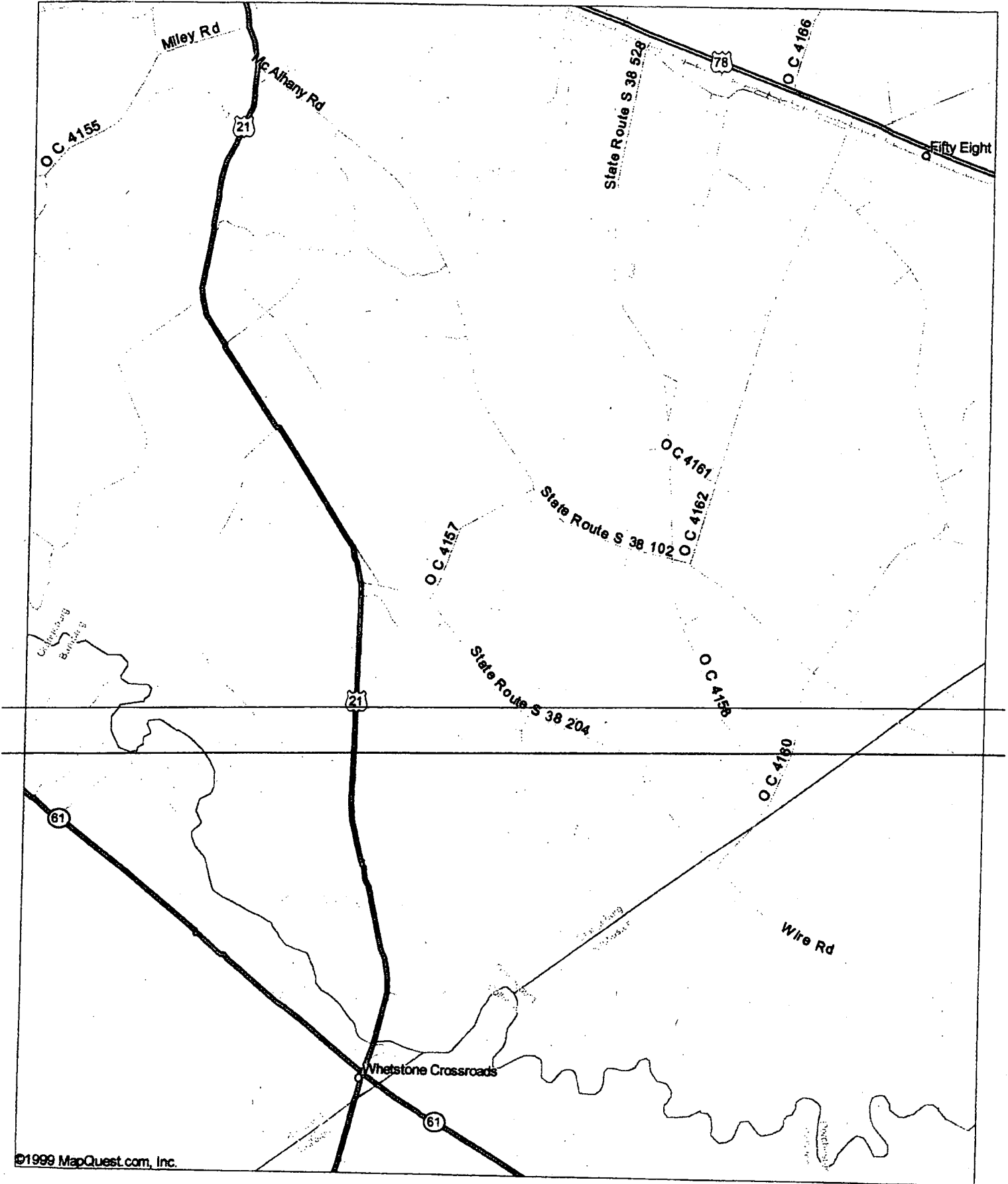
FEL CIT-16-11-37
COURT-CLAYTON COUNTY SUPERIOR COURT (GA031015J) COURT NBR-

* THIS RECORD IS SOLELY FOR OFFICIAL CRIMINAL JUSTICE USE. USE OF THIS *
* RECORD OR INFORMATION HEREIN FOR ANY OTHER PURPOSE VIOLATES GEORGIA LAW. *

END OF RECORD

IN MAY 29, 2001 14:28:57 000306741264/3951
OUT MAY 29, 2001 14:29:10 MSG# 3919 SAN: BF038LJPRVJV

8-B



HP Officejet V Series V40
Personal Printer/Fax/Copier/Scanner

Log for
DCSO
843 563 0263
Nov 08 2001 12:10PM

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Nov 8	12:05PM	Fax Sent	98712643	4:52	9	OK

KATRINA WEST

*Branchville
VILLA APT.*



RAY NASH
SHERIFF

Dorchester County Sheriff's Office
St. George, South Carolina

FAX COVER SHEET

TO: WALTER BAILEY

FROM: ALVIN COKER

DATE: 11-08-01

SUBJECT: ARREST - DARIAN "POP" WILLIAMS

MESSAGE: I WILL SEND YOU A HARD COPY

LATER. HE DID NOT SAY ANYTHING

ELSE THAT WAS USEFUL.

FAXED TO: 871-2643 PAGE 1 OF 9

AGENCY, I.D.
SC 018000

SUPPLEMENTAL INCIDENT REPORT
DORCHESTER COUNTY SHERIFF'S OFFICE

CASE NUMBER

0 1 0 0 1 4 9 3

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INO. PAGE

PAGE 1 OF 2 PAGE

- ORIGINAL REPORT
- SUPPLEMENTAL REPORT
- ADDITIONAL VICTIMS
- ADDITIONAL STOLEN PROPERTY
- MODIFIES ORIGINAL
- CASE STATUS CHANGE
- ADDITIONAL OFFENDERS
- ADDITIONAL RECOVERED PROPERTY

<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.
<input checked="" type="checkbox"/> VICTIM # 1	MARTIN, KANDEE LOUISE	#1	AQ	#2	J	W	F	19	
<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> RUNAWAY	506	151	BLN	BLU					
<input type="checkbox"/> WANTED	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		
<input type="checkbox"/> WARRANT		ORANGEBURG	SC	29118	0				
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. 1	VISIBLE INJURY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	COMPLAINT OF NON-VISIBLE INJURIES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE / SPLASMT		<input type="checkbox"/> ALONE		
<input type="checkbox"/> JAIL	EXPLAIN: BURNED BEYOND RECOGNITION			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input checked="" type="checkbox"/> UNK	<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSIS		
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO.	USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK						

<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.
<input type="checkbox"/> VICTIM #	WILLIAMS, DARIAN ANTONIO (AKA: "POP")	#1	AQ	#2	J	B	M	20	
<input checked="" type="checkbox"/> SUBJECT # 8	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				
<input type="checkbox"/> RUNAWAY	602	150	BLK	BRN	SSN: / TATTOO "POP" left forearm / "TRU" on Back /				
<input type="checkbox"/> WANTED	ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		
<input checked="" type="checkbox"/> WARRANT		BRANCHVILLE	SC	29432	0				
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO.	VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES	COMPLAINT OF NON-VISIBLE INJURIES: <input type="checkbox"/> NO <input type="checkbox"/> YES	VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK	<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE / SPLASMT		<input type="checkbox"/> ALONE		
<input checked="" type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK	<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSIS		
<input type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO. 8	USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK						

NARRATIVE

The above suspect was originally interviewed on 2/22/01 and 2/23/01 concerning the death of the above victim. The suspect provided two written statements relating his version's of the events of this case. The suspect had indicated that he had been with Suspect 1 (Marion Bowman Jr.) and other individuals when the victim's body had been removed from the woods and placed into the trunk of the victim's car. He had denied being present when the car was burned, but indicated he knew of the plan to burn the body and the car. No charges were filed against the suspect at that time. In preparation for trial, the Dorchester County Solicitor Walter Bailey and R/O met with the suspect (Williams) who then recanted his statement concerning the facts as he knew them. R/O and Solicitor Bailey met with the above suspect again in late September or early October 2001 at the Branchville Police Department. The suspect again changed his story numerous times during that interview concerning the facts of the case. However he was consistent with the fact that he was present when the victim was placed into the trunk of her vehicle, and he had knowledge of the plan to burn the body and car.

<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> TOWED <input type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM	TYPE	TYPE	VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.
	<input type="checkbox"/> VEHICLE		SERIAL AND/OR OWNER APPLIED NO.	STATE
	<input type="checkbox"/> GUN		YEAR OF REGISTRATION	YEAR OF EXPIRATION
	<input type="checkbox"/> BOAT		YEAR	MAKE
	<input type="checkbox"/> LICENSE PLATE		MODEL	STYLE
	<input type="checkbox"/> SECURITIES / BONDS, STOCKS		COLOR	BRAND NAME
<input type="checkbox"/> ARTICLE		NIC NO.	DENOMINATION	
		ISSUER	SECURITIES DATE	
		MISCELLANEOUS		

ADMINISTRATIVE PROPERTY EST	TYPE (GROUP)					TOTAL VALUE
	STOLEN					
	DAMAGED					
	BURNED					
	RECOVERED					

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER - 8	<input type="checkbox"/> EX-CLEAR UNDER 10
				<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE <input type="checkbox"/> OFFENDER DEATH, 2. <input type="checkbox"/> NO PROSECUTION.		3. <input type="checkbox"/> EXTRADITION DENIED.		4. <input type="checkbox"/> VICTIM DECLINES COOPERATION		<input type="checkbox"/> JUVENILE NO CUSTODY	
REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER		
SGT. ALVIN COKER	11/07/01	704	<i>[Signature]</i>	11/07/01	704		
		FOLLOW-UP OFFICER					
		INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO					

AGENCY I.D.
SC 0180000

SUPPLEMENTARY REPORT
DORCHESTER COUNTY SHERIFF'S OFFICE

CASE NUMBER

0 1 0 0 1 4 9 3

NCIC

INQ. ENTD.

<input type="checkbox"/> ORIGINAL REPORT	<input checked="" type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE 2 of 2 PAGES.
<input type="checkbox"/> MODIFIES ORIGINAL	<input checked="" type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY	

On October 25, 2001 R/O obtained Warrant Number G-366579, for the arrest of Darian "POP" Williams, for the charge of Accessory After the Fact of a Felony (Arson), a violation of section 16-1-55 SC code of Laws as amended.

On November 07, 2001 R/O and Sled Agent James Helms traveled to Branchville SC and met with Orangeburg County Magistrate Richard Murray who counter signed the warrant for service in Orangeburg County. R/O and SLED Agent Helms located suspect Darian Williams at North American Container Company, Rowesville, SC and arrested him with out incident. R/O informed the suspect of Miranda Rights from a pocket card, and the suspect was transported back to the Dorchester County Sheriff's Office in St. George where the booking report was completed. R/O informed the suspect Darian Williams again of Miranda Rights from a Miranda Rights / Waiver of Rights Form. The suspect indicated that he understood his rights and initialed each right as it was listed, and then signed the Waiver of Rights section of the form. The suspect first stated he did not know anything about the incident. R/O reminded him of his prior statements and the statements of co-defendants. The suspect then provided an oral version of what he knew and the chain of events that took place. That version was primarily the same as he gave in his second written statement dated 02/23/01. The suspect stated that he was present when the victims body was placed into the car trunk, and he knew that Marion Bowman Jr. wanted to burn the car with the body inside. He stated that he made Bowman take him home and was not present when the burning took place. He did state that he did not see Travis Felder at the fire scene at any time, but did see him talking with Marion Bowman Jr. at Alan Murray Club earlier the night of the incident. No written statement was taken on this interview.

R/O informed the suspect of the booking and bond hearing process and then delivered the suspect to the Dorchester County Jail to await a bond hearing.

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY					
REPORTING OFFICER(S) SGT. ALVIN COKER	DATE 11/07/01	UNIT NUMBER 704	APPROVING OFFICER <i>[Signature]</i>	DATE 11/07/01	UNIT NUMBER 704
			FOLLOW-UP INVESTIGATION		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

Statement of Miranda Rights

DARIAN ANTONIO WILLIAMS
11th GRADE

- DAW1. You have the right to remain silent.
- DAW2. Anything you say can and will be used against you in a court of law.
- DAW3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
- DAW4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- DAW5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

Waiver of Rights

I have read the above statement of my rights and I understand each of those rights, and having these rights in mind I waive them and willingly make a statement.

Darion A. Williams

Witnessed By: [Signature]

Officer's Name Sgt. A.M. Coker

Officer's Department DORCHESTER COUNTY S.O.

Date: 11-07, 2001

Time: 14:05 P.M.

ARREST WARRANT

G-366579

STATE OF SOUTH CAROLINA

County/ Municipality of DORCHESTER

THE STATE against

WILLIAMS, DARIAN ANTONIO

Address: BRANCHVILLE SC 29432-0000

Phone: SS# Sex: M Race: B Height: Weight: 000 DL State: DL #: DOB: Agency ORI #: 1800

Prosecuting Agency: DCSD

Prosecuting Officer: COKER, DET. A.M.

Offense: ACCESSORY AFTER THE FACT

F GRAND LARCENY ARSON 3RD (CR)

Code/Ordinance Sec. 16-1-55

This warrant is CERTIFIED FOR SERVICE in the County/ Municipality of

The accused is to be arrested and brought before me to be dealt with according to law.

Richard Murray (L.S.) Signature of Judge

Date: 11-7-2001

RETURN

A copy of this arrest warrant was delivered to defendant Darian Williams on 11-7-1-1325

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

DORCHESTER COUNTY SHERIFF'S OFFICE

Date Received 10-25-01 Page No.

STATE OF SOUTH CAROLINA County/ Municipality of DORCHESTER

AFFIDAVIT

Form Approved by S.C. Attorney General July 26, 1990 SCCA 518

Personally appeared before me the affiant COKER, DET. A.M. who being duly sworn deposes and says that defendant WILLIAMS, DARIAN ANTONIO did within this county and state on 2/17/2001 violate the criminal laws of the State of South Carolina (or ordinance of County/ Municipality of) in the following particulars: VIOLATION SECTION 16-1-55 OF SC CODE OF LAWS DESCRIPTION OF OFFENSE: ACCESSORY AFTER THE FACT OF GRAND LARCENY ARSON 3RD (CR)

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

SEE ATTACHED AFFIDAVIT

ALL OF WHICH IS AGAINST THE PEACE AND DIGNITY OF THE STATE OF SOUTH CAROLINA AND WILL BE MORE FULLY DESCRIBED IN THE 1976 CODE OF LAWS

Sworn to and subscribed before me on Signature of Affiant Affiant's Address Signature of Issuing Judge (L.S.) Affiant's Telephone

STATE OF SOUTH CAROLINA County/ Municipality of DORCHESTER

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that on 2/17/2001 defendant WILLIAMS, DARIAN ANTONIO did violate the criminal laws of the State of South Carolina (or ordinance of County/ Municipality of) as set forth below:

DESCRIPTION OF OFFENSE: VIOLATION SECTION 16-1-55 OF SC CODE OF LAWS ACCESSORY AFTER THE FACT OF GRAND LARCENY ARSON 3RD (CR)

Now, therefore, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable.

Signature of Issuing Judge (L.S.) Judge's Address SC 29477-0000 Judge's Telephone Issuing Court: Magistrate Municipal Circuit

STATE OF SOUTH CAROLINA
COUNTY OF DORCHESTER

WARRANT NUMBER: G366579
DCSO CASE NUMBER: 01001493

AFFIDAVIT

Personally appeared before me, a magistrate of this County, one DETECTIVE SGT. ALVIN COKER, who, being duly sworn, deposes and says that DARIAN ANTONIO WILLIAMS (AKA: "POP"), B / M / 6'02" / 150 lb. / DOB: SSN: / SCDL: Branchville, SC 29432 did within this County and State on the 17TH day of FEBRUARY, 2001, violate the criminal laws of the State of South Carolina in the following particulars:

DESCRIPTION OF OFFENSE

ACCESSORY AFTER THE FACT OF ARSON 3RD DEGREE: Violation of Section (16-1-55) of the South Carolina Code of Laws, 1976 as Amended.

The Affiant states that there is probable cause to believe that the defendant named above did commit the crime(s) set forth, and that such probable cause is based on the following facts:

That on FEBRUARY 17, 2001, located at NURSARY ROAD, near the Town of Reevesville, within the County and State aforesaid, the Defendant, DARIAN ANTONIO WILLIAMS (AKA: "POP"), did commit the offense of ACCESSORY AFTER THE FACT OF ARSON 3RD DEGREE, in violation of section (16-1-55), of the South Carolina Code of Law 1976 as amended. In that he did willfully and unlawfully have knowledge of the murder of Kandee Martin and the Arson (Burning) of Kandee Martin's vehicle. Furthermore, that on February 16, 2001 Marion Bowman Jr. and Tawain Gadson took Kandee Martin (victim) to Nursery Road, a remote area of Dorchester County, near the Town of Reevesville SC where they shot and killed the victim. Marion Bowman Jr. and Tawain Gadson then drove the victim's car back to Branchville, SC where they picked up the Defendant and other individuals and drove it to Allen Murray nightclub in Bowman SC. After leaving the nightclub, the Defendant rode in the victim's car with other Co-defendants back to the incident location on Nursery Road, where the victim's body was pulled from a wooded area and placed back into the trunk of her car. The vehicle was burned in an attempt to destroy the vehicle and the victim's body. The Defendant has provided two written statements to law enforcement officers as to his involvement in this crime. Since that time in interviews with the Affiant and Solicitor Walter Bailey, the Defendant has gave numerous oral versions as to who was present when the car and body were burned and as to how those involved got back to Branchville SC after the crime was committed. Each time the Defendant repeats his story, the story changes. The Defendant originally indicated he was not present, however now repeatedly states that he was present when the body was placed in the vehicle and the car was burned. All is against the Law, Peace and Dignity of the State of South Carolina.

SWORN AND SUBSCRIBED BEFORE ME

THIS 25 DAY OF

10th Oct., 2001

Walter Bailey
(ISSUING JUDGE)

Alvin Coker
(SIGNATURE OF AFFIANT)

ADDRESS: 100 SEARS STREET
ST. GEORGE, S.C. 29477
TELEPHONE: (843) 563-0259

DORCHESTER COUNTY SHERIFF'S OFFICE

VICTIM NOTIFICATION INFORMATION

{ ATTACH THIS DOCUMENT TO ALL ARREST WARRANTS }

WARRANT NUMBER: G-366579

DATE OF ARREST: 11-07-01

DEFENDANT: DARIAN ANTONIO WILLIAMS

Race: B ; Sex: M ; Date of Birth: _____ ; SS No.: _____

VICTIM INFORMATION

VICTIM NAME: KANDEE MARTIN (DECEASED) (Family)

ADDRESS: _____

ORANGEBURG SC

PHONE: HOME: _____ WORK: _____ OTHER: _____

VICTIM NOTIFIED BY: _____

NOTIFICATION DATE: _____ TIME: _____

COMMENTS: _____

