

Office of the Sheriff



SHERIFF OF CHARLOTTE COUNTY

7474 UTILITIES ROAD  
PUNTA GORDA, FLORIDA 33982  
(941) 639-2101

INTER-OFFICE MEMORANDUM

TO: D/Sgt. Garry Gray  
Michigan State Police

DATE: 03/04/10

FROM: Angela McNeill  
Charlotte County Sheriff's Office

SUBJECT: Signature

Please sign the Chain of Custody form in the highlighted area. Once the form is signed, please return the form to the Charlotte County Sheriff's Office, the address is listed below.

Charlotte County Sheriff's Office  
c/o Angela McNeill, Evidence  
7474 Utilities Road  
Punta Gorda, Florida 33982

Thank you,

A handwritten signature in cursive script that reads "Angela McNeill".

Angela McNeill

# Charlotte County Sheriff's Office

## Property Release/Disposal Receipt

Offense Number: 1003-000908      Case Agent: Williams, Christopher Scott (2140 / District 4 CID / Charlotte County Sheriff's Office)

Item	Quantity	Description
1	1	Buccal Swabs

State authority to release or manner of disposition:

RELEASED

Sent via Fed Ex #8600502103840215 to Michigan State Police per Det Chris Williams 3/4/10 #2154

I hereby certify that I have received the above listed property

Signature X D/Sgt. Gary L. Gray      Date Received 03/04/2010  
Name D/Sgt. Gary Gray      Owner/For Owner \_\_\_\_\_  
Address 14350 Fenwick Road  
City/State Oak Park, ME 48237      Released By McNeill, Angela (2154 / EVIDENCE / Charlotte County Sheriff's Office)  
Telephone 248-584-5774      Verified By [Signature] #2154

1003-000908

**From:** Garry Gray  
**To:** jennifer.griffin  
**CC:** David Robertson  
**Date:** 3/1/2010 10:44 AM  
**Subject:** Buccal swab

Jennifer

Per our conversation moments ago, could you please have a deputy or detective obtain a buccal swab from one: Karol Self

Cell#

Karol's daughter was murdered 34 years ago and we need her DNA to further our investigation. I spoke with Karol earlier this morning and she will comply with what ever is requested of her, (she's more that cooperative). Karol advised that she will be home Tuesday, March 2nd.

Please take two buccal swabs from her, document the standard, who, when, where, date/time, etc and mail same back to:

D/Sgt. Garry Gray  
Michigan State Police  
14350 Ten Mile Rd.  
Oak Park, MI 48237

Phone # 248-584-5774

Thanks, please call me back advising you received this.

D/Sgt. Garry Gray

JENNIFER  
GRIFFIN

944 258-3901

PLZ CALL when you get this!

CASE NUMBER: 1003-000908

REPORT DATE: 3-2-2010

TYPE OF CASE: Agency Assist (Michigan State Police-Sgt. Garry Gray

FELONY  MISDEMEANOR  OTHER

Person Type Options	PERSON TYPE	NAME	ADDRESS	PHONE
Case Agent	Case Agent	Detective C. Williams 2140	7474 Utilities Road, Punta Gorda, Florida	941-639-2101
Victim	Witness	Witness	Karol Self (w/f, DOB: _____)	
Suspect	Owner			
Arrestee	Finder			

LOCATION WHERE IMPOUNDED:

ITEM#	QTY/WGT	PKG/WGT	TEST KIT USED	RESULTS	EVIDENCE	FOUND PROPERTY
	01				<input checked="" type="checkbox"/> SAFE KEEPING	<input type="checkbox"/>
DESCRIPTION					<input type="checkbox"/> SUSP ARRSTD	<input type="checkbox"/> DV ORDER#
Buccal swabs from Karol Self to be sent to Sgt. Garry Gray of the Michigan State Police.					<input type="checkbox"/> DESTROY	<input type="checkbox"/> RTN TO OWNER
SEND TO CRIME SCENE <input type="checkbox"/>					M.E. TESTING NEEDED <input type="checkbox"/> RTN TO FINDER	
CRIME SCENE TESTING NEEDED No					SEND TO MEDICAL EXAMINER <input type="checkbox"/>	
ITEM#	QTY/WGT	PKG/WGT	TEST KIT USED	RESULTS	EVIDENCE	FOUND PROPERTY
					<input type="checkbox"/> SAFE KEEPING	<input type="checkbox"/>
DESCRIPTION					<input type="checkbox"/> SUSP ARRSTD	<input type="checkbox"/> DV ORDER#
SEND TO CRIME SCENE <input type="checkbox"/>					M.E. TESTING NEEDED <input type="checkbox"/> RTN TO OWNER	
CRIME SCENE TESTING NEEDED					SEND TO MEDICAL EXAMINER <input type="checkbox"/>	
ITEM#	QTY/WGT	PKG/WGT	TEST KIT USED	RESULTS	EVIDENCE	FOUND PROPERTY
					<input type="checkbox"/> SAFE KEEPING	<input type="checkbox"/>
DESCRIPTION					<input type="checkbox"/> SUSP ARRSTD	<input type="checkbox"/> DV ORDER#
SEND TO CRIME SCENE <input type="checkbox"/>					M.E. TESTING NEEDED <input type="checkbox"/> RTN TO OWNER	
CRIME SCENE TESTING NEEDED					SEND TO MEDICAL EXAMINER <input type="checkbox"/>	
ITEM#	QTY/WGT	PKG/WGT	TEST KIT USED	RESULTS	EVIDENCE	FOUND PROPERTY
					<input type="checkbox"/> SAFE KEEPING	<input type="checkbox"/>
DESCRIPTION					<input type="checkbox"/> SUSP ARRSTD	<input type="checkbox"/> DV ORDER#
SEND TO CRIME SCENE <input type="checkbox"/>					M.E. TESTING NEEDED <input type="checkbox"/> RTN TO OWNER	
CRIME SCENE TESTING NEEDED					SEND TO MEDICAL EXAMINER <input type="checkbox"/>	
ITEM#	QTY/WGT	PKG/WGT	TEST KIT USED	RESULTS	EVIDENCE	FOUND PROPERTY
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DESCRIPTION					<input type="checkbox"/> SUSP ARRSTD	<input type="checkbox"/> DV ORDER#
SEND TO CRIME SCENE <input type="checkbox"/>					M.E. TESTING NEEDED <input type="checkbox"/> RTN TO OWNER	
CRIME SCENE TESTING NEEDED					SEND TO MEDICAL EXAMINER <input type="checkbox"/>	

THE ABOVE LISTED REPRESENTS ALL PROPERTY TAKEN FROM MY POSSESSION:

IMPOUNDING OFFICER: Detective C. Williams  
 PAYROLL ID#: 2140 DISTRICT: D4/CID

SIGNATURE: *Karol Self*

SIGNATURE: \_\_\_\_\_

ITEM	DATE	RELEASED BY	RECEIVED BY	LOCATION / REASON
	3/2/2010	Detective C. Williams 2140	<i>Angela Howe</i> <i>McWright 2104</i>	Evidence Locker <i>mcl 3/4/10</i>

## McNeill, Angela

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**From:** Williams, Christopher  
**Sent:** Thursday, March 04, 2010 3:26 PM  
**To:** Evidence  
**Subject:** Buccal Swabs

The date and time for the buccal swabs are as followed: March 02, 2010, 11:05 A.M (case #1003-000908). Thank you very much for the help

Det. C. Williams 2140  
D4/CID  
941-258-3958

Office of the Sheriff



SHERIFF OF CHARLOTTE COUNTY

7474 UTILITIES ROAD  
PUNTA GORDA, FLORIDA 33982  
(941) 639-2101

INTER-OFFICE MEMORANDUM

TO: Evidence Division

DATE: 03/02/2010

FROM: Detective C. Williams 2140  
District 04/ Criminal Investigations Division

SUBJECT: **Evidence Submission**

Upon the request of Detective Sergeant Garry Gray of the Michigan State Police (see attached request), buccal swabs were collected in reference to a Murder Investigation that took place in their jurisdiction. Please mail the buccal swabs to the following: D/Sgt. Garry Gray

Michigan State Police  
14350 Ten Mile Road  
Oak Park, MI 48237

Thank you,

A handwritten signature in black ink, appearing to read "Det C Williams 2140".

Detective C. Williams 2140