



EVIDENCE SUBMISSION FORM (ESF)

The Commonwealth of Massachusetts
Massachusetts State Police
Forensic Services Division
Crime Laboratory
Evidence Control Unit (508) 358-3155

(Affix LIMS barcode label here)

MSPCL Case Number: _____

Additional Case Individuals and / or Evidence Items

Victim/Other's Name(s) <i>First, Middle, Last</i>		DOB	Sex Assigned at Birth	Suspect's Name(s) <i>First, Middle, Last</i>		DOB	Sex Assigned at Birth	Charged?
V: <input type="checkbox"/>								<input type="checkbox"/> Yes
O: <input type="checkbox"/>								<input type="checkbox"/> No
					SSN			
V: <input type="checkbox"/>								<input type="checkbox"/> Yes
O: <input type="checkbox"/>								<input type="checkbox"/> No
					SSN			
V: <input type="checkbox"/>								<input type="checkbox"/> Yes
O: <input type="checkbox"/>								<input type="checkbox"/> No
					SSN			
V: <input type="checkbox"/>								<input type="checkbox"/> Yes
O: <input type="checkbox"/>								<input type="checkbox"/> No
					SSN			

Item Type with brief description and recovery location <i>List each item of evidence separately</i>	Property Room #	Analysis Requested <i>Select all that apply</i>			
		<input type="checkbox"/> Prints	<input type="checkbox"/> Trace	<input type="checkbox"/> OUI (Alcohol+Drug)	<u>Ballistics</u> (select one)
		<input type="checkbox"/> Footwear	<input type="checkbox"/> Arson	<input type="checkbox"/> OUI (Alcohol only)	<input type="checkbox"/> Firearm Cert
		<input type="checkbox"/> Photos Only	<input type="checkbox"/> GSR	<input type="checkbox"/> OUI (Drug only)	<input type="checkbox"/> Comparison
		<input type="checkbox"/> Crim/DNA*	<input type="checkbox"/> Drugs	<input type="checkbox"/> General Toxicology	<input type="checkbox"/> NIBIN Only
		* Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Prints	<input type="checkbox"/> Trace	<input type="checkbox"/> OUI (Alcohol+Drug)	<u>Ballistics</u> (select one)
		<input type="checkbox"/> Footwear	<input type="checkbox"/> Arson	<input type="checkbox"/> OUI (Alcohol only)	<input type="checkbox"/> Firearm Cert
		<input type="checkbox"/> Photos Only	<input type="checkbox"/> GSR	<input type="checkbox"/> OUI (Drug only)	<input type="checkbox"/> Comparison
		<input type="checkbox"/> Crim/DNA*	<input type="checkbox"/> Drugs	<input type="checkbox"/> General Toxicology	<input type="checkbox"/> NIBIN Only
		* Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
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		<input type="checkbox"/> Footwear	<input type="checkbox"/> Arson	<input type="checkbox"/> OUI (Alcohol only)	<input type="checkbox"/> Firearm Cert
		<input type="checkbox"/> Photos Only	<input type="checkbox"/> GSR	<input type="checkbox"/> OUI (Drug only)	<input type="checkbox"/> Comparison
		<input type="checkbox"/> Crim/DNA*	<input type="checkbox"/> Drugs	<input type="checkbox"/> General Toxicology	<input type="checkbox"/> NIBIN Only
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		<input type="checkbox"/> Footwear	<input type="checkbox"/> Arson	<input type="checkbox"/> OUI (Alcohol only)	<input type="checkbox"/> Firearm Cert
		<input type="checkbox"/> Photos Only	<input type="checkbox"/> GSR	<input type="checkbox"/> OUI (Drug only)	<input type="checkbox"/> Comparison
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		<input type="checkbox"/> Photos Only	<input type="checkbox"/> GSR	<input type="checkbox"/> OUI (Drug only)	<input type="checkbox"/> Comparison
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		<input type="checkbox"/> Photos Only	<input type="checkbox"/> GSR	<input type="checkbox"/> OUI (Drug only)	<input type="checkbox"/> Comparison
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		* Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			