



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 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"/> | | | | SSN | | | | <input type="checkbox"/> No |
| V: <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> Yes |
| O: <input type="checkbox"/> | | | | SSN | | | | <input type="checkbox"/> No |
| V: <input type="checkbox"/> | | | | | | | | <input type="checkbox"/> Yes |
| O: <input type="checkbox"/> | | | | SSN | | | | <input type="checkbox"/> No |

| 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/Footwear <input type="checkbox"/> Toxicology <input type="checkbox"/> Arson <input type="checkbox"/> Ballistics <input type="checkbox"/> Trace <input type="checkbox"/> GSR <input type="checkbox"/> Crim/DNA* <input type="checkbox"/> NIBIN <input type="checkbox"/> Drugs * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> Prints/Footwear <input type="checkbox"/> Toxicology <input type="checkbox"/> Arson <input type="checkbox"/> Ballistics <input type="checkbox"/> Trace <input type="checkbox"/> GSR <input type="checkbox"/> Crim/DNA* <input type="checkbox"/> NIBIN <input type="checkbox"/> Drugs * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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