

**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: _____

Offense/Case Type:		Incident Number:						
Incident Town:		Incident Date:						
Investigating Agency:								
Report To (Name):		Phone (Report To):						
Email (Report To):								
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>		
1.						<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 * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2.						<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 * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3.						<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 * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4.						<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 * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5.						<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 * Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

The signature below confirms the items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. The signature also confirms the submitting agency has read and agreed to the Laboratory's Simplified Reporting Agreement, the Evidence Submission and Testing Notification, and the Laboratory's Item Analysis Policy available at all MSPCL evidence submission locations and the MSP Crime Laboratory website at www.mass.gov.

I, _____ acknowledge receipt of the item(s) above from _____

Received by (Signature)

Printed or typed rank & name of Delivered by

Date of Submission

Department/Agency (of Delivered By)

Signature of Delivered By

Contact the Case Management Unit (978) 451-3440 or mspcclcmu@mass.gov if the status of this case changes.