

# CRIMES AGAINST PERSONS Evidence Submission Form

001-EV-CAP-A Authorized by: AWH Issue Date: 09/30/2016



Minnesota Bureau of Criminal Apprehension  
Forensic Science Services

Website: [bca.dps.mn.gov](http://bca.dps.mn.gov)  
Email: [bca.lab.vault@state.mn.us](mailto:bca.lab.vault@state.mn.us)

- New Case**
- Additional** BCA Lab Case# \_\_\_\_\_
- Resubmission** BCA Lab Case# \_\_\_\_\_
- Court Date** \_\_\_\_\_

1430 Maryland Avenue E      3700 N. Norris Court NW      101 11<sup>th</sup> Ave N  
 Saint Paul, MN 55106      Bemidji, MN 56601      St. Cloud, MN 56303  
 Phone: 651-793-2900      Phone: 218-755-6600      Phone: 320-249-2689  
 Fax: 651-793-2901      Fax: 218-755-6601      Fax: 651-793-2901

**Note:**  
Complete page 1 in its entirety,  
complete page 2 as applicable.

Type of Offense	County of Offense	Investigating Officer's Name
Submitting Agency		Investigating Officer's Direct Phone
Agency Case # (ICR #)		Investigating Officer's Email Address
Location of Offense		Submitted by
Date of Offense		If questions arise, indicate preferred contact method during normal business hours: <input type="checkbox"/> Direct Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (specify)
Prosecutor's Name and Contact Information		

**Associated Individuals (S=Suspect, V=Victim, E-Elimination, O=Other/Owner)**

#	S/V/E/O	Name (Last, First, Middle)	Sex	Race	DOB (MM/DD/YYYY)	SID/FBI Number (LP Cases Only)
1						
2						
3						
4						
5						
6						

**Description of Evidence Submitted**

Agency Item#	Brief Description	Individual Associated <small>(use number(s) above)</small>	Date Collected <small>(MM/DD/YYYY)</small>	Recovered From	Known (K) Unknown (U) <small>(DNA/Trace)</small>	Requested Analysis <small>(refer to codes below)</small>
					<input type="checkbox"/> K <input type="checkbox"/> U	
					<input type="checkbox"/> K <input type="checkbox"/> U	
					<input type="checkbox"/> K <input type="checkbox"/> U	
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					<input type="checkbox"/> K <input type="checkbox"/> U	
					<input type="checkbox"/> K <input type="checkbox"/> U	

**Brief Summary of Case**

	<p><b>Requested Analysis Codes</b>                  ALC: Alcohol                  CT: Chemical Testing/Fire Debris                  DRG: Drug Chemistry                  FA: Firearms                  LP: Latent Prints                  DNA: DNA                  TM: Toolmarks                  TRA: Trace Evidence                  TOX: Toxicology</p>
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<b>Submitting Agency</b>
<b>Agency Case #</b>

**PLEASE COMPLETE ONLY THE SECTIONS THAT CORRESPOND TO REQUESTED ANALYSES ON PAGE 1**

**Latent Prints (LP)**

Has the evidence been previously processed for latent prints?  Yes  No

If Yes, how?

Was the evidence initially preserved for latent prints?  Yes  No

*If No, please provide prints for elimination. Known prints for law enforcement are NOT kept on file.*

If evidence is being examined for prints in blood, is there a question as to the source of the blood?  Yes  No

**DNA**

Has the evidence been previously processed for latent prints?  Yes  No

Are known samples available from all principals?  Yes  No

If No, will they be available?  Yes  No

*Please Note: Samples collected from convicted offenders for inclusion in the DNA database cannot be used as evidence specimens.*

Does this case involve swabs taken from a weapon?  Yes  No

*If Yes, written permission to consume the evidence must be submitted prior to testing.*

Has someone been charged?  Yes  No If Yes, provide prosecutor's contact information on first page.

**Firearms/Toolmarks (FA, TM)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accidental/Unintentional Shooting<br>(function test)                   | <input type="checkbox"/> Barrel/Overall Length Measurements<br>(shotguns/rifles) | <input type="checkbox"/> Bullet Hole/Impact Determination<br>(no firearm available)                    |
| <input type="checkbox"/> Distance Determination<br>(muzzle-to-target)                           | <input type="checkbox"/> Ejection Pattern Determination                          | <input type="checkbox"/> Firearm Function Test<br>(malfunctioning or for semi/full auto modifications) |
| <input type="checkbox"/> Firearms Identification<br>(comparison of fired ammunition components) | <input type="checkbox"/> Fired Evidence<br>(brand, caliber determination)        | <input type="checkbox"/> NIBIN<br>(MN firearms database)   |
| <input type="checkbox"/> Officer-Involved Shooting  | <input type="checkbox"/> Serial Number Restoration                               | <input type="checkbox"/> Tool/Toolmark Identification<br>(comparison of tool to toolmark)              |
| <input type="checkbox"/> Other (explain):   |  |  |

For Firearms: Is DNA swab collection needed on the firearm(s)?  Yes  No

For TM: Has the tool been linked to an individual/person (e.g. through investigation or forensic testing)?  Yes  No

**Trace Evidence (TRA)**

- Fibers     Glass     Hairs     Paint  
 Physical Match     Shoeprints/Tiretracks  
 Tape     Other:

**Chemical Testing (CT)**

- Acid/Base/Bleach     Chemical Reaction Bomb  
 Pepper Spray/Mace/Bankdye  
 Other:

Were the suspect and victim acquainted with each other?  Yes  No  N/A

Did the suspect have legitimate access to the scene?  Yes  No

Have known hairs been collected from the victim and suspect?  Yes  No  N/A

Are the shoeprint/tiretrack photographs from one scene or multiple scenes?  One Scene  Multiple  N/A

Are there scales in the shoeprint/tiretrack photographs?  Yes  No  N/A

Is there a question as to the owner of the known shoes (i.e. wearer DNA needed)?  Yes  No  N/A

**Drug Chemistry (DRG)**

Are there drug related charges being sought?  Yes  No

Are there any known hazards?  Yes  No

Federal prosecution being sought?  Yes  No

If Yes, describe (body cavity search, body carry fentanyl, etc.):

If Yes, Federal prosecutor's contact information: