CRIMINAL SEXUAL CONDUCT
Evidence Submission Form

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

Minnesota Bureau of Criminal Apprehension
Forensic Science Services

Website: bca.dps.mn.gov
Email: 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 11th 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:** ☐Direct Phone ☐ Email ☐ 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 (use number(s) above)	Date Collected (MM/DD/YYYY)	Recovered From	Known (K) Unknown (U) (DNA/Trace)		Requested Analysis (refer to codes below)
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	
					◯ K	◯ U	

Brief Summary of Case

Requested Analysis Codes
ALC: Alcohol
CT: Chemical Testing/Fire Debris
DRG: Drug Chemistry
FA: Firearms
LP: Latent Prints
DNA: DNA
TM: Toolmarks
TRA: Trace Evidence
TOX: Toxicology

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Submitting Agency
Agency Case #

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

DNA

Is there more than one assailant suspected? ☐ **Yes** ☐ **No**
If Yes, how many?

Is there additional evidence available that has not been submitted (e.g. clothing, bedding)? ☐ **Yes** ☐ **No**

Toxicology (TOX) - **If submitting blood and/or urine kits, you must also submit a completed kit sheet and/or SARS/SANE printout.**

Amount of time elapsed between alleged assault and sexual assault exam:

☐ Less than 24 hours
Submit blood and urine samples

☐ More than 24 hours but less than 48 hours
No ALC testing will be performed, submit blood and urine samples for drug analysis

☐ More than 48 hours
No ALC testing will be performed, submit urine only for drug analysis

Suspected Drug-Facilitated Sexual Assault (DFSA):

If medication was given at the medical facility, was it given before or after sample collection? ☐ **Before** ☐ **After** ☐ **N/A**
List medication(s):

Did the victim acknowledge taking any drugs (e.g. recreational, prescription, over-the-counter)? ☐ **Yes** ☐ **No**
If Yes, list drug(s):

List any symptoms the victim described:

Did the victim consume alcohol? ☐ **Yes** ☐ **No**
If Yes, how much and over what time frame?

Did the victim ☐ **have amnesia** ☐ **become unconscious** ☐ **blackout**?

Were there any witnesses? ☐ **Yes** ☐ **No**
If Yes, summarize witness account:

Trace Evidence (TRA)

☐ Fibers ☐ Glass ☐ Hairs ☐ Physical Match ☐ Shoeprints ☐ Tape ☐ 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**

Drug Chemistry (DRG)

Are any items associated with a suspected drug-facilitated sexual assault? ☐ **Yes** ☐ **No**
If Yes, list items:

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**

Print Form