

**INTERNET & TECHNOLOGY
RELATED CRIMES
Evidence Submission Form**



001-EV-IT-A Authorized by: LGG
Issue Date: 03/26/2018

New Case

Additional BCA Lab Case# _____

Resubmission BCA Lab Case# _____

1430 Maryland Ave E
St. Paul, MN 55106
Phone: 651-793-2900
Fax: 651-793-2901

3700 N Norris Ct NW
Bemidji, MN 56601
Phone: 218-755-6600
Fax: 218-755-6623

101 11th Ave N
St. Cloud, MN 56303
Phone: 320-249-2689
Fax: 651-793-2901

Website: bca.dps.mn.gov
Email: bca.lab.vault@state.mn.us

Complete pages 1 and 2

Type of Offense	County of Offense	Date of Offense	Jury Trial Date
Investigating Agency		Submitting Agency	
Investigating Officer's Name		Submitted by	
Investigating Officer's Direct Phone & Email Address		Additional Agencies Involved	
Investigating Agency Case / ICR #		Location of Offense	
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
1						
2						
3						
4						
5						
6						

Description of Evidence

Agency Item#	Brief Description and Recovery Location	Individual Associated (use number(s) above)	Known (K) Unknown (U)		Requested Analysis (refer to codes below)	Other Information (e.g. DME: passwords/PINs, item foreign to the scene, previous BCA item #, etc.)
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		
			<input type="checkbox"/> K	<input type="checkbox"/> U		

Brief Summary of Case and Special Circumstances

	<p>Requested Analysis Codes DNA: DNA DME: Digital & Multimedia Evidence LP: Latent Prints</p>
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Investigating Agency
Agency Case #

PLEASE CHECK THE SECTIONS THAT CORRESPOND TO REQUESTED TESTING ON PAGE 1 AND ANSWER ALL ASSOCIATED QUESTIONS

Digital & Multimedia Evidence (DME)

Type of legal authorization provided: **Search Warrant** **Consent** **Other** (explain):

Keywords to be searched:

Has this evidence been previously viewed forensically? **Yes** **No**
If Yes, describe circumstance and identity of those involved:

Is there any privileged information contained within the evidence? **Yes** **No** If Yes, describe:

Who will be the contact for previewing the evidence or for digital evidence-specific questions?

For non-BCA Investigative cases, the following case types will be accepted

- Internet Crimes against Children
- Homicides
- State Patrol fatalities

All other case types must be pre-approved by the Supervisor, Special Agent in Charge (SAIC), or their designee(s). Indicate who approved the submission:

DNA and/or LP (DNA, LP)

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

Are images of processed prints being provided? **Yes** **No**

Are known DNA samples and/or prints available from all principals? **Yes** **No** If No, will they be provided? **Yes** **No**
Please Note: DNA samples collected from convicted offenders for inclusion in the DNA database CANNOT be used as evidence specimens.
Please Note: 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**