

CRIMINAL SEXUAL CONDUCT Evidence Submission Form



FSS-F-EI-1003
Issue Date: 02/01/2020

- 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

County of Offense	Date of Offense	Time of Offense (military time)	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

I affirm that all sexual assault examination kits being submitted are "unrestricted" as defined in MN Statute 299C.106. (initials) "Restricted" kits will not be accepted for forensic testing. (This includes associated blood/urine toxicology kits.)

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, DRG: Fed. quant, suspected fentanyl, 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		

Brief Summary of Case and Special Circumstances

	<p>Requested Analysis Codes ALC: Alcohol DRG: Drug Chemistry DNA: DNA DME: Digital & Multimedia Evidence LP: Latent Prints TRA: Trace Evidence TOX: Toxicology</p>
--	---

Investigating Agency

Agency Case #

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

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

Is there additional evidence available that has not been submitted (e.g. clothing, bedding, objects)? 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

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.

Alcohol and/or Toxicology (ALC, 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):

Was Medication given at the medical facility 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):

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

Did the victim have amnesia become unconscious blackout? List any symptoms the victim described:

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 samples been collected? Yes No N/A

Drug Chemistry (DRG)

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

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?