

# CRIMINAL SEXUAL CONDUCT Evidence Submission Form



FSS-F-EI-1003  
Issue Date: 06/04/2025

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

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St. Paul, MN 55106  
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101 11<sup>th</sup> Ave N  
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Website: [bca.dps.mn.gov](http://bca.dps.mn.gov)  
Email: [bca.lab.vault@state.mn.us](mailto: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 | 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<br><small>(use above numbers)</small> | Requested Analysis<br><small>(use below codes)</small> | Additional Information<br><small>(e.g. DME: passwords/PINs, DRG: Fed. quant, suspected fentanyl, etc.)</small> |
|---------------|---|---|--|--|
|               |   |   |  |  |
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|               |   |   |  |  |
|               |   |   |  |  |

**Brief Summary of Case and Special Circumstances**

|   |   |
|---|---|
| <p>_____ 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, including associated blood, urine, or DFC toxicology kits.</p> | <p><b>Requested Analysis Codes</b></p> <p><b>ALC:</b> Alcohol<br/> <b>DME:</b> Digital &amp; Multimedia Evidence<br/> <b>DNA:</b> DNA<br/> <b>DRG:</b> Drug Chemistry<br/> <b>LP:</b> Latent Prints<br/> <b>TOX:</b> Toxicology<br/> <b>TRA:</b> Trace Evidence</p> |
|---|---|

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Evidence Submission Form**

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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)

Investigating Agency

Agency Case #

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

**DNA and/or Latent Prints** (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 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

*Note: DNA samples collected from convicted offenders for inclusion in the DNA database CANNOT be used as evidence specimens.*

*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

**Alcohol and/or Toxicology** (ALC, TOX)

**If submitting a DFC, blood, or urine kit, include the completed kit sheet and/or SAR/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

ALC testing will NOT be performed, submit only urine sample for drug analysis

**Suspected Drug-Facilitated Sexual Assault (DFSA)?**  Yes  No

Did the victim acknowledge taking drugs (e.g. recreational, prescription, over-the-counter)?  Yes  No

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

Did the victim experience:  unconsciousness  amnesia  blackout?

List symptoms the victim described: \_\_\_\_\_

Was medication given at the medical facility before or after sample collection?  Before  After  N/A

List medication(s): \_\_\_\_\_

**Trace Evidence** (TRA)

Collection for:  Fibers  Glass  Hairs  Paint

Physical Fit  Footwear Impressions  Tape

Chemical Unknown (Bleach, Pepper Spray, Mace, Bank Dye, Chemical Reaction Bomb)

Other: \_\_\_\_\_

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

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

**Digital and Multimedia Evidence** (DME)

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

Keywords to be searched: \_\_\_\_\_

Has the evidence been previously viewed forensically?  Yes  No

If Yes, describe circumstances and identity of those involved: \_\_\_\_\_

Is there any privileged information contained within the evidence?  Yes  No

If Yes, describe: \_\_\_\_\_

Who is the contact for previewing the evidence or digital evidence-specific questions? \_\_\_\_\_