

FIRE INVESTIGATION Evidence Submission Form



FSS-F-F-EI-1005
Issue Date: 06/04/2025

- New Case**
- Additional** BCA Lab Case# _____
- Resubmission** BCA Lab Case# _____

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

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Bemidji, MN 56601
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St. Cloud, MN 56303
Phone: 320-249-2689
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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 | DOB (MM/DD/YYYY) | SID/FBI Number |
|---|---------|----------------------------|-----|------------------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Description of Evidence

***Comparison samples must be from the same substrate as one of the fire debris samples**

| Agency Item # | Brief Description and Recovery Location | Individual Associated <small>(use above numbers)</small> | Date Collected <small>(mm/dd/yyyy)</small> | Comparison Sample* <small>(Yes/No)</small> | | Requested Analysis <small>(use below codes)</small> | Additional Information |
|---------------|---|---|---|---|---|--|------------------------|
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |
| | | | | Y | N | | |

Brief Summary of Case and Special Circumstances

| | |
|----------|---|
| <p> </p> | <p>Requested Analysis Codes</p> <p>CT: Chemical Testing DNA: DNA LP: Latent Prints</p> |
|----------|---|

Investigating Agency

Agency Case #

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

Chemical Testing (CT)

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Fire Investigation |
| <input type="checkbox"/> Occupied Dwelling | <input type="checkbox"/> Homicide / Death Investigation |

Was a suppressant other than water used (e.g. encapsulator agent, foam, soap)? Yes No

If Yes, list trade name: _____

Has a sample been submitted for comparison? Yes No

DNA and/or Latent Prints (DNA, LP)

Is DNA or LP testing needed on any items of evidence? Yes No

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

If Yes, 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

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