



# Hennepin County Sheriff's Office Forensic Science Laboratory

531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010



## Request for Laboratory Examination

The Request for Laboratory Examination form must be completed for all evidence submissions. This form is designed to assist the laboratory in expediting the examination and testing of the submitted evidence by ensuring that all of the necessary information regarding the case has been provided.

The form should be filled out as completely as possible (Please print legibly). Incorrect or incomplete information on the form may delay the processing of evidence.

Submitting Agency: <b>HCSO - Investigations</b>	Agency Case #: <b>19011624</b>	Offense Type: <b>Death - Officer Involved</b>	Offense Date: <b>9-7-2019</b>
Offense Address: <b>77th St E and Chicago Ave S</b>		Offense City: <b>Richfield</b>	
Investigating Officer: <b>Det. C Nybeck</b>		Investigating Officer E-Mail Address: <b>Christofer.Nybeck@Hennepin.us</b>	
Investigating Officer Direct Telephone #: <b>612-919-9793</b>		LIMS Entry By:	Laboratory Case #: <b>19-1666</b>

Other Evidence related to this case has previously been submitted to the laboratory. Existing Laboratory Case #: \_\_\_\_\_

List all Principals involved in the incident below.

Last: <b>Quinones Rosario</b>		First: <b>Brian</b>		Middle: <b>Jesus</b>	
<input type="checkbox"/> Suspect	<input checked="" type="checkbox"/> Other	Sex: <b>M</b>	SID #:	FBI #:	DOB: <b>12-26-1988</b>
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias				
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias				
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias				
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias				
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias				

Business Name (if applicable): \_\_\_\_\_

**Rush Case Request:** All rush requests require Crime Laboratory Supervisor approval. Please contact Jim Liberty, Melissa Hummel or Scott Giles for rush approvals. The laboratory will accommodate rush requests only under certain circumstances i.e. pending court date, exigent circumstances. Please attach a copy of written approval to this form.

Copy of Written Approval Supplied

Relevant Case Information and/or Special Instructions:

**Evidence for OIS from Vehicle SW**

Submitting Agency Case #: 19011624

Laboratory Case #: 19-1666

Lab Item #	Agency Item #	Description of Evidence (Please associate evidence with appropriate individuals)	Examination(s) Requested
			B=Biology F=Firearms L=Latents S=Storage D=Destruction
112	119	Black Cell Phone and Charger (Quinones Rosaro's) from vehicle sw	S
113	120	Knife in a empty sealed container	S
114	121	CFS CD for SD card report from #119	S

If you are submitting more than fourteen (14) items, please list additional items on the Request for Laboratory Examination (Supplement) Form.

- The following measures will help expedite the examination and testing of the evidence you have submitted:
- DNA cases – if available, submit known DNA samples (buccal swabs) for all involved persons
  - Fingerprint cases – If available, submit the SID # and FBI #, as well as known fingerprint samples (fingerprint and palm cards) for all involved persons
  - All cases – Submit a copy of the agency offense report

**Compliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':**  
When routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:

- previously tested
- restricted kit
- other:

Evidence Intake Appointment Notes:

The completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to select the most appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory's evidence submission, examination, and testing procedures if available upon request.

Evidence Submitted By (Print Name – First & Last)  
**Chris Nybeck**

Signature

Time Received  
1030

Evidence Received By (Print Name – First & Last)

Signature

Date Received  
11/26/19