

# 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 necess	sary information regardi	ing the case has been provided	d.		
The form should be filled out as completely as possi	ble (Please print legibly). Incorre	ect or incomplete inform	nation on the form may delay			
Submitting Agency: HCSO - Investigations	Agency <b>19011624</b> Case #:	Offense Type: <b>Deat</b>	llooth (littlear involved   9-7.			
Offense Address: 77th St and Chicago	Ave S	Offense City: R	ichfield			
Investigating Officer: Det. C Nybeck			icer christofer.nybe	ck@hennepin.us		
Investigating Officer Direct Telephone #: 612	-919-9793	LIMS Entry By	Laborat Case #:	ory 19-166		
Other Evidence related to this case has p	reviously been submitted to	the laboratory.	xisting Laboratory Case #:			
List all <b>Principals</b> involved in the incident below	W		T	*		
Last: Quinones Rosario	First: Brian		Middle: Jesus			
Suspect Other Victim Alias	SID #:	FBI #:	DO	DB: <b>12-26-1988</b>		
Last:	First:		Middle:			
Suspect Other Victim Alias	SID #:	FBI#:	DO	OB:		
Last:	First:		Middle:	100		
Suspect Other Sex:	SID #:	FBI #:	DO	DB:		
Last:	First:		Middle:			
Suspect Other Sex:	SID #:	FBI #:	DO	OB:		
Last:	First:		Middle:			
Suspect Other Victim Alias Sex:	SID #:	FBI#:	DO	OB:		
Business Name (if applicable):			'			
Rush Case Request: All rush requests require C for rush approvals. The laboratory will accommodire circumstances. Please attach a copy of writter	nodate rush requests only under					
Relevant Case Information and/or Special Inst		1 /				
Evidence below is from Richfield	PD and Edina PD sq	uad storage de	vices			
•						

Document ID: Request for Laboratory

Examination Revision Date: September 23, 2019

Version: 2.1

Submitting Agency Case #:	19011624	
Submitting Agency case in.	I) UII UM I	

Revision Date: September 23, 2019

Laboratory Case #: \0 - \6.6

Lab Agency Description of Evidence F=Fir L=Latent D=De	ination(s) uested
The completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to service submission, examination and testing of the terms submitted, including which items to test. Additional information regarding the labor submission, examination and testing of the terms submitted, including which items to test. Additional information regarding the labor submission, examination and testing of the terms submitted, including submission, examination in the totarage, please indicate the reason testing is not requested.	
Empty squad storage devices for squads 1610, 1505, 1927, 1707 and 1599	earms
# original video already downloaded and into evidence*  # original video already downloaded and into evidence voto have submitted.  # or Not Ages: # available, submit be soon to be approximated to a long the evidence voto have submitted.  # or Not Ages: # available, submit be SID and FBI #; a swell as known fingerprint samples (fingerprint and pain cards) for all involved persons and its assault examination kit to storage, please indicate the reason testing is not requested:  # or previously tested   or stricted it or other.  # or the completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to see toots appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory appropriate methods for the examination and testing procedures if available upon request.  # No beck  # No beck    Signature	s S=Storag struction
*original video already downloaded and into evidence*    Fivou are submitting more than fourteen (14) items, please list additional items on the Request for Laboratory Examination (Supplement) Five following measures will help expedit the examination and testing of the evidence you have submitted:    Do NA cases - If available, submit shown ONA samples (funcal swabs) for all involved persons   Fine-print cases - If available, submit shown ONA samples (funcal swabs) for all involved persons   Palace with Native 2994. Dies submit shown ONA samples (funcal swabs) for all involved persons   Palace with Native 2994. Dies submit shown Ona fifth III, a well as known integrint samples (fingerprint and palm cards) for all involved persons   Palace with Native 2994. Dies submits and the III shown in the	
If you are submitting more than fourteen (14) items, please list additional items on the Request for Laboratory Examination (Supplement) File following measures will help expedit the examination and testing of the evidence you have submitted:  • DNA cases – If available, submit the SD and FBI 4, as well is known fingerprint samples (fingerprint and paim cards) for all involved persons • All cases – Submit a copy of the agency offense report miplance with NM Statute 299C.106 Sexual Assault teamination kit to storage, please indicate the reason testing is not requested:    previously tested   previous	S
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  idence 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 a submitted by the submitted of the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory reserves the right to select a submitted By (Print Name – First & Last)  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested: previously tested restricted kit other:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  Signature  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Signature	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested: previously tested restricted kit other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratic submission, examination, and testing procedures if available upon request.  Signature  Nybeck Nybeck Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  Signature  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Providence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested: previously tested restricted kit other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratic submission, examination, and testing procedures if available upon request.  Signature  Nybeck Nybeck Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested: previously tested restricted kit other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratic submission, examination, and testing procedures if available upon request.  Signature  Nybeck Nybeck Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested: previously tested restricted kit other:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  Signature  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Signature	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested: previously tested restricted kit other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratic submission, examination, and testing procedures if available upon request.  Signature  Nybeck Nybeck Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last) Signature Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  Signature  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Providence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  Signature  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Providence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  dence Intake Appointment Notes:  Signature  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Providence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
ne 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  nen routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  idence 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 submitted proposed agreement for services between the submitted, including which items to test. Additional information regarding the laboratory reserves the right to select a submission, examination, and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
ne 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  nen routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  idence 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 submitted proposed agreement for services between the submitted, including which items to test. Additional information regarding the laboratory reserves the right to select a submission, examination, and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
e 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	orm
DNA cases – if available, submit known DNA samples (buccal swabs) for all involved persons  ingerprint 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  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  men routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested  restricted kit  other:  dence Intake Appointment Notes:  me completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to select the submitted properties methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboration of the submitted By (Print Name – First & Last)  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	011111
• All cases – Submit a copy of the agency offense report  mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':  ten routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:  previously tested restricted kit other:  dence 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 appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory didence submission, examination, and testing procedures if available upon request.  Nybeck  Nybeck  Signature  Date Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
mpliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling': en routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:	
the routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:    previously tested   restricted kit   other:    dence Intake Appointment Notes:    dence Intake Appointment Notes:   dence Intake Appointment Notes:   dence Intake Appointment Notes:   dence Intake Appointment Notes:   dence Intake Appointment Notes:   dence Intake Appointment Notes:   de	
previously tested   restricted kit   other:   idence Intake Appointment Notes:	
restricted kit other:  idence 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 senset appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory vidence submission, examination, and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
the completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to select appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory reserves the right to select appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory reserves the right to select appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory reserves the right to select appropriate methods for the examination and testing procedures if available upon request.  Signature  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
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 submitted of the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory reserves the right to select the submitted submission, examination, and testing procedures if available upon request.  Vidence Submitted By (Print Name – First & Last)  Signature  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
the completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to selected form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to selected appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory reserves the right to selected appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory. The laboratory reserves the right to selected appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory.  Time Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
nost appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the labor vidence submission, examination, and testing procedures if available upon request.  vidence Submitted By (Print Name – First & Last)  Signature  Vidence Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
nost appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the labor vidence submission, examination, and testing procedures if available upon request.    Vidence Submitted By (Print Name – First & Last)   Signature   Time Received By (Print Name – First & Last)   Date Received By (Print Name – First & Last)   Date Received By (Print Name – First & Last)   Signature   Date Received By (Print Name – First & Last)   Date Received By (Print Name – First &	
nost appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the labor vidence submission, examination, and testing procedures if available upon request.  vidence Submitted By (Print Name – First & Last)  Signature  Vidence Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	
nost appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the labor vidence submission, examination, and testing procedures if available upon request.  vidence Submitted By (Print Name – First & Last)  Signature  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	lect the
Vidence Submitted By (Print Name – First & Last)  Signature  Signature  Date Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	
Nybeck  vidence Received By (Print Name – First & Last)  Date Received By (Print Name – First & Last)	ived
vidence Received By (Print Name – First & Last)  Signature  Date Received By (Print Name – First & Last)	2
18125	ivet
ent ID: Request for Laboratory Examination  Version: 2:1  Issuing Authority: Quality Assura	7/10
ent ID: Request for Laboratory Examination - Version: 2:17 Issuing Authority: Quality Assura	-
on Date: September 23, 2019 Page of	ince ivian



### **Hennepin County Sheriff's Office Forensic Science Laboratory**



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

## **Request for Laboratory Examination**

FORENSIC TESTING LABORATORY

The Request for Laboratory Examination form must be examination and testing of the submitted evidence by					
The form should be filled out as completely as possible	e (Please print legibly). Incorrect	or incomplete inform	nation on the form may o	delay the processing of evidence.	
Submitting Agency: HCSO - Investigations	Agency Case #: 19011624	Offense Type: <b>Deat</b>	h - Officer Invo	lved Offense 9-7-2019	
Offense Address: 77th St E and Chicag	o Ave S	Offense City: R	ichfield		
Investigating Officer: Det. C Nybeck		Investigating Off E-Mail Address:	icer Christofer.N	ybeck@Hennepin.Us	
Investigating Officer Direct Telephone #: $612-9$	19-9793	LIMS Entry By:		oratory 19-1% 61	
Other Evidence related to this case has pre	viously been submitted to th	e laboratory.	xisting Laboratory Cas	e #:	
List all <b>Principals</b> involved in the incident below.					
Last: Quinones Rosario	First: Brian		Middle: Jesus		
Suspect Other Victim Alias	SID #:	FBI#:		DOB: <b>12-26-1988</b>	
Last:	First:		Middle:		
Suspect Other Victim Alias	SID #:	FBI#:		DOB:	
Last:	First:		Middle:		
Suspect Other Sex:	SID #:	FBI#:		DOB:	
Last:	First:		Middle:		
Suspect Other Sex:	SID #:	FBI #:		DOB:	
Last:	First:		Middle:	A	
Suspect Other Sex:	SID #:	FBI #:		DOB:	
Business Name (if applicable):					
Rush Case Request: All rush requests require Crin for rush approvals. The laboratory will accommod circumstances. Please attach a copy of written approvals.	date rush requests only under cei				
Relevant Case Information and/or Special Instruction  Evidence for OIS from Vehicle SW					

Document ID: Request for Laboratory

Version: 2.1

Submitting Agency Case #: 19011624

Laboratory Case #: 19-1966

		·	Examination(s) Requested
Lab			B=Biology
Lab	Agency	<u>Description of Evidence</u>	F=Firearms
Item #	ltem#	(Please associate evidence with appropriate individuals)	L=Latents S=Storage
		-	D=Destruction
12	_ 119	Black Cell Phone and Charger (Quinones Rosaro's) from vehicle sw	S
3	120	Knife in a empty sealed container	S
14	121	CFS CD for SD card report from #119	S
and parties			
		ore than fourteen (14) items, please list additional items on the Request for Laboratory Examination (Supp	lement) Form.
The follo	DNA cases – if avail Fingerprint cases –	elp expedite the examination and testing of the evidence you have submitted:  able, submit known DNA samples (buccal swabs) for all involved persons  If available, submit the SID # and FBI #, as well as known fingerprint samples (fingerprint and palm cards) for all involve	d persons
		a copy of the agency offense report	
		99C.106 'Sexual Assault Examination Kit Handling':	
	_ ~	xamination kit to storage, please indicate the reason testing is not requested:	
Ė	previously tested restricted kit other:		
vidence	Intake Appointment N	lotes:	
most ap	propriate methods for	a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the r the examination and testing of the items submitted, including which items to test. Additional information regardin ation, and testing procedures if available upon request.	
			Time Bessive d
	e Submitted By (Print	Name – First & Last) Signature	Time Received
Chris	Nybeck		102
Evidence	e Received By (Print N	ame – First & Last) Signature	Date Received
ment ID:	Request for Laborator	ry Examination Version: 2.1 Issuing Authority: Qu	ality Assurance Man-
	: September 23, 2019		ancy mood affect fold!



531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010
An ASCLD/LAB-International Accredited Testing Lab



## **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. Offense 9-7-19 Offense Death - Officer Involved Agency Case #: 19011624 **HCSO** - Investigations Agency: Offense Address: 77th and Chicago Offense City: Richfield Investigating Officer Investigating Officer: christofer nybeck christofer.nybeck@hennepin.us E-Mail LIMS En Investigating Officer Direct Telephone #: 612-543-2981 Other Evidence related to this case has previously been submitted to the laboratory. xisting Laboratory Case #: List all Principals involved in the incident below. Last: Quinones-Rosario First: Brian Middle: Jesus Suspect Other Sex: DOB: 12-26-1988 SID #: FBI#: Victim Alias Race: H Last: First: Middle: Suspect Other Sex: DOB: SID #: FBI #: Victim Alias Race: Last: First: Middle: Suspect Other Sex: SID #: FBI#: DOB: Victim Alias Race: Last: First: Middle: Suspect Other Sex: DOB: SID #: FBI#: Victim Alias Race: Last: First: Middle: Other Suspect Sex: DOB: SID #: FBI#: Victim Alias Race: Business Name (if applicable): Rush Case Request: All rush requests require Crime Laboratory Supervisor approval. Please contact Jim Liberty, Melissa Hummel or Scott Giles Copy of Written for rush approvals. The laboratory will accommodate rush requests only under certain circumstances i.e. pending court date, exigent Approval circumstances. Please attach a copy of written approval to this form. Supplied Case Synopsis (Attach Copy of Agency Offense Report) Hennepin County Sheriff's Office Investigating an Officer Involved Shooting for the city of Richfield/Edina

Document ID: Request for Laboratory Examination

Revision Date: April 11, 2019

Version: 2.0

Submitted To OCA FIRE TESTING

	Lab	Agency	Description of Evidence	Examination(s) Requested B=Biology
	Item #	Item #	(Please associate evidence with appropriate individuals)	F=Firearms L=Latents S=Storage D=Destruction
V	01	1	Medical Gloves worn by Stariha - contains blood exposure	S
(	02	2	Medical Gloves worn by Carroll - contains blood exposure	S
1	03	3	Medical Gloves worn by Schultz - contains blood exposure	S
11	V	4	Blood Kit #B420120 - Edina Officer Wenande (collected 9-8-19)	S
A		5	Blood Kit #B419319 - Edina Officer Pedersen (collected 9-8-19)	S
AN	/	6	Blood Kit #B424365 - Richfield Officer Stariha (collected 9-8-19)	S
An		7	Blood Kit #B424361 - Richfield Officer Carroll (collected 9-8-19)	S
AT	V	8	Blood Kit #B424364 - Richfield Officer Schultz (collected 9-8-19)	S
	401	9	Richfield Squad Phone 1505 iPhone IMEI#356987066078641	S
1	105	10	Richfield Squad Phone 1927 iPhone IMEI#354450065742784	S
	106	11	Richfield Squad Phone 1599 iPhone IMEI#356987066654318 •	S
1	67	12	Edina Squad Phone 288 iPhone	S
	108	13	Edina Squad Phone 121 iPhone •	S
	109	14	Apple iPhone reported to belong to Quinones-Rosario	S
	If you are	submitting n	nore than fourteen (14) items, please list additional items on the Request for Laboratory Examination (Su	pplement) Form.

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

**Special Instructions** 

The completed form serves as a proposed agreement for services between the submitting agency and the	boratory	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. Add	ditional information regarding the laboratory's
evidence submission, examination, and testing procedures if available upon request.		

evidence submission, examination, and testing procedures if available upon request.

Evidence Submitted By (Print Name – First & Last)

Time Received

Evidence Received By (Print Name – First & Last)

Signature

Date Received

Document ID: Request for Laboratory Examination

Revision Date: April 11, 2019

Version: 2.0



Revision Date: September 23, 2019

# Hennepin County Sheriff's Office Forensic Science Laboratory

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



## Request for Laboratory Examination Supplement

	Use this form to	list additiona	l items of evidence being	submitted to the laborate of the space	e available on the RFLE.
8 1,2					aboratory 9-1664
Submitt Agency:		vestigatic	Agency 19011624 Case #:	Offense Type: Death - Officer Involved	Offense 9-7-19
Offense	Address: 77th a	nd Chicag	0	Offense City: Richfield	
The la	boratory reserved t Additional informa	he right to selection regarding	ect the most appropriate r g the laboratory's evidenc	methods for the examination of the items submitt e submission, examination, and testing procedure	red, including which items to test.
Lab Item #	Agency Item#		(Please	<u>Description of Evidence</u> associate evidence with appropriate individuals)	Examination(s) Requested L=Latents B=Biology F=Firearms S=Storage D=Destruction
110	15	Google P	ixel Reportedly be	longing to Ashley Marie Quinones	S
			*		
				1	<del></del>
De	Submitted By (Print N	stnd			Time Received
Evidence	Received By (Print Na	me – First & Las	Signati	ure	Date Received (
iment ID: I	Request for Laborators	/ Examination S	unnlement	Version: 2.2	Authority Quality Assurance Manager



531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010 An ASCLD/LAB-International Accredited Testing Lab



ALI-097-T

### **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. Agency 19011624 Offense Death - Officer Involved Offense 9-7-2019 **HCSO** - Investigations Agency: Offense Address: 77th St E and Chicago Ave S Offense City: Richfield Investigating Office Investigating Officer: Det. C Nybeck Christofer.Nybeck@Hennepin.Us E-Mail Address: LIMS Entry By Laboratory Investigating Officer Direct Telephone #: 612-919-9793 Case # 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: Quinones Rosario Middle: Jesus First: Brian Suspect Other Sex: M DOB: 12-26-1988 SID #: FBI#: Victim Alias Race: H Last: First: Middle: Suspect Other Sex: DOB: SID #: FBI#: Victim Alias Race: Last: First: Middle: Suspect Other Sex: DOB: SID #: FBI#: Victim Alias Race: Last: First: Middle: Suspect Other Sex: DOB: SID #: FBI#: Victim Alias Race: Last: First: Middle: Suspect Other Sex: DOB: SID #: FBI#: Victim Alias Race: Business Name (if applicable): Rush Case Request: All rush requests require Crime Laboratory Supervisor approval. Please contact Jim Liberty, Melissa Hummel or Scott Giles Copy of Written for rush approvals. The laboratory will accommodate rush requests only under certain circumstances i.e. pending court date, exigent Approval circumstances. Please attach a copy of written approval to this form. Supplied Case Synopsis (Attach Copy of Agency Offense Report) The above listed individual was involved in a OIS (Officer Involved Shooting) on 9-7-2019 in Richfield, MN.

Document ID: Request for Laboratory Examination

Revision Date: April 11, 2019

Version: 2.0

Submitting Agency Case #: 19011624

La

	10				4
aboratory Case #:	19	-	6	6	6

				Examination(s) Requested
	Lab	Agency	<u>Description of Evidence</u>	B=Biology
	Item #	Item#		F=Firearms
	item #	item#	(Please associate evidence with appropriate individuals)	L=Latents S=Storag
				D=Destruction
• 8	32	100	Shoe Total #2	S
<b>,</b>	33	101	Sheet Total #1	S
, 4	74	102	Body Bag	S
Q	35	103	Transfer Sheet Total #1	S
9	36	104	Black Wallet with Contents, Black Lanyard with One Gray Fab, One	S
			Blue Fab and two silver colored keys	
	97	105	Silver in Color Hinged Handcuff with Red Coating on Handcuffs	S
•	38	106	Trauma Sheet Floor Total #1	S
• 9	29	107	Sock Total #2	S
9	0 /	108	Right Paper Hand Bag	S
9	19	109	Belt	S
, <	72	110	Left Paper Hand Bag	S
	13	111	Underwear	S
• •	74	112	T-Shirt with Hood and Defects	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

Special Instructions

Refer to evidence items 116 and 118 for processing

The completed form serves as a proposed agreement for s	ervices between th	e submittin	g agency	and the laboratory. The laboratory	ory reserves the right to select the
most appropriate methods for the examination and testing	g of the items subm	itted, inclu	ding which	ch items to test. Additional inform	nation regarding the laboratory's
evidence submission, examination, and testing procedures  Evidence Submitted By (Print Name – First & Last)	Signature	1/5	4	In /	Time Received

**Christofer Nybeck** Evidence Received By (Print Name - First & Last)

Date Received

Document ID: Request for Laboratory Examination

Revision Date: April 11, 2019



531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010 An ASCLD/LAB-*International* Accredited Testing Lab



### Request for Laboratory Examination Supplement

Use this form to list additional items of evidence being submitted to the laboratory that exceed the space available on the RFLE.

Submitting Agency:

Offense Address: 77th St E and Chicago Ave

Offense City: Richfield

The laboratory reserved the right to select the most appropriate methods for the examination of the items submitted, including which items to test.

The laboratory reserved the right to select the most appropriate methods for the examination of the items submitted, including which items to test.

Additional information regarding the laboratory's evidence submission, examination, and testing procedures is available upon request.

			Examination(s) Requested
Lab	Agency	Description of Friday	L=Latents B=Biolo
Item#	Item #	Description of Evidence	F=Firearms
		(Please associate evidence with appropriate individuals)	S=Storage D=Destruction
75	113	Undershirt	S
			3
16	114	Jeans with Defects	S
17	115	Shirt with Defects	S
48	116	Blood Prep for Investigating Agency	S,B
19	117	4 Separate Manila Envelopes of Nail Clippings, Hair and Cut Seal	S
00	118	4 Separate Manila Envelopes with White Labels Containing Bullets	S, F
	2 /4		
	5		
			_
hristofe	er Nybeck	Name – First & Last)  Signature	Time Received
vidence Re	eceived By (Print N	Jame – First & Last) Signature	Date Received

Document ID: Request for Laboratory Examination Supplement

Revision Date: April 11, 2019

Version: 2.1
Page 2 of





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

Outbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Eide, Pamela J - HCSO CLU
Evidence Received By:	Hopkins, Michael J - HCSO-IN
Transfer Date & Time:	10/16/2019 1:28:55PM Hours
Transfer Note:	

			Primary Agency	
CLU Case #	Item #	Evidence Description	Case #	Other ID
19-1666	0107	Bag said to contain Edina squad phone 288	19011624	12
19-1666	0108	Bag said to contain Edina squad phone 121	19011624	13

Total Count of Items Released: 2

#### **SIGNATURES**

Evidence Received By:

When the second of th

Document ID: Outbound Evidence Receipt

Revision Date: 9/23/2019





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

Inbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Nelson, Diane - HCSO-IN	
Evidence Received By:	Eide, Pamela J - HCSO CLU	
Transfer Date & Time:	12/3/2019 9:28:36AM Hours	
Transfer Note:		

			Primary Agency	
CLU Case #	Item #	Evidence Description	<u> Case #</u>	Other ID
19-1666	0104	Bag said to contain Richfield squad phone 1505	19011624	9
19-1666	0105	Bag said to contain Richfield squad phone 1927	19011624	10
19-1666	0106	Bag said to contain Richfield squad phone 1599	19011624	11

Total Count of Items Received:

3

SIGNATURES

Evidence Released By:

Evidence Received By:

Document ID: Inbound Evidence Receipt

Revision Date: 9/23/2019

Version: 1.2

Page 1 of 1

Issuing Authority: QA Manager





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

Inbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Hopkins, Michael J - HCSO-IN
Evidence Received By:	Eide, Pamela J - HCSO CLU
Transfer Date & Time:	10/17/2019 1:32:10PM Hours
Transfer Note:	

			Primary Agency	
CLU Case #	<u>ltem #</u>	Evidence Description	Case #	Other ID
19-1666	0107	Bag said to contain Edina squad phone 288	19011624	12
19-1666	0108	Bag said to contain Edina squad phone 121	19011624	13

Total Count of Items Received: 2

#### **SIGNATURES**

Evidence Received By:

Evidence Received By:

Document ID: Inbound Evidence Receipt

Revision Date: 9/23/2019

Version: 1.2

Page 1 of 1





531 Park Avenue South Minneapolis, Minnesota 55415 612-598-7010

Outbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Eide, Pamela J - HCSO CLU
Evidence Received By:	Hopkins, Michael J - HCSO-IN
Transfer Date & Time:	10/16/2019 1:28:55PM Hours
Transfer Note:	

			Primary Agency	
CLU Case #	Item #	Evidence Description	Case #	Other ID
19-1666	0107	Bag said to contain Edina squad phone 288	19011624	12
19-1666	0108	Bag said to contain Edina squad phone 121	19011624	13

Total Count of Items Released:

2

#### **SIGNATURES**

Evidence Received By:

Evidence Received By:

Document ID: Outbound Evidence Receipt

Revision Date: 9/23/2019

Version, 1,8

Page 1 of 1





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

Inbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Hopkins, Michael J - HCSO-IN	
Evidence Received By:	Eide, Pamela J - HCSO CLU	
Transfer Date & Time:	10/17/2019 1:32:10PM Hours	· ·
Transfer Note:		

CLU Case #	Item #	Evidence Description	Primary Agency Case #	Other ID
19-1666	0107	Bag said to contain Edina squad phone 288	19011624	12
19-1666	0108	Bag said to contain Edina squad phone 121	19011624	13

Total Count of Items Received:

2

#### **SIGNATURES**

Evidence Released By:

Evidence Received By:

MAGA





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

Outbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Eide, Pamela J - HCSO CLU
Evidence Received By:	Nestrud, Aaron D - HCSO-IN
Transfer Date & Time:	10/18/2019 9:22:24AM Hours
Transfer Note:	

			Primary Agency	
CLU Case #	Item #	Evidence Description	_Case #	Other ID
19-1666	0104	Bag said to contain Richfield squad phone 1505	19011624	9
19-1666	0105	Bag said to contain Richfield squad phone 1927	19011624	10
19-1666	0106	Bag said to contain Richfield squad phone 1599	19011624	11

Total Count of Items Released:

#### **SIGNATURES**

Evidence Received By:

Evidence Received By:

Document ID: Outbound Evidence Receipt

Revision Date: 9/23/2019

Version: 1.8 Page 1 of 1 Issuing Authority: QA Manager



531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010
An ASCLD/LAB-international Accredited Testing Laboratory



Outbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Eide, Pamela J - HCSO CLU
Evidence Received By:	Braun, Stacy - HCSO-IN
Transfer Date & Time:	9/9/2019 2:25:22PM Hours
Transfer Note:	

CLU Case # Item #

19-1666

Evidence Description

Box containing one Taser with fired cartridge (Taser marked X13000HM5) (Evidence Marker 11)

Primary Agency
Case #

e# Other ID

19011624

Total Count of Items Released:

0011

1

#### **SIGNATURES**

Evidence Released By:

Evidence Received By:

Mun

Document ID: Outbound Evidence Receipt

Revision Date: 12/05/2018

Version: 1.7

Issuing Authority: QA Manager

Page 1 of 1





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

Inbound Evidence Transfer Receipt

#### **EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	Nelson, Diane - HCSO-IN
Evidence Received By:	Eide, Pamela J - HCSO CLU
Transfer Date & Time:	12/3/2019 9:28:36AM Hours
Transfer Note:	

CLU Case #			Primary Agency		
	Item #	em # Evidence Description		Other ID	
19-1666	0104	Bag said to contain Richfield squad phone 1505	19011624	9	
19-1666	0105	Bag said to contain Richfield squad phone 1927	19011624	10	
19-1666	0106	Bag said to contain Richfield squad phone 1599	19011624	11	

Total Count of Items Received: 3

#### **SIGNATURES**

Evidence Received By:

Evidence Received By:

Document ID: Inbound Evidence Receipt

Revision Date: 9/23/2019 Page 1 of 1

Version: 1.2

Issuing Authority: QA Manager