



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: HCSO - Investigations, Agency Case #: 19011624, Offense Type: Death - Officer Involved, Offense Date: 9-7-19, Offense Address: 77th St and Chicago Ave S, Offense City: Richfield, Investigating Officer: Det. C Nybeck, E-Mail Address: christofer.nybeck@hennepin.us, Laboratory Case #: 19-14666

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

List all Principals involved in the incident below. Table with columns for Last, First, Middle, Suspect/Victim, Other Alias, Sex, SID #, FBI #, and DOB. Includes entry for Quinones Rosario, Brian, Jesus, DOB 12-26-1988.

Business Name (if applicable):
Rush Case Request: All rush requests require Crime Laboratory Supervisor approval. Copy of Written Approval Supplied checkbox.

Relevant Case Information and/or Special Instructions:
Evidence below is from Richfield PD and Edina PD squad storage devices

Submitting Agency Case #: 19011624

Laboratory Case #: 19-1866

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
111	16	Empty squad storage devices for squads 1610, 1505, 1927, 1707 and 1599	S
		*original video already downloaded and into evidence*	

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:


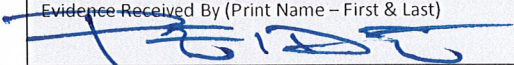

- DNA cases – if available, submit known DNA samples (buccal swabs) for all involved persons
- Fingerprint cases – If available, submit the SID # and FBI #, as well as known fingerprint samples (fingerprint and palm cards) for all involved persons
- All cases – Submit a copy of the agency offense report

**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) <b>C Nybeck</b>	Signature 	Time Received <b>0830</b>
Evidence Received By (Print Name – First & Last) 	Signature 	Date Received <b>11/7/19</b>



# Hennepin County Sheriff's Office Forensic Science Laboratory

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## Request for Laboratory Examination

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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>Christopher.Nybeck@Hennepin.Us</b>	
Investigating Officer Direct Telephone #: <b>612-919-9793</b>		LIMS Entry By: <i>[Signature]</i>	Laboratory Case #: <b>19-1666</b>
<input type="checkbox"/> 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 <input type="checkbox"/> Victim <input type="checkbox"/> Alias	Sex: <b>M</b>	SID #: <b>12-26-1988</b>
FBI #:		DOB: <b>12-26-1988</b>
Last:	First:	Middle:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other <input type="checkbox"/> Victim <input type="checkbox"/> Alias	Sex:	SID #:
FBI #:		DOB:
Last:	First:	Middle:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other <input type="checkbox"/> Victim <input type="checkbox"/> Alias	Sex:	SID #:
FBI #:		DOB:
Last:	First:	Middle:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other <input type="checkbox"/> Victim <input type="checkbox"/> Alias	Sex:	SID #:
FBI #:		DOB:
Last:	First:	Middle:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other <input type="checkbox"/> Victim <input type="checkbox"/> Alias	Sex:	SID #:
FBI #:		DOB:

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

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  - Fingerprint cases – If available, submit the SID # and FBI #, as well as known fingerprint samples (fingerprint and palm cards) for all involved persons
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**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:

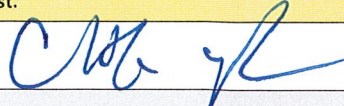
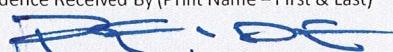
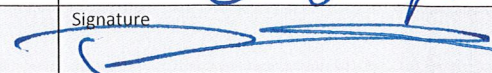
previously tested

restricted kit

other:

Evidence Intake Appointment Notes:

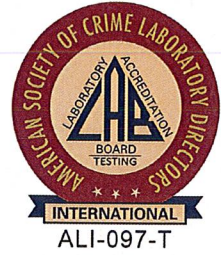
The completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to select the most appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding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

Evidence Submitted By (Print Name – First & Last) <b>Chris Nybeck</b>	Signature 	Time Received 1030
Evidence Received By (Print Name – First & Last) 	Signature 	Date Received 11/26/19



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An ASCLD/LAB-International Accredited Testing Lab



### Request for Laboratory Examination

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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>9-7-19</b>
Offense Address: <b>77th and Chicago</b>		Offense City: <b>Richfield</b>	
Investigating Officer: <b>christofer nybeck</b>		Investigating Officer E-Mail Address: <b>christofer.nybeck@hennepin.us</b>	
Investigating Officer Direct Telephone #: <b>612-543-2981</b>		LIMS Entry By: <i>[Signature]</i>	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	Race: <b>H</b>	
Last: _____	First: _____	Middle: _____
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex: _____	SID #: _____ FBI #: _____ DOB: _____
<input type="checkbox"/> Victim <input type="checkbox"/> Alias	Race: _____	
Last: _____	First: _____	Middle: _____
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex: _____	SID #: _____ FBI #: _____ DOB: _____
<input type="checkbox"/> Victim <input type="checkbox"/> Alias	Race: _____	
Last: _____	First: _____	Middle: _____
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex: _____	SID #: _____ FBI #: _____ DOB: _____
<input type="checkbox"/> Victim <input type="checkbox"/> Alias	Race: _____	
Last: _____	First: _____	Middle: _____
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex: _____	SID #: _____ FBI #: _____ DOB: _____
<input type="checkbox"/> Victim <input type="checkbox"/> Alias	Race: _____	
Last: _____	First: _____	Middle: _____

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

Case Synopsis (Attach Copy of Agency Offense Report)

**Hennepin County Sheriff's Office Investigating an Officer Involved Shooting for the city of Richfield/Edina**

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
101	1	Medical Gloves worn by Stariha - contains blood exposure	S
102	2	Medical Gloves worn by Carroll - contains blood exposure	S
103	3	Medical Gloves worn by Schultz - contains blood exposure	S
<del>AN</del>	<del>4</del>	<del>Blood Kit #B420120 - Edina Officer Wenande (collected 9-8-19)</del>	<del>S</del>
<del>AN</del>	<del>5</del>	<del>Blood Kit #B419319 - Edina Officer Pedersen (collected 9-8-19)</del>	<del>S</del>
<del>AN</del>	<del>6</del>	<del>Blood Kit #B424365 - Richfield Officer Stariha (collected 9-8-19)</del>	<del>S</del>
<del>AN</del>	<del>7</del>	<del>Blood Kit #B424361 - Richfield Officer Carroll (collected 9-8-19)</del>	<del>S</del>
<del>AN</del>	<del>8</del>	<del>Blood Kit #B424364 - Richfield Officer Schultz (collected 9-8-19)</del>	<del>S</del>
104	9	Richfield Squad Phone 1505 iPhone IMEI#356987066078641 •	S
105	10	Richfield Squad Phone 1927 iPhone IMEI#354450065742784 •	S
106	11	Richfield Squad Phone 1599 iPhone IMEI#356987066654318 •	S
107	12	Edina Squad Phone 288 iPhone •	S
108	13	Edina Squad Phone 121 iPhone •	S
109	14	Apple iPhone reported to belong to [REDACTED] Quinones-Rosario	S

Submitted To BCA For TESTING


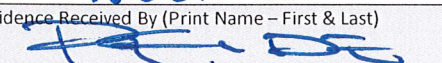
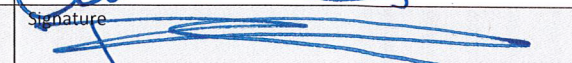
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- Fingerprint cases – If available, submit the SID # and FBI #, as well as known fingerprint samples (fingerprint and palm cards) for all involved persons
- All cases – Submit a copy of the agency offense report

Special Instructions

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Evidence Submitted By (Print Name – First & Last) <b>Det. NESTRO</b>	Signature 	Time Received <b>1330</b>
Evidence Received By (Print Name – First & Last) 	Signature 	Date Received <b>10/11/19</b>



Hennepin County Sheriff's Office
Forensic Science Laboratory

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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.

Form fields for Agency (HCSO - Investigative), Case # (19011624), Offense Type (Death - Officer Involved), Offense Date (9-7-19), and Offense Address (77th and Chicago).

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.

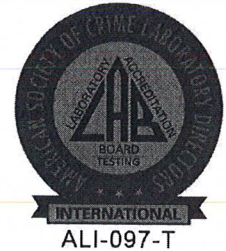
Table with columns: Lab Item #, Agency Item #, Description of Evidence, and Examination(s) Requested. Row 1: 110, 15, Google Pixel Reportedly belonging to Ashley Marie Quinones, S.

Signature and Date Received fields for Evidence Submitted By (Det. A. Nestor) and Evidence Received By.



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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: <i>[Signature]</i>	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	Race: <b>H</b>			
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias	Race:			
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias	Race:			
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias	Race:			
Last:		First:		Middle:	
<input type="checkbox"/> Suspect	<input type="checkbox"/> Other	Sex:	SID #:	FBI #:	DOB:
<input type="checkbox"/> Victim	<input type="checkbox"/> Alias	Race:			

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

<input type="checkbox"/> <b>Rush Case Request:</b> 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.	<b>Copy of Written Approval Supplied</b> <input type="checkbox"/>
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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.**



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
82	100	Shoe Total #2	S
83	101	Sheet Total #1	S
84	102	Body Bag	S
85	103	Transfer Sheet Total #1	S
86	104	Black Wallet with Contents, Black Lanyard with One Gray Fab, One Blue Fab and two silver colored keys	S
87	105	Silver in Color Hinged Handcuff with Red Coating on Handcuffs	S
88	106	Trauma Sheet Floor Total #1	S
89	107	Sock Total #2	S
90	108	Right Paper Hand Bag	S
91	109	Belt	S
92	110	Left Paper Hand Bag	S
93	111	Underwear	S
94	112	T-Shirt with Hood and Defects	S

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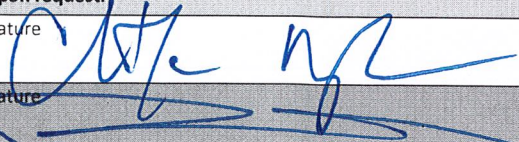
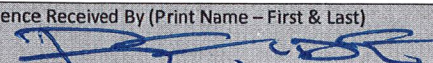
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- All cases – Submit a copy of the agency offense report

Special Instructions

Refer to evidence items 116 and 118 for processing

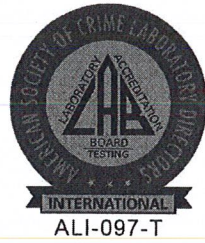
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Evidence Submitted By (Print Name – First & Last) <b>Christofer Nybeck</b>	Signature 	Time Received 1100
Evidence Received By (Print Name – First & Last)	Signature 	Date Received 10/1/19



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## 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: <b>HCSO - Investigatic</b>		Agency Case #: <b>19011624</b>	LIMS Entry By: <i>[Signature]</i>	Laboratory Case #: <b>19-1666</b>
Offense Address: <b>77th St E and Chicago Ave</b>		Offense Type: <b>Death - Officer Involved</b>	Offense Date: <b>9-7-2019</b>	
Offense City: <b>Richfield</b>				

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.

Lab Item #	Agency Item #	Description of Evidence (Please associate evidence with appropriate individuals)	Examination(s) Requested
			L=Latents B=Biology F=Firearms S=Storage D=Destruction
95	113	Undershirt	S
96	114	Jeans with Defects	S
97	115	Shirt with Defects	S
98	116	Blood Prep for Investigating Agency	S,B
99	117	4 Separate Manila Envelopes of Nail Clippings, Hair and Cut Seal	S
100	118	4 Separate Manila Envelopes with White Labels Containing Bullets	S, F

Evidence Submitted By (Print Name - First & Last) <b>Christopher Nybeck</b>	Signature <i>[Signature]</i>	Time Received <b>1:00</b>
Evidence Received By (Print Name - First & Last) <i>[Signature]</i>	Signature <i>[Signature]</i>	Date Received <b>10/1/19</b>



# Hennepin County Sheriff's Office Crime Laboratory

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



## Outbound Evidence Transfer Receipt



### EVIDENCE TRANSFER TRANSACTION

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency</u>	
			<u>Case #</u>	<u>Other ID</u>
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 Released By:	Evidence Received By:
	



**Hennepin County Sheriff's Office  
Crime Laboratory**

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



Inbound Evidence Transfer Receipt

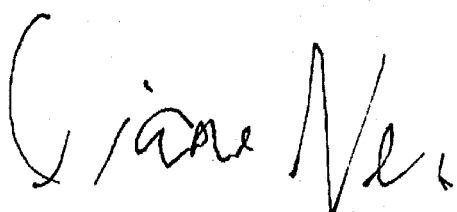
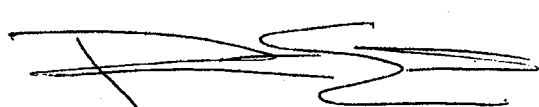
**EVIDENCE TRANSFER TRANSACTION**

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency Case #</u>	<u>Other ID</u>
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:
	



Hennepin County Sheriff's Office  
Crime Laboratory

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Inbound Evidence Transfer Receipt


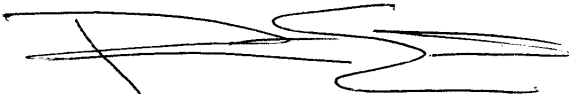
**EVIDENCE TRANSFER TRANSACTION**

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency Case #</u>	<u>Other ID</u>
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:
	



Hennepin County Sheriff's Office  
Crime Laboratory

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



Outbound Evidence Transfer Receipt



**EVIDENCE TRANSFER TRANSACTION**

Evidence Released By:	<b>Eide, Pamela J - HCSO CLU</b>
Evidence Received By:	<b>Hopkins, Michael J - HCSO-IN</b>
Transfer Date & Time:	<b>10/16/2019 1:28:55PM Hours</b>
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 Released: 2

**SIGNATURES**

Evidence Released By:	Evidence Received By:
	



**Hennepin County Sheriff's Office  
Crime Laboratory**

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**Inbound Evidence Transfer Receipt**




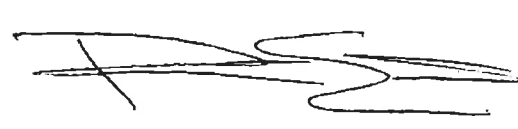
**EVIDENCE TRANSFER TRANSACTION**

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency Case #</u>	<u>Other ID</u>
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:
	



Hennepin County Sheriff's Office  
Crime Laboratory

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Outbound Evidence Transfer Receipt



EVIDENCE TRANSFER TRANSACTION

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency</u>	
			<u>Case #</u>	<u>Other ID</u>
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: 3

SIGNATURES

Evidence Released By:	Evidence Received By:
	





Hennepin County Sheriff's Office  
Crime Laboratory

531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010  
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Outbound Evidence Transfer Receipt



EVIDENCE TRANSFER TRANSACTION

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency Case #</u>	<u>Other ID</u>
19-1666	0011	Box containing one Taser with fired cartridge (Taser marked X13000HM5) (Evidence Marker 11)	19011624	

Total Count of Items Released: 1

SIGNATURES

Evidence Released By:	Evidence Received By:
	



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Inbound Evidence Transfer Receipt

EVIDENCE TRANSFER TRANSACTION

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

<u>CLU Case #</u>	<u>Item #</u>	<u>Evidence Description</u>	<u>Primary Agency Case #</u>	<u>Other ID</u>
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:
