



Case Number: 23-00362

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Key

** Assigned analyst or person placing page(s) in file

Massachusetts State Police Crime Laboratory Criminalistics Unit

Case File Review Form

Case Number: 23-0036	2	Report Sequence	ce #: 13 Assigned	l to: Dea	anna D. Miller		
Technical Record Revi	ew (Analys	t Initials; Report	Seq#'s OR File Item #/page	referen	ce):		
Mark Items Reviewed	only one m	nark required):			· • • • • • • • • • • • • • • • • • • •		
Forms:		LIMS:	· · · · · · · · · · · · · · · · · · ·		A. Carrier St.		
Case Pages Summary Fo	rm/_	Case Inform	nation	CRI	M Assignment		
Case-File Review Form	/	Supplement	s_ <u> </u>	DNA	AC Quant Comments		
Methods Form		Documents_	V	Case	Record		
Sample Summary Form	4/4	Items/		Tasl	KS:		
	•	Chain of Cu	stody/_	KST	D Task		
Dated:		Statistics_		No I	Report Closed:		
Network data: N	Folder name	e:		Oth	er:		
Added after tech review:	, **				eredit e		
Assignment(s) created/	updated:	H 4					
Biology:	Ē.		Sendout:		Other:		
ARSN			DNAS ECCR		CSSE		
CRIM			Active Priority		DRUG		
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ECCR Acti	ve]	Priority			FIS		
TRAC					TOX		
		-/					
Pages Reviewed:			Section I	Descript	tion		
1-3	A	Evidence Submission(s)	sion Form(s)		electronically reviewed		
	В	Miscellaneous (P	T documents, correspondence	, outdat	ed forms)		
1-3	C	SAEC Kit docum	ents/photocopies				
	n	Police Report(s),	and other external reports	-			

8	F	Photographs/Electronic Media	· ·		· \	2 S	* >	
- a a	G	Lot Number Worksheets(s)	** ×c	8	,	, 1 ¹ , 1		
Tech Reviewer Initials:	256			Admin	Reviewer	Initials:	886	

ID: 4097 Revision: 8

electronically reviewed

Massachusetts State Police Crime Laboratory

D

Document Description:

Examination Notes and Worksheets

Methods Form

Report Sequence Number/Batch Number/Task: 13

Assignment Start Date: 3/22/2023

Assignment Closed Date: 3 1 28 23

Unit/Section: Criminalistics

Mark all unit-specific protocols utilized (Technical and Administrative).

Used	Qualtrax ID	Document Name
Х	2296	Evidence Handling Policy
Х	4184	Quality Control Manual
Х	4185	Quality Control Solutions Manual
Х	4092	Case Assignments
Х	4093	Case File Contents
Х	4095	Report Writing
Х	4096	Review Policy
	4094	Abbreviations
8	4135	Examination of Submitted Evidence
N	53990	Memo Regarding Examination of Submitted Evidence-4135-7
	4191	Recovery and Initial Classification of Trace Evidence
	4186	Using an ALS for the Detection of Biological Fluid Stains
×	2301	Procedure for the Preparation of Known Blood Standards
70	4139	Testing for Amylase Using the Rapid Stain Identification Test (RSID) for Saliva
-	2313	Testing for Seminal Fluid Using the Acid Phosphatase Test
	9695	Sample Preparation for DNA Quantification
	4513	Extraction and Microscopic Analysis of Sperm Cells
а,	4140	Testing for Seminal Fluid Using the Rapid Stain Identification (RSID)Test for Semen
	43428	Forensic Biology Evidence Sendout Procedure for Project HB4013
	6799	Presumptive Testing for Blood
	2312	Testing for Human Blood
	5199	Bloodstain Pattern Analysis
1	2300	Identification of and Collection of Gunshot Residues
	4141	Testing for Urine Using the Rapid Stain Identification Test (RSID) for Urine
	3185	Testing for Fecal Matter Using the Edelman's Test

Massachusetts State Police Crime Laboratory General Lab Form - Methods Form Issued By: Forensic Support Section Manager Issue Date: 3/17/2023 8:58:22 AM



ID: 2735 Revision: 7

1 of 1

Analyst Form

Complete one form per Report Sequence Number/Batch Number/Task.

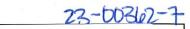
Report Sequence Number/Batch Number/Task: _	Blood swatching 13
Reporting/Assigned Individual	
Deanner Millar	_
Technical Reviewer of Assignment	
Davis S. Gould	_
DNA Plate Map Technical Reviewer(s)	
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1 <u>1 </u>	
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Additional Individual(s) Performing Testing, only)	Calibration, or Verification (CSSS and FIS
	· · · · · · · · · · · · · · · · · · ·

ID: 56840 Revision: 2



EVIDENCE SUBMISSION FORM (ESF)

The Commonwealth of Massachusetts
Department of State Police Forensic Services Group (FSG)
Sudbury Evidence Unit: (508) 358-3155 Fax: (508) 358-3222
Danvers Evidence Unit: (978) 538-6111 Fax: (978) 538-6112
Lakeville Evidence Unit: (508) 946-1310 Fax: (508) 946-1041
Springfield Evidence Unit: (413) 205-1837 Fax: (413) 205-1838



	Springieu Liuciec Omi. (413) 203	1057 1 43. (71.	200 10							
Type o	f Case: Palice Invalved	Shooti	v-Fe	ital	Date of Incident: // /	/23				
Type of Case: Police Involved Shooting-Fata/ Date of Incident: / 4/23 Investigating Agency: MiddleSex-5PDU Investigating Agency Case #: 2023-//0-0022										
	nt Address: 59 Chesthu				Incident Town: (ambi					
		orres	Tel	ı. #: 78						
11 19	Victim/Other's Name(s)	DOB	Sex	Race	Suspect's Name(s)		DOB	Sex	Race	
V□ OØ	Faisal Sayed	5/30/02	M	A	SSN#					
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0					SSN#	Analysis Requ	vostada (a.a.	Arson Bio	Tacting	
List item description and owner's name (or origin) of <u>each</u> item separately.				Recovery Location	CRIM, CSSS, OUI w/blood, include office	DEMS, DNA Trace, etc.) /	A, FIS, GSR Special Rec	t, Tox, Tox quests (Please		
1 /0	be of Blood			Fa	isal Sayed		RI	M		
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and veri	is reported to be in the packages were inventoried an fy the inventory. In the event of a discrepancy betwee Group (FSG) Evidence Handling and Submission I. Received By (Signature)	en the actual inve Manual.	entory and t	hat reported	on this form, reconciliation shall be conducted in the item(s) above from Printed of	Page Cortains and Sor typed rank &	aname of D	CCP Delivered B	Police Forensic	
	2 6 2.3	M	ida	1/750	XUSPOU TO	Har	60	Mey	5851	

IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT AT 978-451-3440.

Department / Agency (of Delivered By)

Signature of Delivered By

Date



EVIDENCE SUBMISSION FORM (ESF)

The Commonwealth of Massachuseus Department of State Police Forensic Services Group (FSG) Sudbury Evidence Unit: (508) 358-3155 Fax: (508) 358-3222 Danvers Evidence Unit: (978) 538-6111 Fax: (978) 538-6112 Lakeville Evidence Unit: (508) 946-1310 Fax: (508) 946-1041 Place LIMS Barcode Label here

e assigned number below.

(Affix LIMS barcode label here.)

23-00362 - 3

MSPCL Case Number



Springfield Evidence Unit: (413) 20.	J-1657 Fux.	(413) 2	03-1030						
Type of Case: Fatal Shooting				Date of incident: 01/04/2023					
Investigating Agency: MSP Middlesex County Detec	tive Unit			Investigating Agency Case #:					
Incident Address: 59 Chestnut st	o7			Incident Town: Cambridge					
Report to (Name): Trooper Francis E. Torres #4636				#: (617) 679-6600 Email:		T = 1			
Victim/Other's Name(s)	DOB	Sex	Race	Suspect's Name(s)	DOB	Sex	Race		
V Faisal, Sayed	05/30/2002	M	<u> </u>	SSN#	1				
List item description and owner's name (or origin) of <u>each</u> item separately.				Recovery Location	Analysis Requested: (e.g., Arson, Bio Testing, CRIM, CSSS, DEMS, DNA, FIS, GSR, Tox, Tox OUI wiblood, Trace, etc.)! Special Requests (Please include officer report on all physical evidence)				
3-1 [Sweatshirt] (Qty:1)		Ave		eatshirt with RBS - Rear courtyard - 625 Putnam	Erim / DNA				
3-2 [Sweatpants] (Qty:1)		Grey sv	veatpants	with RBS - backyard - 59 Chestnut St					
3-3 [Underpants] (Qty:1)		Grey ur	nderpants	with RBS					
3-4 [Swab(s) of red-brown stain(s)] (Qty:1)		A - edg	e of rear v	vindow of 625 Putnam Ave. 2 swabs					
3-5 [Swab(s) of red-brown stain(s)] (Qty:1)				y - 254 Sidney st. 2 swabs					
3-6 [Swab(s) of red-brown stain(s)] (Qty:1)		C - Sid	e walk wa	y - on glass - 254 Sidney st. 2 swabs					
3-7 [Swab(s) of red-brown stain(s)] (Qty:1)			e walk wa						
3-8 [Swab(s) of red-brown stain(s)] (Qty:1)		E - sidewalk - Putnam Ave							
3-9 [Swab(s) of red-brown stain(s)] (Qty:1)			walk - Gro						
3-10 [Swab(s) of red-brown stain(s)] (Qty:1)			ewalk - Co						
3-11 [Swab(s) of red-brown stain(s)] (Qty:1)		H - side	ewalk - Co		2				
3-12 [Swab(s) of red-brown stain(s)] (Qty:1)			eway - 65						
3-13 [Swab(s) of red-brown stain(s)] (Qty:1)		J - on f	oor by wir						
3-14 [Swab(s) of red-brown stain(s)] (Qty:1)		On gro	und - 59 C	1					
The items reported to be in the packages were inventoried and documented above by a represental inventory and that reported on this form, reconciliation shall be conducted in accord gency, who acknowledges that the MSPCL is responsible for conducting all tests according nother laboratory for analysis. All procedural deviations shall be documented in the labor	lance with the Mass	sachusetts St edures, and w	ate Police Crime ho authorizes the	Laboratory (MSPCL) Evidence Handling and Submission Manual. The undersigned su BSPCL to make all decisions regarding scientifically necessary deviations from said p	abmits this evidence on be	ehalt of the ir	ivestigating		
I, Busin J. Cunningtom				the item(s) above from Brian J. Cunningham Forensic	Scientist III.				

Printed or typed rank & name of Delivered By Received By (Signature)

01/04/2023 Date

MSP Crime Laboratory

Brian

Department / Agency (of Delivered By)

IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT AT 978-451-3440.

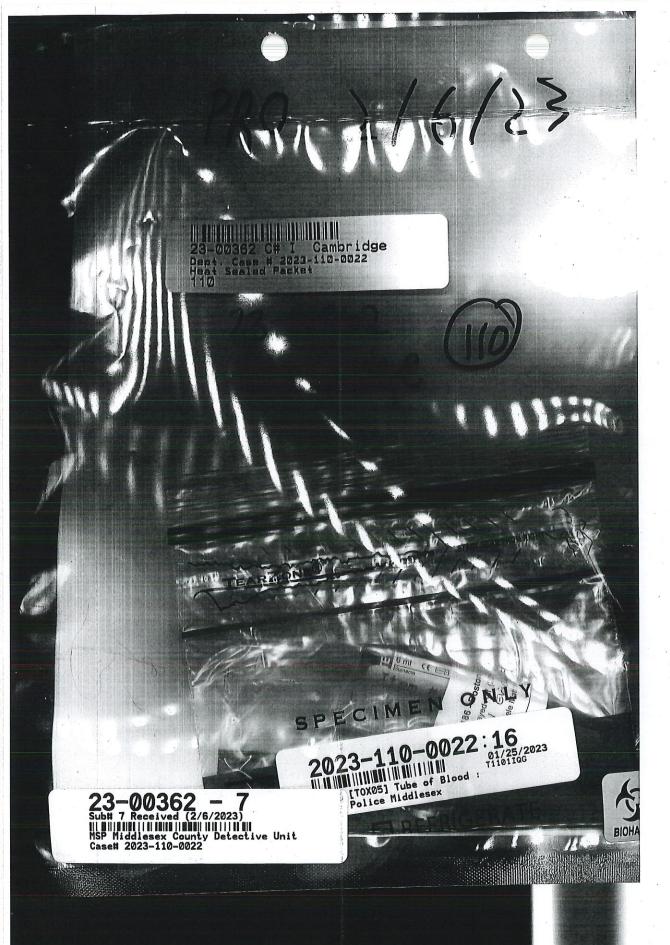
YELLOW (DA, Page 2 of 4)

PINK (Evidence, Page 3 of 4)

GOLD (Deliverer, Page 4 of 4)

ECU-F008-v12.0 Page 1 of 1

WHITE (Lab, Page 1 of 4)
Massachusetts State Police Crime Laboratory Evidence Submission Form Issued By: Deputy Director Forensic Biology Issue Date: July 19, 2017



23-00362 C1 ppm ART TEAR FROM RIGHT

SPECIMEN ONLY

2023-110-0022:16

01/25/2023 T1101IQG

Desc: [T0X05] Tube of Blood :

State Police Middlesex

ERWORK ONLY • PAPERW

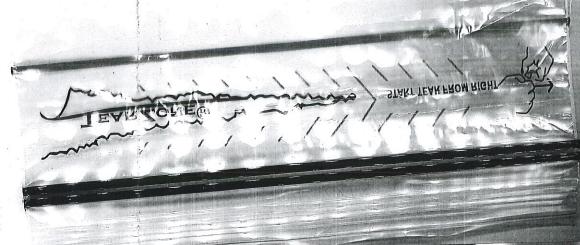
REFRIGERATE

ROOM TEMPERATURE

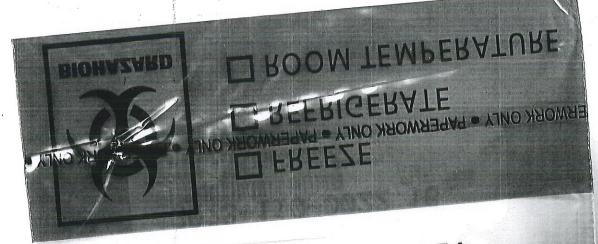
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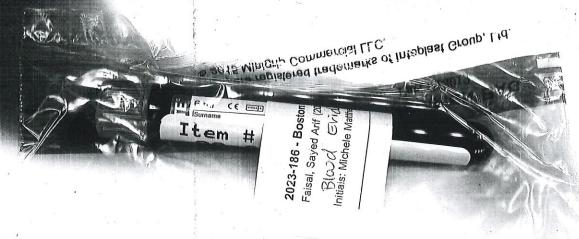
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SPECIMEN ONLY



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BLOODSWATCHING WORKSHEET

23-00362, Camb MSP Middlesex C Fatal Faisal, Sayed	ridge ounty Detective Uni (V)	t Analyst:	3/22/2 2001		
Interior Packaging (Mark all that apply)	g: 🛮 🖺 Bag	□ Bubble Wrap	□ Envelope	□ HSP	
Number of Tubes	present:	T.			
Tube Type(s): □ C	Grey top Pur	ple top Red top	□ Other:		
Tube Markings:	ME #:	23-0186	1 U 4		
	SAEC Kit #:			2	
	Name:	Faisol, Sayed	8	* * * * * * * * * * * * * * * * * * *	
KBS Item#	7~1				
FTA Item#	7-111	· · · · · · · · · · · · · · · · · · ·			

ID: 2341 Revision: 2