

CASE PAGES SUMMARY FORM

Case Number: 23-00362

	Date	Last Page in Section							Handwritten Initials **
		A	B	C	D	E	F	G	
1	3/22/23	2 +	0	3	0	1	0	0	DDM
2		DDM 3/22/23							
3									
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20									

Key

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

Massachusetts State Police Crime Laboratory Criminalistics Unit

Case File Review Form

DDM

Case Number: 23-00362

Report Sequence #: 13

Assigned to: Deanna D. Miller

Technical Record Review (Analyst Initials; Report Seq#'s OR File Item #/page reference): _____

Mark Items Reviewed (only one mark required):

Forms:	LIMS:	
Case Pages Summary Form <input checked="" type="checkbox"/>	Case Information <input checked="" type="checkbox"/>	CRIM Assignment _____
Case-File Review Form <input checked="" type="checkbox"/>	Supplements <input checked="" type="checkbox"/>	DNAC Quant Comments _____
Methods Form <input checked="" type="checkbox"/>	Documents <input checked="" type="checkbox"/>	Case Record _____
Sample Summary Form <u>N/A</u>	Items <input checked="" type="checkbox"/>	Tasks:
Dated: _____	Chain of Custody <input checked="" type="checkbox"/>	KSTD Task <input checked="" type="checkbox"/>
	Statistics _____	No Report Closed: _____
Network data: <u>N/A</u> Folder name: _____ Added after tech review: _____		Other:

Assignment(s) created/updated:		
Biology:	Sendout:	Other:
ARSN _____	DNAS _____ ECCR _____	CSSE _____
CRIM _____	Active _____ Priority _____	DRUG _____
DNA YSN/M _____ Active _____ Due Date _____	Matrix _____	ECU _____
ECCR _____ Active _____ Priority _____		FIS _____
TRAC _____		TOX _____

Pages Reviewed:		Section Description
1-2	A	Evidence Submission Form(s) Submission(s) _____ electronically reviewed
	B	Miscellaneous (PT documents, correspondence, outdated forms)
1-3	C	SAEC Kit documents/photocopies
	D	Police Report(s), and other external reports Document Description: _____ electronically reviewed
1	E	Examination Notes and Worksheets
	F	Photographs/Electronic Media
	G	Lot Number Worksheets(s)

Tech Reviewer Initials: DSG

Admin Reviewer Initials: DSG

Methods Form

Report Sequence Number/Batch Number/Task: 13

Assignment Start Date: 3/22/2023

Assignment Closed Date: 3 / 28 / 23

Unit/Section: Criminalistics

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

Used	Qualtrax ID	Document Name
X	2296	Evidence Handling Policy
X	4184	Quality Control Manual
X	4185	Quality Control Solutions Manual
X	4092	Case Assignments
X	4093	Case File Contents
X	4095	Report Writing
X	4096	Review Policy
	4094	Abbreviations
X	4135	Examination of Submitted Evidence
	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
X	2301	Procedure for the Preparation of Known Blood Standards
	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
	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
	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

DOM

Analyst Form

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

Report Sequence Number/Batch Number/Task: Bloodwatching 13

Reporting/Assigned Individual

Deanne Miller

Technical Reviewer of Assignment

Davis S. Gould

DNA Plate Map Technical Reviewer(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Individual(s) Performing Testing, Calibration, or Verification (CSSS and FIS only)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

23-00362
AM



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

23-00362-7

23-00362 - 7

Sub# 7 Received (2/6/2023)



MSP Middlesex County Detective Unit
Case# 2023-110-0022

Type of Case: Police Involved Shooting-Fatal Date of Incident: 1/4/23
Investigating Agency: Middlesex-SPDU Investigating Agency Case #: 2023-110-0022
Incident Address: 59 Chestnut St Incident Town: Cambridge
Report to (Name): Tpr Francis Torres Tel. #: 781 897 6600 Email:

Table with columns: Victim/Other's Name(s), DOB, Sex, Race, Suspect's Name(s), DOB, Sex, Race. Includes handwritten entry for Faisal Sayed.

Table with columns: List item description and owner's name, Recovery Location, Analysis Requested. Includes handwritten entry for Tube of Blood.

The items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. At the time of analysis, the assigned analyst/examiner will unseal the package and verify the inventory.

I, [Signature], acknowledge receipt of the item(s) above from Tpr Patrick O'Keefe.
Received By (Signature) Printed or typed rank & name of Delivered By

2-6-23 Date Middlesex-SPDU Department / Agency (of Delivered By) [Signature] Signature of Delivered By

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



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

Place LIMS Barcode Label here [] e assigned number below.

(Affix LIMS barcode label here.)

23-00362 - 3

MSPCL Case Number



Type of Case: Fatal Shooting Date of incident: 01/04/2023

Investigating Agency: MSP Middlesex County Detective Unit Investigating Agency Case #:

Incident Address: 59 Chestnut st Incident Town: Cambridge

Report to (Name): Trooper Francis E. Torres #4636 Tel. #: (617) 679-6600 Email:

Table with columns: Victim/Other's Name(s), DOB, Sex, Race, Suspect's Name(s), DOB, Sex, Race, SSN#

Main evidence table with columns: List item description and owner's name, Recovery Location, Analysis Requested

The items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. At the time of analysis, the assigned analyst/examiner will unseal the package and verify the inventory.

I, Brian J Cunningham, Received By (Signature)

, acknowledge receipt of the item(s) above from Brian J. Cunningham Forensic Scientist III. Printed or typed rank & name of Delivered By

01/04/2023 Date

MSP Crime Laboratory Department / Agency (of Delivered By)

Brian Cunningham Signature of Delivered By

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

Handwritten notes: 23-00362, AZ DOM

20216/23

23-00362 C# I Cambridge
Dept. Case # 2023-110-0022
Heat Sealed Packet
110

110

SPECIMEN ONLY

2023-110-0022:16
01/25/2023
T110110G

[TOX05] Tube of Blood :
Police Middlesex

23-00362 - 7
Sub# 7 Received (2/6/2023)
MSP Middlesex County Detective Unit
Case# 2023-110-0022



23-00362
C1
ppm

TEARZONE®

START TEAR FROM RIGHT

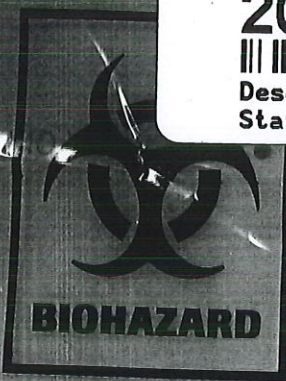
SPECIMEN ONLY

2023-110-0022:16



01/25/2023
T1101IQG

Desc: [TOX05] Tube of Blood :
State Police Middlesex



REFRIGERATE

ROOM TEMPERATURE

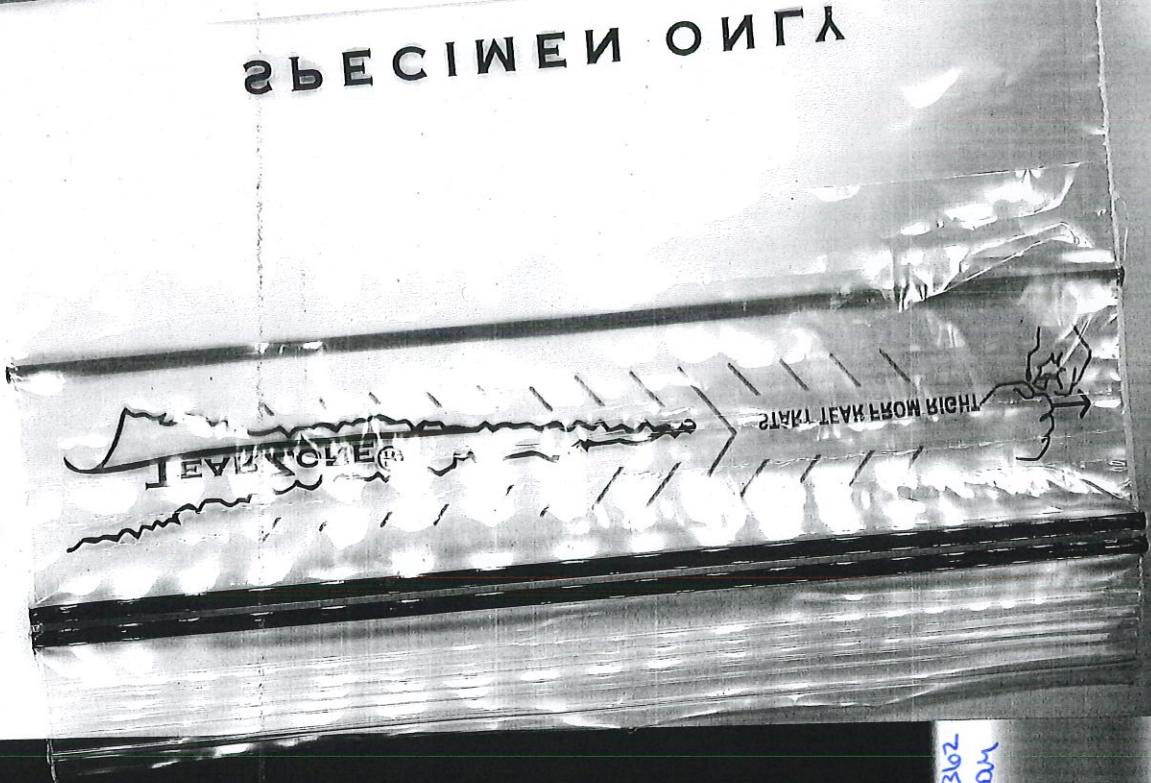
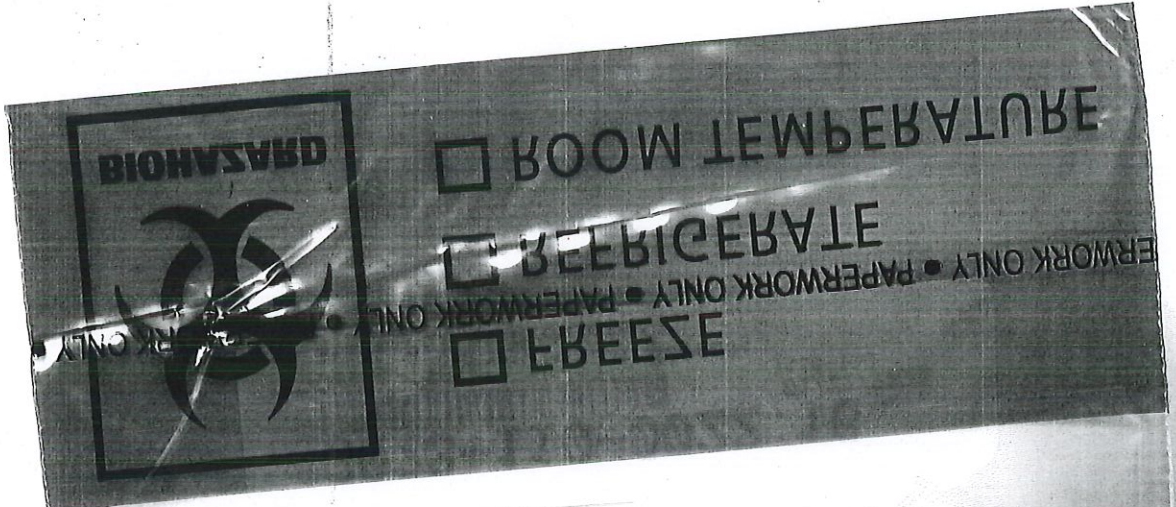
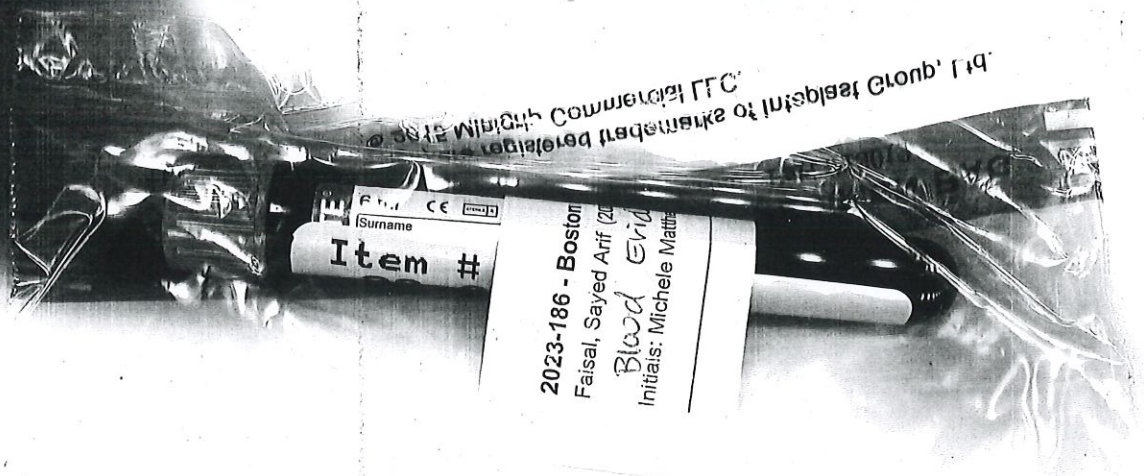
2023
23-0186
Faisal, Sayed

DOUBLE ZIPPER SPECIMEN BAG

www.therapak.com Part #16019

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23-00362
CZ DAM



23-00362
C3 DMH

BLOODSWATCHING WORKSHEET

23-00362, Cambridge
MSP Middlesex County Detective Unit

Fatal
Faisal, Sayed (V)

Date Swatched: 3/22/23

Analyst: DDM

Packaging sealed: Yes No

Interior Packaging: Bag Bubble Wrap Envelope HSP
(Mark all that apply)

Number of Tubes present: 1

Tube Type(s): Grey top Purple top Red top Other: _____

Tube Markings: ME #: 23-0186

SAEC Kit #: _____

Name: Faisal, Sayed

KBS Item # 7-1

FTA Item # 7-1.1

23-00362
E1 DDM