



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
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: 1/11/23
Investigating Agency: Middlesex - PDV Investigating Agency Case #: 2023-110-0022
Incident Address: 575 Massachusetts Incident Town: Cambridge
Report to (Name): [Signature] Tel. #: 781-577-1600 Email:

Table with columns: Victim/Other's Name(s), DOB, Sex, Race, Suspect's Name(s), DOB, Sex, Race. Includes checkboxes for Victim (V) and Other (O) and a field for SSN #.

Table with columns: List item description and owner's name (or origin) of each item separately, Recovery Location, Analysis Requested. Row 1: Tube of Blood, Parsat Sayed, (K) 11.

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. In the event of a discrepancy between the actual inventory and that reported on this form, reconciliation shall be conducted in accordance with the Massachusetts State Police Forensic Services Group (FSG) Evidence Handling and Submission Manual.

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

Date Department / Agency (of Delivered By) Signature of Delivered By

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