



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 or write assigned number below.
(Affix LIMS barcode label here.)
MSPCL Case Number 23-00362 - 4

Type of Case: Fatal Shooting Date of incident: 01/04/2023
Investigating Agency: MSP Middlesex County Detective Unit Investigating Agency Case #: 2023-110-0022
Incident Address: 59 Chestnut st Incident Town: Cambridge
Report to (Name): Trooper Francis E. Torres #4636 Tel. #: (617) 679-6600 Email:
Victim/Other's Name(s) Faisal, Sayed DOB 05/30/2002 Sex M Race U
Suspect's Name(s) DOB Sex Race
SSN#
List item description and owner's name (or origin) of each item separately. Recovery Location Analysis Requested: (e.g., Arson, Bio Toxing, CRIM, CSSS, DEMS, DNA, FIS, OSR, Tox, Tox OUI w/Blood, Trace, etc.) Special Requests (Please include officer report on all physical evidence)

Table with 2 columns: List item description and owner's name (or origin) of each item separately, Recovery Location. Row 1: 4-1 [Digital Video Disk] (Qty:1), Scene Video (SPDU Copy)

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 Crime Laboratory (MSPCL) Evidence Handling and Submission Manual. The undersigned submits this evidence on behalf of the investigating agency, who acknowledges that the MSPCL is responsible for conducting all tests according to standard procedures, and who authorizes the MSPCL to make all decisions regarding scientifically necessary deviations from said procedures. This may include sending an item(s) to another laboratory for analysis. All procedural deviations shall be documented in the laboratory notes according to laboratory procedure but notice of each such deviation need not be given to the agency.

I, [Signature] #4777, acknowledge receipt of the item(s) above from Trooper Gabrielle A. Reardon #4777.
Received By (Signature) Printed or typed rank & name of Delivered By

01/05/2023 Date CSSS - Boston Department / Agency (of Delivered By) Ter [Signature] #4777 Signature of Delivered By

IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT AT 978-451-3440.
WHITE (Lab, Page 1 of 4) YELLOW (DA, Page 2 of 4) PINK (Evidence, Page 3 of 4) GOLD (Deliverer, Page 4 of 4) ECU-F008-v12.0