



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.)
23-00362 - 5
MSPCL Case Number

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:

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

Table with columns: List item description and owner's name (or origin) of each item separately, Recovery Location, Analysis Requested

Main body of the form containing item descriptions and recovery locations.

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.

I, [Signature] #3951 Received By (Signature)

, acknowledge receipt of the item(s) above from Trooper Matthew J. Foley #3951. Printed or typed rank & name of Delivered By

01/05/2023 Date

CSSS - Boston 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.