# SUBMISSION OF WORK FOR SCIENTIFIC EXAMINATION

### URN:

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| 1. **Police Crime Reference Number**:   ..........................................................................................   1. **Scientific Support Reference Number:**   .......................................................................................... | **3. FSP Reference Number**:  (FSP Use Only) |
| **4. Contact Details**  Submitting Force: ................................................................ Officer in the case: ....................................................................  Division / Area: .................................................................... Tel: ............................................................................................  Police Station (incl. Postcode):............................................ Mobile: ......................................................................................  …………………………………………………………….......... Facsimile: ..................................................................................  Force / Station Code: .......................................................... E-mail: .......................................................................................  Specify an appropriate alternative point of contact e.g. Scientific Support / Crime Scene Manager, DNA Liaison Officer.  **Contact other than the OIC:** Name: ...................................................................... Rank / Job Title: ...................................  Tel: ...................................................................................... Mobile:....................................................................................  Fax:...................................................................................... Email : ....................................................................................  **CPS Prosecutor Contact details:** Name: ............................................................. Office / Area: ........................................  Tel: ...................................................................................... Mobile:....................................................................................  Fax:...................................................................................... Email: ..................................................................................... | |
| **5. Supervisory authority for submission:**  Name:………………………………………………………….. Rank / Job Title:………………............................................ …  Signature: ……………………………………………………. | |
| **6. Budgetary authority for submission:**  ……………………………………………………………………. **Aspects of submission required URGENTLY**  **Refer to section 10**  Authorised by: …………………………………………………...  Rank / Job Title: …………………………………………………  **Date / Authorisation Stamp** | |

*If for any reason the circumstances in this case change or the case is discontinued and the forensic evidence is no longer required then the FSP should be immediately informed by facsimile or e-mail*



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| **URN:** |  |  |  |  |  |
| **7. Circumstances of Incident(s)** | | | | |
| Date:…………………. .............................................................. Time: .................................................................................... | | | | |
| Specific offence(s) being investigated: ..................................................................................................................................... | | | | |
| Suspect (s) Identified No suspect (s) identified | | | | |
| a) Give details of surrounding circumstances and MO of offence, include address, location, or vehicle reg. | | | | |
| where appropriate: | | | | |
| ………………………………………………………………………………………………………………………………………………………… | | | | |
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| ..................................................................................................................................... *Continue on separate sheet if necessary* | | | | |
| b) What account (if any) has been given by the **suspect (s),** [specify who] include admissions, denials, | | | | |
| defences etc: | | | | |
| ................................................................................................................................................................................................... | | | | |
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| ...................................................................................................................................... *Continue on separate sheet if necessary* | | | | |
| c) Add any other relevant information eg an account provided by the **subject (s)** [specify who], other | | | | |
| aggravating factors or whether there is there a child victim, vulnerable / intimiated witness involved?: | | | | |
| .................................................................................................................................................................................................. | | | | |
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| …………………………………………………………………...........................................*Continue on separate sheet if necessary* | | | | |
| **8. What are the points to prove?** | | | | |  |
| What are the **reasonable lines of enquiry and / or the evidential points to prove** (e.g. whether or not sexual intercourse | | | | |
| occurred between the suspect and complainant, whether or not the suspect is the person who broke the window). These | | | | |
| issues should reflect the advice, the case strategy and the decisions that have been agreed between the investigator, | | | | |
| prosecutor and, where appropriate, the forensic scientist. Specify the aspects of the examination necessary to support a | | | | |
| charging decision. | | | | |
| ……………………………………………………………………………………………………………………………………………… | | | | |
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| ………………..............................................................................................................*Continue on separate sheet if necessary* | | | | |

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| **URN:** |  |  |  |  |
| **9. Additional Information attached to this form**  Please indicate what this is by either ticking the relevant box (es) below or by describing the nature and relevance of the material:  Sexual Offences Form Scene Examiner’s Report  NFFID Form Photographs / Visual records  Firearms Safety Form Plans  Toxicology Form Witness / Victim’s Statements  DNA Match Report Critical Success Factor Forms  Other (please specify):…………… …………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………….................... | | | | |
| **10. Contact with FSP**  It is advisable to contact the FSP **before** submission where there is **NO SUSPECT** and / or where there is an **URGENT**  aspect to the work:  Are aspects of the submission required urgently? If YES to whom does the urgent aspect relate?  **Deceased / Victim / Witness** number (Refer to section 11) (1, 2 and / or 3 etc, if applicable)  **Suspect** number (1, 2 and/or 3 etc, if applicable) (Refer to section 12)  Has the work been discussed with any representative of the FSP?  If YES - Provide the time, date and name of the FSP representative:  Specify any related Police or FSP reference numbers:  Provide FSP reference numbers of any **previous submissions** (e.g. related DNA crime stain submissions):  ……………………………………………………………………………………………………………………………………………….. Provide details of what was discussed and agreed with the FSP prior to submission:…………………………………………….  ……………………………………………………………………………………………….*Continue on separate sheet if necessary* | | | | |
| **11. Details of Deceased / Victim / Witness (For SUSPECTS go to section 12):**  **1**. Surname: ................................................................ Forename(s) M / F  D. O. B: ……/……/…… Deceased / Victim / Witness / Subject for Elimination *(delete as applicable*) Occupation: ........................................\*Ethnicity code: ...................... PNC Warning Signs...........................  **2**. Surname: ................................................................ Forename(s) M / F  D. O. B: ……/……/…… Deceased / Victim / Witness / Subject for Elimination *(delete as applicable)*  Occupation: ........................................\*Ethnicity code: ...................... PNC Warning Signs...........................  **3**. Surname: ................................................................ Forename(s) M / F  D. O. B: ……/……/…… Deceased / Victim / Witness / Subject for Elimination *(delete as applicable)*  Occupation: ......................................... Ethnicity code: ...................... PNC Warning Signs........................... | | | | |

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FSP Ref. No:…………………………………………………………………………………. URN

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**12. SUSPECT KEY DATES** – complete **ONE** per suspect

Suspect Number of Surname:…………………………….. Forename(s):…………………………...…………...

Date of Birth:………………………………………… PNC warning sign:……………………………… ……………………………...

Occupation:………………………………………….. Ethnicity code (16 + 1)…………………….……...........................................

Date of Arrest:…………………………………Time of Arrest:…………..……………. A/S number:…………….…………...………

DNA PACE sample barcode reference (beginning 96 or higher) PPO YO PYO

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### KNOWN SUSPECT – NOT YET ARRESTED

Date agreed for despatch of work after discussion with the FSP

### PRE-CHARGE – ARRESTED (currently in police custody)

Date agreed for despatch of work after discussion with the FSP

### PRE-CHARGE AND ON POLICE BAILED TO RETURN

Return Bail date

Items for examination to be received at the FSP Laboratory by

### Date agreed with the FSP by which the necessary results to assist the charging decision will be despatched

**CHARGED AND BAILED TO COURT**

Date Charged

Date fixed for service of the prosecution case (if known) Next key court date (e.g. Trial Date)

### CHARGED AND REMANDED IN CUSTODY

Date charged

Date of next remand hearing

Agreed action date for full code test (if applicable)

Date fixed for service of the prosecution case (if known)

Items for examination to be received at the FSP Laboratory by

### Date agreed with the FSP by which the necessary results will be despatched

**POST PLEA REQUIREMENT**

**Date agreed between the Prosecutor and the FSP by which any additional examinations and / or evaluative repots will be despatched**

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# ITEMS FOR SCIENTIFIC EXAMINATION (Complete in duplicate)

#### All items must be properly packaged and labelled to preserve the integrity of the evidence

(The exhibit number and description given below must correspond with the exhibit label. Include barcode reference number of all PACE and Volunteer samples)

**FSP Reference Number**:…………………………………………………………………………………… URN

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| **Serial No.** | **Exhibit or Barcode (DNA) Ref.** | **Exhibit Bag Seal No.** | **Description of Item(s)** | **This item relates to:**  (Subject or location recovered from) | **Date and time found / taken** | **Name of person seizing item** |
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**Any known health and safety risks e.g. Aids, Hepatitis, Scabies etc must be stated – the notification should be provided as SECTION of the description of the item to which it applies, fuller details being supplied on a separate sheet if appropriate. NB Sharp / hazardous items must be appropriately packaged and labelled. For advice on these matters contact any member of Scientific Support.**

(FSP use only)



**Method of delivery**: By Hand

Couriers

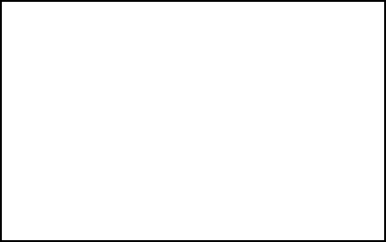
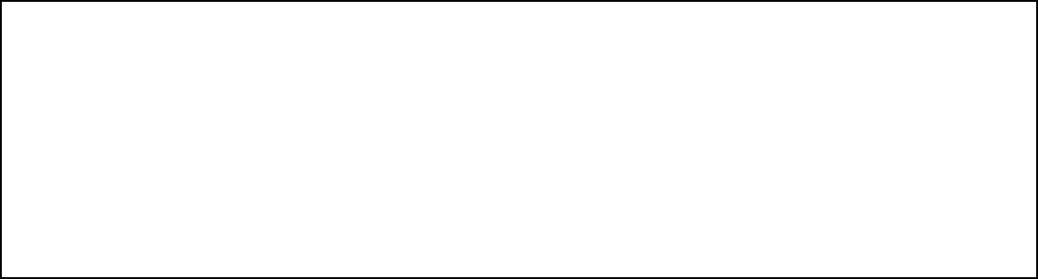
Registered / Recorded Post

Seal numbers: .......................................................................................................

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**Name of person delivering** (block letters):........................................................

Rank /Job Title:...................... Signature: .........................................................



**Person receiving at FSP**

Print name: ............................................................

Signature: ..............................................................

Date:....................................................................... FSP Date Stamp

**Indicate here if the SIO / Exhibits Officer needs to be contacted prior to the return of any exhibits to the force**

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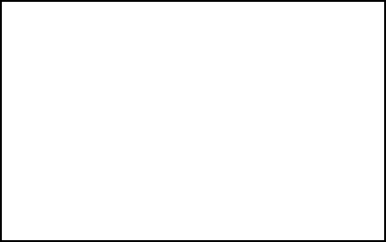
(The exhibit number and description given below must correspond with the exhibit label. Include barcode reference number of all PACE and Volunteer samples)

**FSP Reference Number**:………………………………………………………………………………………. **URN**

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| **SerialNo.** | **Exhibit or Barcode**  **(DNA) Ref.** | **Exhibit Bag Seal No.** | **Description of Item(s)** | **This item relates to**  (Subject or location recovered from) | **Date and time found / taken** | **Name of person seizing item** |
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## (FSP use only)



**Method of delivery**: By Hand

Couriers

Registered/Recorded Post

Seal numbers:........................................................................................................

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**Name of person delivering** (block letters):........................................................

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FSP Date Stamp

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