

URN: [] [] [] []

7. Circumstances of Incident(s)

Date: [] Time: []

Specific offence(s) being investigated: [] Home Office code: []

[]

Suspect (s) Identified No suspect (s) identified

a) Give details of address, location, or vehicle registration

[]

b) Give details of surrounding circumstances and MO of offence

[]

c) What account (if any) has been given by the suspect (s), [specify who] include admissions, denials, defences etc:

[]

d) 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 / intimidated witness involved?:

[]

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.

[]

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.

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:

<input type="checkbox"/> Sexual Offences Form	<input type="checkbox"/> Firearms Safety Form	<input type="checkbox"/> DNA Match Report	<input type="checkbox"/> Photographs / Visual records	<input type="checkbox"/> Witness / Victim's Statements
<input type="checkbox"/> NFFID Form	<input type="checkbox"/> Toxicology Form	<input type="checkbox"/> Scene Examiner's Report	<input type="checkbox"/> Plans	<input type="checkbox"/> 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?

Y N

If YES to whom does the urgent aspect relate?

Deceased /Victim/Witness number (1, 2 and or 3 etc, if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Refer to section 11)

Suspect number (1, 2 and or 3 etc, if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Refer to section 12)

Has the work been discussed with any representative of the FSP?

Y N

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:

FSP Ref. No: URN

11. Details of Deceased / Victim / Witness (For SUSPECTS go to section 12):

1	Surname: <input type="text"/>	Forename(s): <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
Occupation: <input type="text"/>	*Ethnicity code: <input type="text"/>	PNC Warning Signs: <input type="text"/>	

2	Surname: <input type="text"/>	Forename(s): <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
Occupation: <input type="text"/>	*Ethnicity code: <input type="text"/>	PNC Warning Signs: <input type="text"/>	

3	Surname: <input type="text"/>	Forename(s): <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
Occupation: <input type="text"/>	*Ethnicity code: <input type="text"/>	PNC Warning Signs: <input type="text"/>	

4	Surname: <input type="text"/>	Forename(s): <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
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5	Surname: <input type="text"/>	Forename(s): <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
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6	Surname: <input type="text"/>	Forename(s): <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
Occupation: <input type="text"/>	*Ethnicity code: <input type="text"/>	PNC Warning Signs: <input type="text"/>	

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D. O. B: <input type="text"/>		<input type="checkbox"/> Deceased <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Subject for Elimination	
Occupation: <input type="text"/>	*Ethnicity code: <input type="text"/>	PNC Warning Signs: <input type="text"/>	

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*16 point+1

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FSP Ref. No: URN

12. SUSPECT KEY DATES – complete ONE per suspect

Suspect number of (If more than 4 suspects, use additional continuation sheet)

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 or with a 3)

PPO YO PYO

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)

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POST PLEA REQUIREMENT

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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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Property Ref. Number	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

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.

Method of delivery:	Select one:			(FSP use only)
Seal numbers:				FSP Date Stamp
Name of person delivering (block letters):				
Rank /Job Title:		Signature:		
		Signature:		
		Date:		

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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