



Cuyahoga County Regional Forensic Science Laboratory Evidence Submission Sheet

This form must be completed for all cases except for those requiring only Drug Testing and/or Test Firing of Firearms.

CCRFSL Case Number:
2021-011796
Agency Case Number:
2120175418

Note: No DNA, Drug or Fingerprint testing will be performed on 'Property Found'.

NEW CASE <input type="checkbox"/>	ADD'L EVI. <input type="checkbox"/>	Submitting Agency: CUYAHOGA COUNTY SHERIFF'S DEPT.	Submitting Officer: DETECTIVE TOM ROBERTS					
Investigating Officer/Contact Person: DETECTIVE TOM ROBERTS		Phone Number: (216) 443-6094	Email: TROBERTS@CUYAHOGACOUNTY.US					
Offense:		Date of Offense/Discovery: 12/12/2021	Synopsis Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Grand Jury Date:	Trial Date, if known:			
Name: <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Suspect PATRICK DERRILL HORTON		D.O.B.: 7/24/82	Name: <input type="checkbox"/> Victim <input type="checkbox"/> Suspect		D.O.B.:			
Requested Testing: (Note: CCRFSL may refuse any testing considered unsuitable/unacceptable as per CCRFSL Evidence Submission Policies)								
List Item Numbers ↓ (Check Appropriate Testing →)	DNA	Finger prints	Drug Chemistry	Trace	GSR	Firearms	NIBIN	Test Fire
001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify your comparison requests (What items need to be compared):								

Information Required for Firearms Testing:

1. Is there any reason why the submitted ammunition cannot be used for test firing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
2. Are the submitted cartridge case(s) evidence or test fire(s)? <input checked="" type="checkbox"/> Evidence : _____ <input type="checkbox"/> Test Fire(s) : _____									
If test fire(s), provide the firearm information:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Make</td> <td style="text-align: center;">Model</td> <td style="text-align: center;">Serial Number</td> <td style="text-align: center;">Caliber</td> </tr> <tr> <td style="text-align: center;">TAURUS</td> <td style="text-align: center;">G2C</td> <td style="text-align: center;">ACE 957899</td> <td style="text-align: center;">9MM</td> </tr> </table>	Make	Model	Serial Number	Caliber	TAURUS	G2C	ACE 957899	9MM
Make	Model	Serial Number	Caliber						
TAURUS	G2C	ACE 957899	9MM						

Information Required for DNA, Fingerprints and/or Trace Analysis:

1. If hair, fibers, paint analysis is requested, have known samples been provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was the evidence item(s) collected from the suspect's person or in suspect's possession when collected by law enforcement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Could the DNA or Fingerprints on the evidence be from an individual who is not a suspect? (e.g. police officer collecting the evidence/ witness/ victim's partner who is not a suspect)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have elimination Fingerprints and DNA standards been submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please complete page 2 for all Non-Sexual Assault DNA Testing requests.
(Not required for non-DNA requests)