

Idaho State Police Forensic Services

Evidence Submission Receipt



Laboratory Case Number: <u>M2022-4843</u>	
Delivery Method: Agency Courier Delivered by: Tim Smallldridge Signature:	Date Received: <u>12/5/22</u> By: <u>Shannon Arredondo</u> <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>

Submitting Agency (Do not abbreviate) MOSCOW POLICE DEPARTMENT	Date of Offense 11/13/2022	Agency Case Number 22-M09903
County of Offense Latah County	Charge Murder	Court Date
Investigating Officer Dustin Blaker	Phone Number	Email Address dblaker@ci.moscow.id.us

Upon submission of evidence to an Idaho State Police Forensic Services (ISPFS) laboratory, the submitting agency agrees to the terms and condition established in the ISPFS Customer Agreement. The ISPFS Customer Agreement may be viewed/downloaded at: <https://isp.idaho.gov/forensics/evidence-submission/>

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Suspect <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Subject <input type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB
Suspect <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Subject <input type="checkbox"/>	<u>KOHLBERGER, BRYAN</u> Name Last, First Middle	[REDACTED] DOB
Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input checked="" type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB
Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input checked="" type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB
Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input checked="" type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB
Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input checked="" type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB
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Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input checked="" type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB
Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Subject <input checked="" type="checkbox"/>	[REDACTED] Name Last, First Middle	[REDACTED] DOB

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<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
<input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject	<div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> Name Last, First Middle	<div style="background-color: black; width: 60px; height: 15px; margin-bottom: 5px;"></div> DOB
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Suspect Victim Subject	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	[REDACTED]	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>MOGEN, MADISON M</u>	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>KERNODLE, XANA A</u>	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>CHAPIN, ETHAN J</u>	[REDACTED]
		Name Last, First Middle	DOB
Suspect Victim Subject	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<u>GONCALVES, KAYLEE J</u>	[REDACTED]
		Name Last, First Middle	DOB

Submission Number: 7

Lab Item Number	Agency Exhibit Number	Agency Item Description	Resubmission	Type of Exam Requested
45	22M-2124	Buccal Swab from [REDACTED]		General Biology Screen
46	22M-2126	Swab from [REDACTED]		General Biology Screen

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47	22M-2127	Buccal swab from [REDACTED]	General Biology Screen
48	22M-2128	2 Swabs from [REDACTED]	General Biology Screen
49	22M-2129	Buccal swab from [REDACTED]	General Biology Screen

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