

Idaho State Police Forensic Services

Evidence Submission Receipt



Laboratory Case Number: <u>M2022-4843</u>	
Delivery Method: Agency Courier Delivered by: Tim Smalldridge	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>
Signature: _____	

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: <http://www.isp.idaho.gov/forensics/index.html>

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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 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
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
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 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, XANAA</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: 8

Lab Item Number	Agency Exhibit Number	Agency Item Description	Resubmission	Type of Exam Requested
50	22M-2130	Buccal swab from [REDACTED]		General Biology Screen

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