

Idaho State Police Forensic Services

Evidence Submission Receipt



Laboratory Case Number: <u>M2022-4843</u>	
Delivery Method: Agency Courier Delivered by: Tim Smallbridge	Date Received: <u>12/5/22</u> By: <u>Shannon Arredondo</u> <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>
Signature: <div style="background-color: black; width: 100%; height: 20px; display: inline-block;"></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
Suspect <input 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 checked="" type="checkbox"/> Subject <input type="checkbox"/>	<u>MOGEN, MADISON M</u> Name Last, First Middle	<u>5/25/2001</u> DOB	
Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject <input type="checkbox"/>	<u>KERNODLE, XANA A</u> Name Last, First Middle	<u>7/5/2002</u> DOB	
Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject <input type="checkbox"/>	<u>CHAPIN, ETHAN J</u> Name Last, First Middle	<u>10/29/2002</u> DOB	
Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Subject <input type="checkbox"/>	<u>GONCALVES, KAYLEE J</u> Name Last, First Middle	<u>6/8/2001</u> DOB	
Submission Number: 6			

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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Lab Item Number	Agency Exhibit Number	Agency Item Description	Resubmission	Type of Exam Requested
41	22M-2131	Buccal swab from [REDACTED]		General Biology Screen
42	22M-2132	Buccal swab from [REDACTED]		General Biology Screen
43	22M-2133	Buccal swab from [REDACTED]		General Biology Screen
44	22M-2134	DNA swab from [REDACTED]		General Biology Screen

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