

Approved by Director: Dr. Guy Vallaro

A. Purpose: To ensure that evidence is submitted correctly to the Evidence Receiving Unit.

B. Responsibility: Evidence Control Officers or designees

C. Procedure:

When evidence is submitted to the Division of Scientific Services the ECO will:

1. Review the "Request for Analysis" Form (SOP-ER-02:1) to ensure that essential information is provided. If necessary, obtain additional information from the submitting agency.
2. Review all submissions to ensure that packages are properly labeled, as well as a description of what is in the package. Ensure that the submission is properly sealed with tamper proof seals and appropriate initials.
 - If evidence is not properly sealed, Evidence Receiving personnel shall determine if the problem can be corrected at the time of submission or if the item must be returned to the submitting agency for appropriate action. Materials shall be available in the Evidence Receiving Unit that can be used to ensure the integrity of most commonly submitted items.
 - If any discrepancy is noted between items listed on the request form and evidence being submitted, the submitting agency shall resolve the inconsistencies.
 - If any identifying information needs to be added to the packaging, the ECO should instruct the submitting agency representative to do so prior to the evidence submission, e.g. item numbers should be written on packages.
3. A JusticeTrax generated laboratory number is issued for all new cases.
 - Use the previously issued lab number if additional evidence is submitted for a previously submitted case.
 - See page 3 of this SOP for specific details on how to use the JusticeTrax system for evidence submission.
 - **A bar coded label shall be generated for each submission to the Laboratory.** Whenever practical, the bar code shall be affixed to the submission as it is inventoried in Evidence Receiving. *All barcodes must be checked to insure that all the information matches that on the evidence packages and the "Request for Analysis" form submitted with the evidence (local case number, description, exhibit number or item number). If any of the information does not agree, the submitting agency representative may correct it. Any such changes must be clearly indicated, and the correction must be initialed and dated.
4. Enter the evidence into Justice Trax.

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- Each Evidence submission shall be entered as a package with the contents, as listed by the submitting agency, in quotations. For example, Bag w/ “rock”. This designation indicates evidence receiving personnel did not see the actual evidence and the record is only listing what the submitting agency states is in the package.
 - The ECO will type the description as listed on the SOP-ER-02:1 form.
 - See SOP ER-10 for instructions on describing Controlled Substance evidence submissions.
- 5. When the JusticeTrax system is not operating, evidence may be received using a paper evidence receipt and inked signatures from the submitter and the receiver (see forms attached ER-02:2 and ER-02:3).
- 6. Copies of the Request for Examination and the Evidence Receipt will be provided for all Sections involved and the submitting agency.
- 7. If Evidence Receiving personnel are not sure if evidence meets the criteria for submission or have a question regarding the integrity of the evidence, the section Deputy Director/designee must be consulted.
- 8. When an unusual or special case (high profile, poisoning, etc.) is brought in for submission to the Evidence Receiving Unit, the section Deputy Director or designee will be notified for further instructions.
- 9. When inputting data into the JusticeTrax system and a duplicate case number is noticed, notify the section Deputy Director/designee for intake instructions.
- 10. Proficiency tests are given to the Evidence Control Officer or designee by the Quality Manager or Section Supervisor for submission to the Division of Scientific Services. The Evidence Control Officer or designee will open the package and enter the case into JusticeTrax assigning it a laboratory case number. The evidence and original submitting documents will be transferred in JusticeTrax to the appropriate Section personnel. A copy of the submitting documents will be kept in the main case file in the ERU.

JusticeTrax Data Entry for Evidence Submission for a New Case

1. Select new case icon. Input submitting agency name and local case number (numbers and letters only). Check the box “search archive” to confirm a new case. Press enter and select new case when prompted. When necessary, select the “search” tab and input the local number or individuals name to see if the case is already in the system(ex. Medical examiner bloods already here on a specific case.)

Note: Add “CFS” at the beginning of the agency case number for all State Police submitting agencies. For all cases, check to ensure that the case number matches on the paperwork and the evidence, including the correct number of zeros.

2. Select “Offense” tab. Next, right click the mouse “add offense”. Input offense, City of incident, and date of incident.
3. Select “Individual” tab. Next, right click the mouse “add individual”. When available, input the last name, first name, middle name, type, gender, DOB and race.
Note: For DUI cases only, include the address of the individual.
4. Select “Evidence” tab. Next, right click mouse and “add evidence”. When needed input agency representative (the agent who brought the evidence to the ERU). Add the description of the evidence with the container; i.e.: #1 Bag w/ “shirt”. If the evidence matches one of the evidence kits then select that kit from the drop down list. Select “initial transfer”, left click on “no bar code”, left click on “agency representative”. Select “To”, scan the bar code for the Evidence Receiving Officer or designee taking in the evidence and their Personal Identification Number (PIN) to signify a secure transfer. Select “Then to”, scan the barcode for the appropriate Evidence Receiving Incoming location. Left click on apply. To add additional evidence repeat the above procedure.
5. Select “Requests” tab. Right click and add requests that apply to that particular submitted evidence. Input “Submitting Agency”, “Representative” (the name of the agent requesting the examination from the DPS 9-C form who will be the individual on the examiner’s finished report); “Lab”, “Section” and “Service” and click ok. Select the “reason” tab if special circumstance such as; court, Joyce or police involved is needed.
6. Select “Local” tab and input the town/city of the incident.
7. Left click “Apply”. Select and print the number of case barcode labels needed for the paperwork and the file folder.
8. If there is any additional or special information to be recorded, it can be entered in the “Synopsis” area of the “Case Info” tab.
9. To generate a receipt, left click on the “Transfer” tab, click on the “Print Inbound Evidence Receipts”, sign the receipt in “Received at Lab by” line, and then the check box and initial the “Barcode /Local Number Correspond” area to verify evidence submitted. Have the Representative sign their name and then make the appropriate copies.

ER SOP-02 General Evidence Submissions

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Page 4 of 7

10. When entering a case into Justice Trax, never alter or edit a case submission date/time or a case chain of custody that has already been established in JusticeTrax.

The following is a print screen image of the tabs in JusticeTrax.

Case TMP-3YSC0T13Y8 0

Case Info Agency Offense Individuals Evidence Requests Local Data

General Info

Created On: By: Activities: 0
Requests: 0
Submission: 0

Closed On: By: Status: Open

Synopsis

Related Laboratory Cases

| Case | Local Case # | Notes | Related By |
|------|--------------|-------|------------|
|------|--------------|-------|------------|

☐ Archive 10 Months Case Activities

OK Cancel Apply ☐ Hide Evidence Detail

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Page 5 of 7

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| STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF SCIENTIFIC SERVICES 278 COLONY STREET, MERIDEN CT 06451 TELEPHONE (203) 639-6400 FAX (203) 639-6484 | | | | REQUEST FOR ANALYSIS | | | |  Laboratory Identification Number _____ Laboratory Use Only _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|------|------|---|------|------|-----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------------|--------------|-----|------|-----|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Has evidence been previously submitted? _____ | | | | If "Yes", Laboratory Number: _____ | | | | Investigating Officer Requesting Analysis(Print Name): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Address of Submitting Agency: _____ | | | | Type of Offense: _____ Town of Incident: _____ Date of Incident: _____ Agency Case Number: _____ | | | | Phone Number: _____ Email Address: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name of Victim (Last, First, M)</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">Race</th> <th style="width: 10%;">Sex</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Name of Victim (Last, First, M) | DOB | Race | Sex | | | | | | | | | | | | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name of Suspect (Last, First, M)</th> <th style="width: 10%;">Arrest Made?</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">Race</th> <th style="width: 10%;">Sex</th> <th style="width: 10%;">SPB#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Name of Suspect (Last, First, M) | Arrest Made? | DOB | Race | Sex | SPB# | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Suspect (Last, First, M) | Arrest Made? | DOB | Race | Sex | SPB# | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Detailed Case History (or attach Police Report or Complete Search Warrant):

[illegible]

Property Crimes: Is total property loss or damage over \$2,000.00?

If "No", please contact the Laboratory prior to submitting the evidence.

Person Submitting Evidence (Print Name):

Date:

**All Latent Print non-porous evidence must be fumed prior to submission unless other arrangements have been made with the Laboratory.*

****DUI evidence should be accompanied with Form DPS-0009-C (Rev. 9/2013)**

SOP-ER-02:1 (12/2013)

An Affirmative Action/Equal Opportunity Employer

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Evidence Receipt

Date: _____ Laboratory Case #: _____

Time: _____ Submitting Agency: _____

Local Case #: _____

Town (if applicable): _____

Received by (signature): _____

Submission #: _____ Description: _____

Agencies submitting evidence to the Division of Scientific Services Laboratories for specific analysis is agree to allow the laboratory to determine the appropriate methodology for the evidence submitted. Descriptions of analysis offered by the Division of Scientific Services Laboratories are detailed on our website: www.ct.gov/dps/site/default.asp if the laboratory needs to deviate from standard test methodologies you or your agency will be contacted prior to the analysis being performed. Any concerns or specific requests about the required testing can be discussed with the section supervisor or laboratory Director prior to case analysis.

☐ Barcode/Local No. Correspond: _____

Delivered to Lab by (please print): _____

Delivered to Lab by (signature): _____

Page 1 of _____

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Evidence Return Receipt

Date: _____ Laboratory Case #: _____

Time: _____ Submitting Agency: _____

Local Case #: _____

Town (if applicable): _____

Returned by (signature): _____

Submission #: _____ Description: _____

Returned to (please print): _____

Returned to (signature): _____

Page 1 of _____