

<b>EVIDENCE COLLECTION FORM</b>	Case #	
TYPE OF CRIME	DATE / TIME	REPORT COMPLETED BY

PROPERTY STATUS:

Evidence   
 Recovered   
 Stolen   
 Found   
 Safekeeping   
 Hold (Unit):   
 Other:

Name (If Known)	Sex Race DOB	Address	Phone
Victim:			
Suspect:			

Item Number	Quantity	Describe Items (Use as much detail as possible)

Place the Item Number(s) From Above to designate the Examination Requested: \_\_\_\_\_ Check box if additional items are on an additional form:

Document Examination	Drug Chemistry	Digital Evidence	Toxicology
Tool marks	Hairs and Fibers	Fingerprints	Footwear / Tire Impressions
Glass	Biology (Blood Typing, DNA)	Documents	Other

Narrative/Notes: