

**GUNSHOT RESIDUE
EVIDENCE COLLECTION KIT**

FROM _____

SUSPECT'S NAME _____
OFFICER'S NAME _____
OFFICER'S BADGE NUMBER _____
AGENCY NAME _____
AGENCY CASE NUMBER _____

CHAIN OF POSSESSION

RECEIVED FROM _____ TIME _____
DATE _____
RECEIVED BY _____ TIME _____
DATE _____
RECEIVED FROM _____ TIME _____
DATE _____
RECEIVED BY _____ TIME _____
DATE _____

NEVER SEAL BY TAPPING AND BLOWING AT POSSIBLE

FOR GUNSHOT RESIDUE ANALYSIS ONLY

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GUNSHOT RESIDUE ANALYSIS INFORMATION FORM
(Fill out all information regardless when return form to the recipient)

Collecting Officer's Name _____ Badge No. _____
Collecting Agency _____ Agency Case No. _____
Date/Time _____
Method Drive By Other _____

SUSPECT INFORMATION

Dead DOB _____
 Left-handed Unknown
Sex? Yes No
Armed? Yes No Unknown

Specify the time of the shooting and the time of the GDR

AMMUNITION INFORMATION

Time _____ am
(hours) _____ pm
Caliber _____
"Manufacturer of ammunition."
Type of Ammunition _____
Base of Cartridge _____

Time of GDR collection _____

