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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Requesting Officer: |  | | Badge #: |  | Agency/Troop: | |  |
|  | **(TYPE/PRINT – OFFICER’S NAME)** | |  |  |  | |  |
| Requesting Officer’s e-mail: | |  | | | Phone No: |  | |
|  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Submitting Officer: (Person delivering evidence to the OSBI Facility) | | | Evidence Delivered:  In Person | | |
|  |  |  | |  |  |
| **(TYPE / PRINT - OFFICER’S NAME & badge #)** | **(OFFICER’S SIGNATURE)** | | | | **(AGENCY/TROOP)** |

|  |  |
| --- | --- |
| Requesting Agency Case #: |  |
| Type of Offense: |  |
| County of Offense: |  |
| Date of Offense: |  |
| Court Date, If Known: |  |

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|  |  | |  |
| **OSBI Case Number** | | | |
| Has evidence been previously submitted on this case?  Yes  No | | | |
| If yes, please provide the OSBI Case #: | |  | |

**SUBJECT/SUSPECT(S):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** | **SSN** |
|  |  |  |  |  |
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**VICTIM(S):**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** |
|  |  |  |  |
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**EVIDENCE SUBMITTED:**

|  |  |  |
| --- | --- | --- |
| **Itemized Description of Evidence** (Attach additional pages if necessary) | **Type of Exam Requested\*\*\***  (per item) | **Biohazard?**  Y/N |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |

SEND A COPY OF REPORT TO: (include address) Copy of report to DA’s OFFICE:

|  |  |
| --- | --- |
|  | Yes  No |