

U F	NAME OF STATION OR AGENCY		B C I	NAME OF STATION OR AGENCY		TERM, MESSAGE NO. & FILE		NO. OF CONT. SHEETS
	T/Z/S	CASE NUMBER		T/Z/S	CASE NUMBER	DATE OCCURRED	LABORATORY CASE NO.	
COUNTY OF OCCURRENCE			INVESTIGATING MEMBER			SUBMITTED BY		

LAB USE ONLY	NAME (L/F/MI), ADDRESS & DOB OF DEFENDANT/ VICTIM		NAME (L/F/MI), AND ADDRESS OF COMPLAINANT / OWNER	
	NUMBER OF ADDITIONAL DEFENDANTS:		(LIST ALL ADDITIONAL DEFENDANTS IN THE EVIDENCE SECTION BELOW OR ON A GENL 2A CONTINUATION SHEET)	
	CHARACTER OF CASE:			
	DESCRIPTION OF EVENTS:			

ITEM #	DESCRIPTION	EXAMINATION REQUESTED	ID	CHECK INITIAL STATUS		
				HOLD AT STA.	TO TROOP	TO LAB

TRANSFER RECORD					
DATE	TIME	ITEMS INVOLVED	FROM	TO	SIGNATURE

INSTRUCTIONS TO EVIDENCE CUSTODIAN:

NAME AND ADDRESS OF LABORATORY:

FINAL DISPOSITION OF EVIDENCE: ITEM NUMBERS - DATE OF DISPOSITION

AUTHORITY FOR DISPOSITION:

LIST ADDITIONAL REPORTS OR PHOTOGRAPHS SUBMITTED TO THE LAB:

ADDITIONAL INFORMATION:
