

# Jefferson County Sheriff's Department

LAB USE ONLY
Submission Date

**Regional Crime Laboratory**  
 (409) 726-2577 Fax (409) 726-2576  
 5030 Hwy 69 South, Suite 500 Beaumont, TX 77705  
**FIREARMS EVIDENCE**  
**LABORATORY SUBMISSION**

LAB USE ONLY
Laboratory No.

Suspect	Victim	NAME (Last, First Middle)	RACE	SEX	DOB
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

**OFFENSE** \_\_\_\_\_

**COUNTY OF OFFENSE** \_\_\_\_\_

**OFFENSE DATE** \_\_\_\_\_

**AGENCY** \_\_\_\_\_

**AGENCY CASE NO.** \_\_\_\_\_

**SEIZING OFFICER** \_\_\_\_\_

**TRANSPORTING OFFICER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

PRINT \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **EXT** \_\_\_\_\_

SIGN \_\_\_\_\_

**RELATED CASE #** \_\_\_\_\_

For firearms, please include make, model, serial number and caliber.

For all other evidence, please include number of items, caliber and manufacturer (if known), and specify whether fired or unfired.

LAB USE ONLY	DESCRIPTION	EXAM REQUESTED
		FIREARMS FUNCTIONALITY
		EXAMINATION/ COMPARISON
		SERIAL # RESTORATION

Loaded       Biohazard

**ADDITIONAL EVIDENCE**

LAB USE ONLY
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Plastic bag(s)   
  Envelope(s)   
  Handgun box(es)   
  Long gun box(es)   
  Paper bag(s)

Total item(s)   
 Sealed:    **N**    **Y**   
 Received by: \_\_\_\_\_