

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 _____

PHONE NO. _____ **EXT** _____

PRINT _____

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

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

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