Complete all information requested and submit with a LAB-201 (Submission Form).

# Was a consult with the laboratory completed as per division policy?

 Yes  No

If YES, specify with whom and when:

# Was the shooting event captured on video?

Yes  No

# If known, please provide the prosecuting attorney’s contact information.

|  |  |
| --- | --- |
| Name |  |
| Phone # |  |
| Email |  |

# Type of analysis requested?

# Contact vs Non-Contact Range Determination Both

# Provide a brief synopsis of the event:

# What are the forensic questions related to the investigation and/or case scenario? (e.g., suicide vs homicide, self-defense, etc.)

# Are the following required items included with the submission?

## Suspected firearm  Yes  No

## Exact ammunition fired  Yes  No

## Fired ammunition components from shooting event  Yes  No

## Clothing or other items of interest recovered from the victim or scene  Yes  No

## Autopsy report/photos  Yes  No

## *Optional*: Crime scene photographs (showing the victim), if needed?  Yes  No

## *Optional*: Offense Report  Yes  No

# Please answer the following questions:

## Is a bullet hole present?  Yes  No  Unknown

## Was there an intervening object?  Yes  No  Unknown

## Number of wounds, if applicable

## Location of wounds, if applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***For DPS Crime Laboratory Use Only:***  REQUEST:  APPROVED  DENIED  Comments: | | | | | |
| **Supervisor/Lab Manager** |  | | **Date** |  |  | |
| **Date Requestor Notified** |  | **Method of Notification** |  | |  | |
|  | | | | | |