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 [ ]  DENIEDComments:       |
|  **Supervisor/Lab Manager** |       | **Date** |       |  |
|  **Date Requestor Notified** |       | **Method of Notification** |       |  |
|  |