



TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIME LABORATORY

**Distance Determination Information Form**

LAB-219 Rev.00 (05/2024) p.1 Issued by: SQM

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

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

Yes  No

If YES, specify with whom and when: \_\_\_\_\_

2. Was the shooting event captured on video?

Yes  No

3. If known, please provide the prosecuting attorney's contact information.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

4. Type of analysis requested?

Contact vs Non-Contact  Range Determination  Both

5. Provide a brief synopsis of the event:

\_\_\_\_\_

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

\_\_\_\_\_

7. Are the following required items included with the submission?

a) Suspected firearm  Yes  No

b) Exact ammunition fired  Yes  No

c) Fired ammunition components from shooting event  Yes  No

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

e) Autopsy report/photos  Yes  No

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

g) *Optional*: Offense Report  Yes  No

8. Please answer the following questions:

a) Is a bullet hole present?  Yes  No  Unknown

b) Was there an intervening object?  Yes  No  Unknown

c) Number of wounds, if applicable \_\_\_\_\_

d) 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 \_\_\_\_\_