

Agency Use Only

LOG PAGE # _____

PR # _____

PROPERTY FORM

Case # : _____

Incident Date: _____

Incident Type: _____

Page _____ of _____

- Receipt Found Property Report Property of Deceased
 Laboratory Evidence Stolen-Recovered Confiscated Safe-keeping
 Owner Notified Yes No

Examination Requested

A. Drugs	D. Arson/Explosives	G. Serology	J. Firearms	M. Fingerprints	P. Documents
B. Fibers	E. Gunshot Residue	H. DNA	K. Tool Marks	N. Tire Tracks	Other: _____
C. Glass	F. Paint	I. Hair	L. Fracture Match	O. Shoe Print	_____

DELIVERY **REMARKS:** _____

Hand Carried
 Locker # (s) _____
 Other _____

Date(s) Collected		Address where property collected (give exact location)			
Item #/Exam	Location	Description	Date	Time	Officer

Chain of Custody

Item Number	Date	Relinquished By:	Received By:	Date	Time

I hereby acknowledge that the above list represents all property taken from or released to my possession.

I hereby acknowledge that the above list represents all property impounded by me in the official performance as a police officer.

 Address Phone #

 Signature (x)

 OFFICER NAME I.D.#: _____
 Impounding Officer: _____

EVIDENCE SECT. USE ONLY	Name or initials	Locker #	Date	Time
	/			

Reporting Officer's Name (Print) Reporting Officer's Name (Signature) Supervisor's / Reviewer's (Signature)