Evidence Submittal Form

	Nebraska State Patrol		Nebraska State Patrol Technical Crimes/ICAC			FOR LAB USE ONLY						
	Crime Laboratory 3977 Air Park Road		3800	NW 12 th Street	Location:							
	Lincoln, NE 68524 (402) 471-8950			In, NE 68521-3664 479-4916			Dat	e:				
	(402) 471-8954 Fax		(402)	479-4917 479-4585	Lab#:							
A	INVESTIGATING OFFICER:	/ESTIGATING OFFICER:		BADGE:	AGENCY:	AGENCY:			PHONE:			
	SUPERVISOR CONTACT:			BADGE:	AGENCY:				PHONE:			
	ADDRESS:			CITY, STATE:	ZIP CODE:				EMAIL:			
			ADDITIONAL R	REPORTS TO BE SENT TO ANY	INDIVIDUA	L OR A	AGENCY SPECIFIEI	D BELOW.				
	NAME:			ENCY: ADDRESS:				ZIP CODE:				
	NAME:		AGE	ENCY:		ADDRE	ESS:	ZIP CODE:				
В	SUSPECTED OFFENSE:		VIC/SUS/OTH		NAME			Sex (required)		DOB (required)	SID#/ FBI #	
	DATE CRIME OCCURRED:											
	COUNTY:											
	AGENCY CASE NO:											
	NSP CASE NO:											
	NSP TROOP AREA:			 	_	_				_		
С	CASE SCENARIO:											
D	Is this an additional submittal or re-submittal?	rto, mot dubinication real real real real real real real real										
		Is there other evidence in this case that has been sent to another laboratory for testing? Yes. Please explain.										
	EVIDENCE DISPOSITION:			by certified mail				pick up v	vithir	12 weeks o	of notification	
Ξ		INVENTORY OF EVIDENCE SUBMITTED										
	NO.	. DESCRIPTION						EXA	MINATI	ION(S) REQUEST	ED	
	 											
	 											
	NOTE: IF YOU ARE SUBM	ЛΙΤ	TING ITEN	IS FOR BIOLOGIC	ΔI TES	TIN	G A NSP 75	OA MUS	A TS	I SO BE C	OMPLETED	

FOR LAB US	E ONLY
Lab#:	

INVENTORY OF EVIDENCE SUBMITTED (continued)

		INVENTOR TO EVIDENCE	OODIVIII II	LD (continuca)			
Ε	NO.	DESCRIPTION		EXAMINATION(S) REQUESTED			
			+				
			+				
		For Laboratory	Use Or	าly			
F	Registered	tered/Certified Mail No: DATE:		TIME:			
	RELEASE	D BY:	BADGE NO:	AGENCY:			
	Registered	//Certified Mail No.:		-			
	TO:						
	Registered	egistered/Certified Mail No: DATE: egistered/Certified Mail No.:		TIME:			
				AGENCY:			
	Registered						
	Registered	egistered/Certified Mail No:			TIME:		
	RELEASE	D BY:	BADGE NO:	AGENCY:			
	Registered	#/Certified Mail No.:					
	TO:						
	Registered	gistered/Certified Mail No: DATE:			TIME:		
				AGENCY:			
	Registered	//Certified Mail No.:					