

**NEBRASKA STATE PATROL CRIME LABORATORY**  
**PRIMER GUNSHOT RESIDUE (GSR) ANALYSIS INFORMATION FORM**  
(Fill out all information requested then return form to kit envelope)

Collecting Officer: \_\_\_\_\_ Badge Number: \_\_\_\_\_  
Agency: \_\_\_\_\_ Agency Case Number: \_\_\_\_\_  
 Homicide    Suicide    Assault    Drive-by    Other: \_\_\_\_\_

**SUBJECT INFORMATION**

Subjects Full Name: \_\_\_\_\_  
Subject is:    Victim    Suspect    Witness    Other: \_\_\_\_\_  
Subject is:    Living    Dead  
Was the subject shot:    YES    NO  
Any debris and/or blood on the subject's hands?    YES    NO  
Has subject washed his/her hands since shooting?    YES    NO    UNKNOWN  
Was subject in possession of a firearm when detained?    YES    NO  
Subject's occupation \_\_\_\_\_  
Subject's hobbies \_\_\_\_\_

**SHOOTING INFORMATION**

Date and time shooting occurred:   Date \_\_\_\_\_   Time \_\_\_\_\_    AM    PM  
Date and time of GSR kit collection:   Date \_\_\_\_\_   Time \_\_\_\_\_    AM    PM  
Shooting location (e.g., in kitchen, parking lot, indoors, outdoors): \_\_\_\_\_  
\_\_\_\_\_  
Type of Firearm:    Revolver    Auto loading pistol    Rifle    Shotgun  
Firearm Caliber: \_\_\_\_\_   Firearm Manufacturer: \_\_\_\_\_  
Ammunition Caliber: \_\_\_\_\_   Ammunition Manufacturer: \_\_\_\_\_

**THE CRIME LABORATORY DOES NOT ROUTINELY ANALYZE KITS COLLECTED FROM SHOOTING VICTIMS.**

**THE CRIME LABORATORY DOES NOT ROUTINELY ANALYZE KITS COLLECTED MORE THAN 8 HOURS AFTER THE SHOOTING INCIDENT.**