

Evidence Collection/Processing Log

Case / Incident No.:	Crime / Incident:	Location of Crime / Incident:	Date Processed:
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Item No.:	Location Found:	Description:	Brand/Make/Model:
Serial No.:	Color:	Size:	Quantity: Weight:
Type of Construction:	Condition:	Damaged: <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	
Found/Identified By:	Collected By:	Packaging Used:	Submitted By: Submitted To:
Additional Processing Methods: <input type="checkbox"/> None <input type="checkbox"/> Yes Date Processed: () <input type="checkbox"/> Swabs <input type="checkbox"/> Photographs		Photograph Category (Check All That Apply): <input type="checkbox"/> Overall <input type="checkbox"/> Mid-Range <input type="checkbox"/> Close-Up	Photograph Type (Check All That Apply): <input type="checkbox"/> Documentation <input type="checkbox"/> Examination Quality
Presumptive Test Used/Method: <input type="checkbox"/> No <input type="checkbox"/> Yes Method:		Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Processed for Latent Fingerprints/Method Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Method: Successful: No. Cards Lifted: <input type="checkbox"/> Yes <input type="checkbox"/> No
IR/UV/Forensic Light Source Exam Performed: <input type="checkbox"/> None <input type="checkbox"/> Yes (<input type="checkbox"/> IR <input type="checkbox"/> UV <input type="checkbox"/> Forensic Light Source		Wavelength: nm	Filter/Goggle Color Used: Observations:
<input type="checkbox"/> Chemical Enhancements (Method:)		<input type="checkbox"/> Other Processing Methods:	
Notes/Other Identifying Features:			

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