

**TENNESSEE BUREAU OF INVESTIGATION**  
**Forensic Services Request for Examination – VCRT (Non-Use of Force)**

Nashville  
 901 RS Gass Blvd.  
 Nashville, TN 37216-2639  
 615-744-4000

Knoxville  
 1791 Neals Commerce Ln  
 Knoxville, TN 37914  
 865-549-7800

Jackson  
 350 Smith Ln.  
 Jackson, TN 38301  
 731-426-8717

COMPLETE ALL SECTIONS OF FORM EXCEPT SHADED AREAS

**FROM:** \_\_\_\_\_ **Officer Email:** \_\_\_\_\_  
 Requesting Officer (case assigned)

\_\_\_\_\_ **Agency Case No:** \_\_\_\_\_  
 Requesting Agency

\_\_\_\_\_ **County of Offense:** \_\_\_\_\_  
 Address

\_\_\_\_\_ **Type of Offense:** \_\_\_\_\_  
 City ZIP

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Date of Offense:** \_\_\_\_\_

Subject	Sex	Race	Date of Birth	Victim	Sex	Race	Date of Birth

**Statement of Facts:** \_\_\_\_\_

LAB ONLY	Item Number	Description of Evidence	Where Recovered

**Examination Requested:** \_\_\_\_\_

Has other evidence been submitted on this case? YES  NO  , Lab No. \_\_\_\_\_

I certify this evidence is associated with a criminal or death investigation:  
 Signature: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_

**FOR VCRT USE ONLY**

**Type of packaging:**  
 Contents NOT verified at the time of receipt \_\_\_\_\_  
 Initials/Date

Gun Check OK \_\_\_\_\_  
 Initials/Date

**Received by:** \_\_\_\_\_  
**Received from:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_

**FOR LABORATORY USE ONLY**

**Type of packaging:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

ALC  Package opened to retrieve request form  
 DI  Request form on outer packaging  
 FAID  Contents NOT verified at the time of receipt \_\_\_\_\_  
 LP Initials/Date  
 SERO  Gun Check OK \_\_\_\_\_  
 TOX Initials/Date

Explosives Check \_\_\_\_\_  
 Initials/Date

**LAB #**  
 \_\_\_\_\_



