TENNESSEE BUREAU OF INVESTIGATION

Forensic Services Request for Examination – VCRT (Use of Force)

Nashville	Knoxville	Jackson
901 RS Gass Blvd.	1791 Neals Commerce Ln	350 Smith Ln.
Nashville, TN 37216-2639	Knoxville, TN 37914	Jackson, TN 38301
615-744-4000	865-549-7800	731-426-8717

COMPLETE ALL SECTIONS OF FORM EXCEPT SHADED AREAS

FROM: _____
Requesting Officer (case assigned)

_____
Requesting Agency

_____
Address

_____
City ZIP

Phone: (_____)_____

Officer Email: _____

Agency Case No: _____

County of Offense: _____

Type of Offense: _____

Date of Offense: _____

Other	Sex	Race	Date of Birth	Law Enforcement Officer	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:

☐ ALC
☐ DI
☐ FAID
☐ LP
☐ SERO
☐ TOX
MICRO
☐☐☐☐
☐☐☐☐
☐☐☐☐

☐ Package opened to retrieve request form
☐ Request form on outer packaging
☐ Contents NOT verified at the time of receipt _____
Initials/Date

☐ Gun Check OK _____
Initials/Date

☐ Explosives Check _____
Initials/Date

Received by: _____

Received from: _____

Date Received: _____

LAB #

LAB #

Statement of Facts, Remarks:

LAB ONLY	Item Number	Description of Evidence	Where Recovered

LAB #

LAB ONLY	Item Number	Description of Evidence	Where Recovered