



COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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MEDICAL EXAMINER

ROBERT M. HUSTON
DIRECTOR FORENSIC LABORATORY

SUBMITTAL FORM – FIREARMS / TOOLMARKS SECTION

1. AGENCY INCIDENT #:
2. NEW SUBMITTAL: **Yes** **No** IF NO, PRIOR LAB NUMBER:
3. TYPE OF OFFENSE OR OCCURRENCE:
4. DATE AND TIME OF OFFENSE OR OCCURRENCE:
5. LOCATION OF OFFENSE OR OCCURRENCE: (STREET, CITY, BOROUGH, TOWNSHIP, ETC.)
6. FACTS OF OFFENSE OR OCCURRENCE:

- | | | | |
|----|---------------|------|-----------|
| 7. | ACTOR'S NAME: | OTN: | JUVENILE: |
| | ACTOR'S NAME: | OTN: | JUVENILE: |
| | ACTOR'S NAME: | OTN: | JUVENILE: |
| | ACTOR'S NAME: | OTN: | JUVENILE: |

8. VICTIM'S NAME:
- VICTIM'S NAME:
- VICTIM'S NAME:

9. EVIDENCE INVENTORY:

ITEM

EVIDENCE DESCRIPTION

**FIREARMS EXAMINATION
REQUESTED**

10. IS FIREARM STOLEN: YES: NO:
- IF STOLEN: DATE REPORTED: CITY: STATE:
11. HEARING DATE:
12. INVESTIGATING OFFICER: PHONE NUMBER:
13. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):