COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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ASSOCIATE MEDICAL EXAMINER

ROBERT M. HUSTON
DIRECTOR FORENSIC LABORATORY

SUBMITTAL FORM – LATENT FINGERPRINT 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: _____ DOB: _____ STATE ID# _____ FBI # _____
   ACTOR(S) NAME: _____ DOB: _____ STATE ID# _____ FBI # _____
   ACTOR(S) NAME: _____ DOB: _____ STATE ID# _____ FBI # _____
   ACTOR(S) NAME: _____ DOB: _____ STATE ID# _____ FBI # _____
8. VICTIM'S NAME: _____ DOB: _____ STATE ID# _____ FBI # _____
   VICTIM'S NAME: _____ DOB: _____ STATE ID# _____ FBI # _____
9. EVIDENCE INVENTORY:

ITEM	EVIDENCE DESCRIPTION (INCLUDE WHERE SURFACE LIFTS WERE RECOVERED FROM)	EXAMINATION REQUESTED	
		PROCESS	ANALYSIS
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

10. PLEASE INDICATE ITEMS THAT HAVE ALREADY BEEN PROCESSED AND PROCESS(ES) CONDUCTED:

    _____
11. INVESTIGATING OFFICER: _____ PHONE NUMBER: _____
12. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):