COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

1520 PENN AVENUE • PITTSBURGH, PENNSYLVANIA 15222
PHONE (412) 350-4800 • FAX (412) 350-3861
EMAIL Webmaster.me@county.allegheny.pa.us

DAN ONORATO
CHIEF EXECUTIVE

KARL E. WILLIAMS, M.D., M.P.H.
MEDICAL EXAMINER

ABDULREZAK SHAKIR, M.D.
ASSOCIATE MEDICAL EXAMINER

ROBERT M. HUSTON
DIRECTOR FORENSIC LABORATORY

SUBMITTAL FORM – TRACE 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: _____ SEX: _____ RACE: _____
   ACTOR'S NAME: _____ OTN: _____ SEX: _____ RACE: _____
   ACTOR'S NAME: _____ OTN: _____ SEX: _____ RACE: _____
   ACTOR'S NAME: _____ OTN: _____ SEX: _____ RACE: _____
8. VICTIM'S NAME: _____ UNHARMED: _____ INJURED: _____ DECEASED: _____
   VICTIM'S NAME: _____ UNHARMED: _____ INJURED: _____ DECEASED: _____
9. EVIDENCE INVENTORY:

ITEM	EVIDENCE DESCRIPTION/ EXAMINATION REQUESTED (INDICATE IGNITABLE LIQUID, EXPLOSIVE, FIBER, GLASS, PAINT, ETC.)		QUESTIONED	KNOWN
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

10. LIST ITEM(S) THAT NEED LATENT PROCESSING:
    _____
11. HEARING DATE: _____
12. INVESTIGATING OFFICER: _____ PHONE NUMBER: _____
13. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):