COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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SUBMITTAL FORM – TRACE SECTION – GSR CLOTHING

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. DATE AND TIME OF COLLECTION:
   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: _____
8. VICTIM'S NAME: _____ UNHARMED: _____ INJURED: _____ DECEASED: _____
   VICTIM'S NAME: _____ UNHARMED: _____ INJURED: _____ DECEASED: _____
10. EVIDENCE INVENTORY: (CLOTHING MUST BE SEPARATED FOR SUBMISSION)

ITEM	EVIDENCE DESCRIPTION (IDENTIFY PERSON CLOTHING WAS REMOVED FROM)	AREA OF EXAMINATION REQUESTED (UP TO 3) (INDICATE AREA OF CLOTHING I.E. CUFFS, COIN POCKET, SLEEVE, ETC.)	QUESTIONED	KNOWN
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

11. TYPE OF FIREARM USED: _____ CALIBER: _____
    CALIBER OF AMMUNITION USED: _____
    MANUFACTURER OF AMMUNITION:* _____
    * NOTE IF CARTRIDGE MANUFACTURER IS UNKNOWN, DRAW HEAD STAMP HERE:
    NUMBER OF SHOTS FIRED
    _____
12. HEARING DATE: _____
13. INVESTIGATING OFFICER: _____ PHONE NUMBER: _____
14. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):