Gunshot Residue (GSR) Kit Information Form

Complete all information requested and submit white copy with a LAB-201, return yellow copy to kit, and retain pink copy.

Collecting Officer ___________________________ Phone ___________________________

Agency ___________________________ Fax ___________________________

Agency Case Number ___________________________

Offense

☐ Homicide ☐ Suicide ☐ Assault ☐ Drive-by ☐ Other ___________________________

Individual (S = Suspect, V = Victim) Information

<table>
<thead>
<tr>
<th>S / V</th>
<th>Name (Last, First, Middle, Suffix)</th>
<th>DOB</th>
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Subject is:

☐ Right-handed ☐ Left-handed ☐ Unknown

Was subject shot?

☐ YES ☐ NO

Any debris and/or suspected blood on subject’s hands?

☐ YES ☐ NO

Has subject washed their hands since shooting?

☐ YES ☐ NO ☐ Unknown

Was the subject in possession of a firearm when detained?

☐ YES ☐ NO

Subject’s Occupation (if known):

______________________________

Subject’s Hobbies (if known):

______________________________

Brief description of subject’s activity between the time of the shooting and the time of the GSR collection:

______________________________

Shooting Incident Information

Date and time shooting occurred:

Date __________  Time __________  ☐ AM  ☐ PM

Date and time of evidence collection:

Date __________  Time __________  ☐ AM  ☐ PM

Shooting location (e.g., kitchen, parking lot, indoors, outdoors):

______________________________

Type of firearm used:

______________________________

*Note: If ammunition manufacturer is unknown, draw head stamp here:

Base of Cartridge

Firearm caliber:

______________________________

Ammunition manufacturer*:

______________________________

Ammunition caliber:

______________________________

Number of shots fired:

______________________________

Collecting Officer: ___________________________  Signature ___________________________  Date __________  Time __________

☐ AM  ☐ PM

White Copy – Submit with LAB-201  Yellow Copy – Place Inside GSR Kit  Pink Copy – Retain