



Forensic Laboratory Case Submission Form

WVSP Form 53
Revised 11/16

PLEASE TYPE OR PRINT LEGIBLY

Agency Case No. _____

Sex Crime Kit Tracking No. _____

Evidence No. (WVSP Det Use) _____

Submitting Agency: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Investigator: _____ Title: _____
(Last, First, MI)

Email: _____ Phone #1: _____ Phone #2: _____

Criminal Offense: _____

Crime Date: _____ Time: _____ County of Offense: _____

Brief Description of Crime: _____

List Items Submitted:

List Section(s) and Examinations(s) Requested:

- | | |
|----------|-------|
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |
| 4 _____ | _____ |
| 5 _____ | _____ |
| 6 _____ | _____ |
| 7 _____ | _____ |
| 8 _____ | _____ |
| 9 _____ | _____ |
| 10 _____ | _____ |

(use additional sheets if necessary)

1) Victim: _____ Race: _____ DOB: _____ SSN: _____ - _____ - _____
(Last, First, MI)

2) Victim: _____ Race: _____ DOB: _____ SSN: _____ - _____ - _____
(Last, First, MI)

1) Suspect: _____ DOB: _____ SSN: _____ - _____ - _____
(Last, First, MI)

SID No: _____ - _____ FBI No. _____ Race: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs.

2) Suspect: _____ DOB: _____ SSN: _____ - _____ - _____
(Last, First, MI)

SID No: _____ - _____ FBI No. _____ Race: _____ Sex: _____ Ht: _____ ft. _____ in. Wt: _____ lbs.

FOR LABORATORY PERSONNEL USE ONLY - DO NOT WRITE IN THIS BLOCK

Received via: Evidence Locker U.S. Mail Certified Mail _____

Other _____

Date: ____/____/20____

Laboratory Case No. _____ Request No. _____

Two copies: Submit with evidence
One copy: Retained by submitting officer