



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Gunshot Residue Kit Information Form

LAB-17 Rev.00 (01/2010)

Fill out all information requested then return yellow copy to kit, submit white copy with Submission Form, and retain pink copy.

Collecting Officer's Name: _____ Phone No.: _____

Fax No.: _____

Collecting Agency's Name: _____ Agency Case No.: _____

Offense: Homicide Suicide Assault Drive By Other _____

Subject Information

Subject's full name (Last, First Middle)		DOB
Subject is: <input type="checkbox"/> Suspect <input type="checkbox"/> Victim		
Was subject shot?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject is: <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> Unknown		
Any debris and/or blood on subject's hands? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe: _____		
Has subject washed his/her hands since shooting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Was the subject in possession of a firearm when detained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subject's occupation: _____		
Subject's hobbies: _____		
Brief description of subject's activity between the time of the shooting and the time of the GSR collection:		

Shooting Information

Date and time shooting occurred: Date _____ Time _____ am pm

Date and time of evidence collection: Date _____ Time _____ am pm

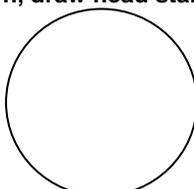
Place (example – in kitchen, parking lot, indoors, outdoors): _____

Type of firearm used: _____ Caliber: _____

Manufacturer of ammunition:* _____ Caliber of ammunition used: _____

Number of shots fired: _____

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



Base of Cartridge

Collecting Officer _____ Signature _____ Date _____ Time _____ am pm

White copy – submit with Submission Form

Yellow – placed inside Gunshot Residue Kit

Pink copy – retained by collecting officer