



# GSR INFORMATION SHEET



LABORATORY CASE NO: \_\_\_\_\_

AGENCY CASE NO: \_\_\_\_\_

LABORATORY EXHIBIT NO: \_\_\_\_\_

TEST SUBJECT'S NAME: \_\_\_\_\_

HAS TEST SUBJECT BEEN SHOT?  NO IF YES, DO NOT PROCEED

SUBJECT'S OCCUPATION/RECENT ACTIVITY: \_\_\_\_\_  UNKNOWN

APPROXIMATE NUMBER OF SHOTS FIRED BY ALLEDGED SUBJECT: \_\_\_\_\_  UNKNOWN

DATE AND TIME OF OFFENSE: \_\_\_\_\_

DATE AND TIME SAMPLE COLLECTED: \_\_\_\_\_

TYPE OF WEAPON USED:  REVOLVER  SEMI-AUTO PISTOL  RIFLE  
 SHOTGUN  OTHER

CALIBER OF WEAPON: \_\_\_\_\_

MANUFACTURER OF WEAPON: \_\_\_\_\_

MANUFACTURER OF AMMUNITION: \_\_\_\_\_

TYPE OF AMMUNITION:  RIMFIRE  CENTERFIRE  SHOTSHELL  OTHER

REQUESTING OFFICER: \_\_\_\_\_

REQUESTING AGENCY: \_\_\_\_\_

OFFICER PERFORMING TEST: \_\_\_\_\_

BRIEFLY DESCRIBE THE INCIDENT INVOLVING THE WEAPON BEING FIRED AND SUBSEQUENT  
ACTIVITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WILL THE WEAPON, AMMUNITION AND CLOTHING INVOLVED BE  
SUMMITTED TO THE LABORATORY?  YES  NO

ADDITIONAL NOTES: