Illinois Department of Revenue
Bureau of Criminal Investigations
Digital Evidence Item Form

	_		C	ASE			
Case Number:	_	Case Name: Subject / Bu				usiness Name:	
Case Agent (Nam	ne ID#):	Forensic Examiner:					
	_		DESC	RIPTION			
Exhibit #:	Make / Model:	Serial #:				OS:	
Exhibit type:	Ph	one Number:		Phor	ne IMEI:		
User:		Password:					
BIOS Time:		Current Time:			Time Zor	ne:	
	_	L	AB CHAIN	OF CUS	TODY		
Seizure Address:							Room:
Date Seized:	Seized	by:	Date Receiv	ved:	Received by:		
	_		ACQL	JISITION			
Imaging Tool:		Imaging 1	уре:	Image MD	5:	Write Blocker:	
Imaging Started:		Imaging F	inished:		Image SHA-256:		
Storage Type:		Storage N	/lake / Model	: Se	rial Number:	Stor	rage Size:
Analysis Tool:				Additional	Analysis Tool:		
			NC	OTES			