Page of		Y/EVI	DENCE CUSTODY	RECEIPT / LABO	RATORY RE	QUEST		
			ure of Offense:		KBI Case Number			
Contributing Agency/Address								
Leavenworth Police Department			Victim					
601 S 3rd ST STE 2055			Last Name Middle					
Leavenworth KS 66048 Phone: (913) 651-2260			dress Street	City			State Zip Code	
			e of Birth SSN/ID	Race		Sex	Ethnicity	
Send Report To:								
			Suspect					
Officer Name Badge #			Last Name First Name Middle					
Agency Case # County of Offense LV		se	dress Street	City		State Zip Code		
Agency ORI KS0520100		Date	e of Birth SSN/ID	Race		Sex	Ethnicity	
Exhibit Number	Exhibit Type	Number of Items		hibit Description		Reques	sted Examination	
IF CHARGES ARE FIL	ED UNDER TI	-TE ILLEC	SAL DRUG TAX STAME	P LAW, WEIGHING OR	COUNTING MU	STBER	EQUESTED.	
Previous evidence sub	mitted in this c	ase?	Yes No	Brief Case	Synopsis (See E	Back)	Yes No	
Do any of the items submitted present a				hazard in case synopsis.) Yes No Written Signature of Collector:				
Date Collected:	rinted of	i yped Na	ame of Collector:	or Collector. Written Signat			ICCIOI.	
COPIES: Original to reofficer's file; 3rd copy t		•) upon initial collection.		impound	ing	

nibit nber	Date	Received from (Name and Title)	Received by (I	Name and Title)	Purpose of Transfer	
		BRIEF CASE	SYNOPSIS			
		DESTRUCTION/DISP	OSITION RECOR			
	ITEM(S)	INIT.	RADIO#	ITEM DISPO	DATE	
INSPE	ECTION/WITNES	SS OFFICER SIGNATURE		Bade #	DATE	