LABORATORY DIVISION Complaint No. POLICE DEPARTMENT REQUEST FOR EXAMINATION BALTIMORE, MARYLAND Form 89 / 236 1160-25-24 Date of Request (PLEASE PRINT) Crime Place of Occurrence Date of Occurrence Victim's Name Race D.O.B. Victim's Address Defendant's Name Sex M Race I D.O.B. Defendant's Address Vehicle (If Involved) Make Tag No. Vin. No. Requesting Officer Seq. No. Dist./Div. Evidence Recovered by Dist./Div. MANDATORY INFORMATION FOR FIREARMS SUBMISSIONS Arrestee's Soundex Number Height Weight D.O.B. NCIC Stolen Information DESCRIBE EVIDENCE ITEMS AND TYPES OF EXAMINATIONS - LIST PROPERTY NUMBERS AND SPECIFY EXACT SOURCES OF INDIVIDUAL EVIDENCE ITEMS BELOW. FOR LATENT PRINT EXAMINATION LIST SUSPECTS AND B.P.I. NUMBER'S BELOW. VIAL OF BLOOD 99 00 4674 # 9900899 SHRT WI SUSPECTED REGNEST DNA MAKE-49 FOR LABORATORY USE ONLY Received by Date/Time Received by Date/Time Date/Time Received by Received by