		Pageof			
Oregon State Police Forensic Services Request		Reason:		Gray Area for Lab Use On	ly
				Start Date: Lab Case #	Page of
		Date Due:		Lab Case #	Sub#
Agency		DA Contact	: (if known)		
					Req#
Agency Case #		☐ Addition:	al Suspect Info Only	_	
rigericy case ii			s Evidence Submitted		
Secondary Agency			Agency Case #		Refer to the OSP Forensic Services Website
				https://tinyurl.com/OSP-F Investigating Officer	orensic-Documents for further information) Agency Lab Staff
Offense		FMV	Δ Offens	e Date (mm/dd/yy)	County of Venue
	_				Lance
Last (Individual # 1)	☐No Suspect ABIS Se	earch	First		Middle
		200	015 #		Breath Test Given?
☐ Suspect ☐ Mentioned ☐ Victim ☐ Deceased	Race	DOB (mm/	/dd/yy) SID #	FBI#	☐ Yes ☐ No
	☐ Female	9	First		Result Middle
Last (Individual # 2)			Filst		Wilddie
	Race	DOB (mm/	/dd/vv) SID#	FBI#	Breath Test Given?
☐ Suspect ☐ Mentioned ☐ Victim ☐ Deceased	Female	1	GID #	1.51."	☐ Yes ☐ No
Last (Individual # 3)			First		Result Middle
,					
☐ Suspect ☐ Mentioned	Race	DOB (mm/	/dd/vv) SID#	FBI#	Breath Test Given?
☐ Victim ☐ Deceased	Female				☐ Yes ☐ No Result
Investigating Officer (Please Print)	Phone # o	of Investigating Officer	E-mail of Investigating Offi	
The Oregon St					elect appropriate methods
Lab Agency	Description of Evidence		e type of evider	ce and information	provided. ed Service (Refer to the OSP Forensic Services
Exhibit Exhibit			dividual, if applicable)		
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