

## EVIDENCE REPORT

Case No. \_\_\_\_\_ Arrest No. \_\_\_\_\_ Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Citation No. \_\_\_\_\_ Officer \_\_\_\_\_ Supervisor Reviewing \_\_\_\_\_

Subject Name	Incident	Location
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Item No.	Quantity	Detailed description (item, make, model, color, size, condition, etc.)	Serial No.	LEO Record Storage Bin

  

Legal Owner (Recovered Property)	DATE	TIME	ITEM NO.	CUSTODY ASSUMED BY	REASON
Name _____					
Address _____ _____					
I have witnessed the destruction of the (controlled substance) (drugs, biologicals, and regents other than controlled substances) described in the foregoing certification in the manner and on the date stated herein:					
Drugs Destroyed (item #s) _____					
Method _____					
Destroyed by _____ Date _____					
Witness _____ Date _____					
Witness _____ Date _____					