



# Cambridge Police Department

## Evidence/Property Submission Form

Incident Number: \_\_\_\_\_

Date of Incident	Primary Offense	Incident Address
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SUSPECT/DEFENDANT NAME(S)	ADDRESS/PHONE	VICTIM/OWNER NAME(S)	ADDRESS/PHONE

EVIDENCE SUBMITTED: *List and include serial #s, model, color, size, etc.* \_\_\_\_\_ #of packages submitted

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

<input type="checkbox"/> CASH/CREDIT CARDS  <input type="checkbox"/> U.S. Currency <input type="checkbox"/> Foreign Currency <input type="checkbox"/> Value: \$ Description:	<input type="checkbox"/> Precious Metals/Jewelry  #of items: Description:
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<input type="checkbox"/> DRUGS  Class      Description of Drug: Class      Description of Drug: Class      Description of Drug: OTHER	<input type="checkbox"/> WEAPON  <input type="checkbox"/> Handgun/ <input type="checkbox"/> Long gun: <input type="checkbox"/> Handgun/ <input type="checkbox"/> Long gun: <input type="checkbox"/> Handgun/ <input type="checkbox"/> Long gun: <input type="checkbox"/> Handgun/ <input type="checkbox"/> Long gun:
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<p style="text-align: center;"><b>PROPERTY REQUEST</b></p> <input type="checkbox"/> Evidence (Beige tag) <input type="checkbox"/> Found Property (Blue tag) <input type="checkbox"/> Prisoner Property (Blue tag) <input type="checkbox"/> Drug Destruction <input type="checkbox"/> Safe Keeping (Blue tag) <input type="checkbox"/> Return to Owner/Victim/Defendant _____	<p style="text-align: center;"><b>LAB EXAM REQUEST</b></p> <input type="checkbox"/> DNA <input type="checkbox"/> Fingerprints <input type="checkbox"/> Firearms Certification <input type="checkbox"/> Firearms Examination <input type="checkbox"/> Hairs/Fibers <input type="checkbox"/> Large Items (Bicycle etc-Red tag) <input type="checkbox"/> Toxicology <input type="checkbox"/> Drug Certification
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Submitting Officer's Signature \_\_\_\_\_ Badge# \_\_\_\_\_ Date of Submission \_\_\_\_\_ Locker# \_\_\_\_\_

Reviewing Officer's Signature \_\_\_\_\_ Badge # \_\_\_\_\_ Date \_\_\_\_\_