



KITSAP COUNTY SHERIFF'S OFFICE

614 DIVISION STREET MS-37 · PORT ORCHARD, WA 98366 · (360) 337-4436 · FAX (360) 307-4239

IN-HOUSE LAB REQUEST

Lab Copy

Records Copy

DEPUTY REQUESTING LAB WORK **Bockelle, Eric**

CASE NUMBER **K07-022222**

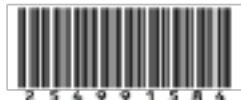
VICTIM'S NAME AND PHONE **Holloman, David R (360)692-7898**

DATE COLLECTED **11/27/2007**

CRIME BEING INVESTIGATED **BURGLARY 2**

DATE OF OFFENSE **11/27/2007**

DESCRIPTION OF ITEMS BEING SUBMITTED



Id- Drivers Lic., ID Cards, Passports, Etc

ID belonging to Lindberg, Albert

SUSPECT NAME / DOB **Lindberg, Albert R 12/06/1966**

LAB WORK REQUESTED _____

IF THE LAB WORK SHOWS NO EVIDENCE THESE ITEMS SHOULD BE:

_____ KEPT AS EVIDENCE

_____ RETURNED TO VICTIM

(TO BE COMPLETED BY LAB PERSONNEL)

DATE LAB REQUEST RECEIVED _____ DATE WORK COMPLETED _____

DETECTIVE DOING LAB WORK _____

RESULTS OF LAB WORK _____

Distribution: The submitting deputy will print two copies, marking one "Lab Copy" and one "Records Copy". The "Records Copy" will be submitted with their Incident Report. The "Lab Copy" will be submitted with the evidence item. When the lab personnel complete their test, they will submit the completed "Lab Copy" to Records. A photo copy will be returned to the submitting deputy to allow that deputy to call the victim with the results.