

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
FORENSIC LABORATORY EXAMINATION REQUEST

Primary Event/Case #
930118-1767

Requestor: **PERROWE** Bureau / Detail: **S/A** Date: **1-22-93**

Booked By: **PERROWE RN** Telephone: **229-3764**

Incident: **S/A** Agency: **LUMPD**

Suspect(s) (Last Name, First): **UNIK**

Victim(s) (Last Name, First): **ZOLD, Jami**

SUBMIT ONLY ONE REQUEST FOR EACH CASE • OJ-ATTACH REQUEST TO EVIDENCE & SUBMIT TO LVMPD EVIDENCE VAULT. DO NOT TAKE EVIDENCE TO FORENSIC LABORATORY.

ANALYTICAL • check all which apply Has latent print processing been requested? Y N

<input type="checkbox"/> ALCOHOL (blood in gray top tubes-in Blood Alcohol Kit)	<input type="checkbox"/> GLASS (submit known glass standard)
<input type="checkbox"/> BEDDING <input type="checkbox"/> blood <input type="checkbox"/> semen <input type="checkbox"/> fibers <input type="checkbox"/> hair	<input type="checkbox"/> HAIR <input type="checkbox"/> head <input type="checkbox"/> pubic (submit known hair standard for both)
<input type="checkbox"/> BLOOD OF <input type="checkbox"/> victim <input type="checkbox"/> suspect (yellow top tubes)	<input type="checkbox"/> HEADLIGHT EXAMINATION
<input checked="" type="checkbox"/> CLOTHING <input checked="" type="checkbox"/> victim <input type="checkbox"/> suspect <input type="checkbox"/> blood <input checked="" type="checkbox"/> semen <input checked="" type="checkbox"/> hair <input type="checkbox"/> fiber	<input type="checkbox"/> PAINT SUBMIT <input type="checkbox"/> victim vehicle impact point <input type="checkbox"/> victim vehicle knowns <input type="checkbox"/> suspect vehicle impact point <input type="checkbox"/> suspect vehicle knowns
<input type="checkbox"/> DRUG SCREEN <input type="checkbox"/> urine <input type="checkbox"/> blood <input type="checkbox"/> drug suspected _____	<input type="checkbox"/> SEROLOGY STANDARD KIT <input type="checkbox"/> suspect <input type="checkbox"/> victim
<input type="checkbox"/> CONTROLLED SUBSTANCE <input type="checkbox"/> Package #: _____	<input checked="" type="checkbox"/> SEXUAL ASSAULT KIT <input checked="" type="checkbox"/> victim
<input type="checkbox"/> FIBER <input type="checkbox"/> identify <input type="checkbox"/> comparison (submit known standard)	<input type="checkbox"/> WEAPON (other than firearm) <input type="checkbox"/> knife <input type="checkbox"/> other _____
<input type="checkbox"/> FLAMMABLES (submit unburned control)	<input type="checkbox"/> OTHER

FIREARMS/TOOLMARK • check all which apply

	EVENT/CASE #	BOOKED BY	PKG#
<input type="checkbox"/> BULLETS <input type="checkbox"/> Examine for Caliber	<input type="checkbox"/> Compare w/Gun under >		
	<input type="checkbox"/> Compare w/Bullets under >		
<input type="checkbox"/> CARTRIDGE CASES <input type="checkbox"/> Examine for Caliber	<input type="checkbox"/> Compare w/Gun under >		
	<input type="checkbox"/> Compare w/Cases under >		
<input type="checkbox"/> FIREARMS	<input type="checkbox"/> Compare w/Bullets under >		
	<input type="checkbox"/> Compare w/Cases under >		
<input type="checkbox"/> GUNSHOT RESIDUE			
<input type="checkbox"/> LATENT PRINTS ON FIREARM			
<input type="checkbox"/> SERIAL # RESTORATION			
<input type="checkbox"/> SHOEPRINT COMPARISON	<input type="checkbox"/> Compare w/Shoes under >		
<input type="checkbox"/> TIRE IMPRESSIONS	<input type="checkbox"/> Compare w/Tires under >		
<input type="checkbox"/> TOOLMARK COMPARISON	<input type="checkbox"/> Compare w/Tools under >		
<input type="checkbox"/> OTHER			

QUESTIONED DOCUMENTS • check all which apply

<input type="checkbox"/> ALTERED DOCUMENTS	<input type="checkbox"/> LATENT PRINTS ON DOCUMENTS
<input type="checkbox"/> EXEMPLARS SUBMITTED	<input type="checkbox"/> TYPEWRITER COMPARISON
<input type="checkbox"/> HANDWRITING COMPARISON	<input type="checkbox"/> OTHER