**Gunshot Residue Kit Information Form**

**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**CRIME LABORATORY**

**LAB-17  Rev.00 (01/2010)**

*Fill out all information requested then return yellow copy to kit, submit white copy with Submission Form, and retain pink copy.*

Collecting Officer’s Name: _______________________________ Phone No.: ___________________  
Fax No.: ___________________

Collecting Agency’s Name: _______________________________ Agency Case No.: ___________________

Offense:  
- [ ] Homicide  
- [ ] Suicide  
- [ ] Assault  
- [ ] Drive By  
- [ ] Other _______________________________

## Subject Information

<table>
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<tr>
<th>Subject’s full name (Last, First Middle)</th>
<th>DOB</th>
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Subject is:  
- [ ] Suspect  
- [ ] Victim  
Was subject shot?  
- [ ] Yes  
- [ ] No

Subject is:  
- [ ] Right-handed  
- [ ] Left-handed  
- [ ] Unknown

Any debris and/or blood on subject’s hands?  
- [ ] Yes  
- [ ] No

If yes, describe: _______________________________

Has subject washed his/her hands since shooting?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

Was the subject in possession of a firearm when detained?  
- [ ] Yes  
- [ ] No

Subject’s occupation: _______________________________

Subject’s hobbies: _______________________________

Brief description of subject’s activity between the time of the shooting and the time of the GSR collection:

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## Shooting Information

Date and time shooting occurred:  
- Date _______  
- Time _______  
- [ ] am  
- [ ] pm

Date and time of evidence collection:  
- Date _______  
- Time _______  
- [ ] am  
- [ ] pm

Place (example – in kitchen, parking lot, indoors, outdoors): _______________________________

Type of firearm used: _______________________________  
Caliber: _______

Manufacturer of ammunition:* _______________________________  
Caliber of ammunition used: _______

Number of shots fired: _______

*Note: If cartridge manufacturer is unknown, draw head stamp here:

Base of Cartridge

Collecting Officer  
Signature _______________________________  
Date _______  
Time _______  
- [ ] am  
- [ ] pm

White copy – submit with Submission Form  
Yellow – placed inside Gunshot Residue Kit  
Pink copy – retained by collecting officer