

Cambridge Police Department Evidence/Property Report

File Number: **00-00000**

1A. Date of Submission M M__D__Y__T__		1A. Date of Incident M M__D__Y__T__		1A. Date of Report M M__D__Y__T__		4A. PCN		5A. Evidence..... <input type="checkbox"/> Found Prop..... <input type="checkbox"/> Prisoner Prop....		
6A. Offense(s) Charged a.			7A. Defendant's Name			9A. Sex	Race	Height	Weight	D.O.B.
b.			8A. Defendant's Address			10A. Social Security Number				
c.			City, State, Zip			11A. Location Where Evid/Prop Found			Sector	
12A. Business Name			Address			Tel. (Res.) (Bus.)		14A. Type of Weapon		
13A. Victim's Name			Address			Tel. (Res.) (Bus.)				
15A. Owner of Property			Address			Tel. (Res.) (Bus.)		Value		
16A. Lab Request <input type="checkbox"/> Yes <input type="checkbox"/> No			Item #	Type of Exam						
Cash <input type="checkbox"/> Yes <input type="checkbox"/> No			Item#	Amount						
Weapon <input type="checkbox"/> Yes <input type="checkbox"/> No			Item#	Type of Exam						
17 A. Complete if a Motor Vehicle Was Used in the Crime:		State	Plate		Year	Make	Type	Color	Stolen Car <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner			Address				Tel. (Res.) (Bus.)			
18A. Description of the Evidence/Property to include Serial/Model Numbers, Make, Color, Size, Identifying Marks, etc.										
1.										
2.										
3.										
4.										
5.										
6.										
7. Comments:										
19A. Submitting Officer(s) Signature			Badge	20A. Field Supervisor		Rank/Name		21A. Reviewing Shift Commander Signature		
#								Date		
22A. Evidence/Property Custodian Taking Custody						Date			23A. Location of Evidence/Property DCN SHELF	
24A. Property Returned To Owner						Date			24A. Property Returned By	

PRINT 5 COPIES AND CHECK OFF APPROPRIATE BOXES BELOW:

RECORDS.... PROSECUTOR.... OFFICER'S.... CRIME ANALYSIS.... CID....