IOWA DEPARTMENT OF PUBLIC SAFETY

DIVISION OF CRIMINAL INVESTIGATION

LABORATORY RECEIPT

DCI OFFICE USE ONLY

ASSIGNED DATE /TIME

____ - ____ - ____ - ____ - ____

MO DAY YR HR MI

COUNTY CLASS UNIT AUTH

CASE NUMBER

YR SEQUENCE

CRIME: OPERATING WHILE INTOXICATED 3RD

DATE OF OCCURRENCE: 1/7/2008

LOCATION OF OFFENSE: 3500 BLK MERLE HAY RD

CITY, COUNTY, ZIP:

METHOD:

WEAPON:

HOW REC'D AT LAB:

NAME OF CASE OFFICER (CO): ADMIN, SYSTEM

CO E- MAIL ADDRESS:

AGENCY NAME: DES MOINES POLICE DEPARTMENT

AGENCY / ADDRESS: 100 MAIN STREET

CITY,ST,ZIP:

AGENCY PHONE NUMBER: (123) 456-7890

AGENCY CASE #: 08-00001

VICTIM /S RACE/SEX/DOB/SSN	SUSPECTS RACE/SEX/DOB/SSN (INCLUDE DCI#)
	DIRTBAG , JOEY W / M / 08-08-1974

☐ BAC ☐ PHO
☐ CLA ☐ LPT
☐ COM ☐ RSN
☐ CRS ☐ TMK
☐ DNA ☐ TOX
☐ DOC ☐ TRAC
☐ DRG ☐ UAC
☐ FIR

LAB SECTIONS

SIGNATURE OF DELIVERY OFFICER | PRINTED NAME | RECEIVED IN LABORATORY BY

SPECIAL REQUESTS OR INFORMATION

Test for narcotics

Laboratory Destination	DESCRIPTION OF EVIDENCE (INCLUDE SERIAL NUMBERS IF KNOWN) DO NOT HANDWRITE * * *	Agency Designation	Section Involved