

CEASEFIRE-NIBIN WEAPON WORKSHEETS

CRIME INFORMATION

Police Dept. Agency: _____ Agency Case # _____

Investigating Officer: _____ Recovery Date: _____

Suspect/Victim/Owner: _____

Violation: _____

Location: _____

City: _____ State: _____ Zip Code: _____

FOR LAB USE ONLY:

Description of Firearm

Item #: _____ Caliber: _____ Manufacturer: _____ Model: _____

Serial # _____ Cartridges submitted: Yes _____ No _____

Accessories Received:

Sling Scope Flashlight Laser Gun box Holster

Magazines submitted _____ Other _____

Date: _____ Initials: _____

Test fire for NIBIN entry: Yes No (If no, comment why)

COMMENTS

