



**HCSO Forensic Science Laboratory**  
**Recovered Stolen Vehicle Request Form**  
**CSI will NOT process unless completed**

Agency: \_\_\_\_\_ Case Number: \_\_\_\_\_

Agency Fax Number: \_\_\_\_\_

Officer (Print Name/Badge#): \_\_\_\_\_

Vehicle Make/Model/License Plate: \_\_\_\_\_

Address/Date Vehicle Stolen From: \_\_\_\_\_

**Contents of vehicle left behind by SUSPECT (document attempts to contact victim):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Victim Information (Last, First, Middle, DOB, Phone Number):**

\_\_\_\_\_

**Was the suspect(s) arrested in the vehicle: YES / NO**

**Suspect(s) information (Last, First, Middle, DOB):**

\_\_\_\_\_

**Permission/Authority to Process Recovered Vehicle (Victim or Agency):**

\_\_\_\_\_

Signature (Badge # - if officer)

Print Name

Other Information: \_\_\_\_\_

\_\_\_\_\_

**FORENSIC SCIENCE LAB USE ONLY**

Results/Follow up directions to agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FSL Case #: \_\_\_\_\_

Processed by / Date: \_\_\_\_\_