



**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: _____