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## EVIDENCE TRANSMITTAL/CHAIN OF CUSTODY

AFA Case No: \_\_\_\_\_

### Submitting Investigator

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Report and Statement Information

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Case Information

Case Name or Insured: _____	Claim Number: _____
Loss Location: _____	Policy Number: _____
City/State/Zip: _____	Artifact Year Make/ Model: _____
Loss Date: _____	Identification Number: _____

Please describe the evidence in detail and include location from where evidence was recovered. (Example: One gallon can containing burned carpet, padding and debris removed from the center of the living room by the love seat.)

Item 1: \_\_\_\_\_  
Item 2: \_\_\_\_\_  
Item 3: \_\_\_\_\_  
Item 4: \_\_\_\_\_  
Item 5: \_\_\_\_\_  
Item 6: \_\_\_\_\_  
Item 7: \_\_\_\_\_  
Item 8: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Chain of Custody

From: _____	To: _____	Date: _____	Time: _____
From: _____	To: _____	Date: _____	Time: _____
From: _____	To: _____	Date: _____	Time: _____
From: _____	To: _____	Date: _____	Time: _____