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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: _____