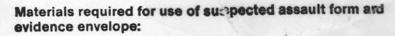
# **EVIDENCE ENVELOPE**

#### USE THIS SPECIAL ENVELOPE FOR SEX CRIME EVIDENCE ONLY

## TO THE EXAMINING PHYSICIAN:

- LABEL ALL SPECIMENS according to the instructions on the accompanying form.
- 2. PLACE SLIDES IN SLIDE HOLDERS to prevent breakage.
- 3. SEAL ALL SPECIMENS in this envelope.
- 4. COMPLETE THE INFORMATION BELOW.
- 5. PLACE THE SEALED EVIDENCE ENVELOPE WITH COPIES 2 AND 3 OF THE RAPE REPORTING FORM IN A PLAIN MANILA ENVELOPE AND GIVE TO HOSPITAL SECURITY OFFICER, DETECTIVE OR POLICE OFFICER.

CONTENTS	OF THIS EN	VELOPE:	
Number of s	slides:		
Number of S	Swabs:		
Other: 1	picture		
(DO N	OT SEAL RE P	ORT FORM	N THIS ENVELO



6 slides

Slideholders to contain the above

Envelopes for fingernail scrapings and pubic hair combings

Indelible pen

Tape

Swabs

Envelopes for swabs



# EVIDENCE ENVELOPE

USE THIS SPECIAL ENVI LOPE FOR SEX CRIME EVIDENCE ONLY

### SIGN IN APPROPRIATE SPACE

Facility: Strong Memorial Hospital

Patient's I.D. No.

**EXAMINING** PHYSICIAN'S SIGNATURE

Lee Goodbooley

Time a.m. p.m.



POLICE LABORATORY CLERK'S SIGNATURE

LT. Chie Walst

Time a.m. p.m.

n Vou

PROPERTY CLERK'S SIGNATURE Time a.m.