CEASEFIRE/NIBIN WEAPON WORKSHEETS

DATE:	GBI CASE #		INITIALS	
	CRIME I	NFORMATION		
POLICE DEPT./ AGENCY:		AGENCY CASE #		
INVESTIGATING OFFICER:				
SUSPECT / VICTIM / OWNER: _				
ADDRESS:			CITY:	
STATE:	ZIP CODE	RECOVERY DA	TE:	
VIOLATION:				
DOB: SS#	<i>‡</i>	RACE	JUVENILE: YES / NO SEX: M / F	
LOCATION:				
CITY:		STATE:	ZIP CODE	
FOR LAB USE ONLY		FIREARM		
DATE:		INITIALS:		
TEST FIRED FOR ENTRY:	YES / NO (If no, comment why)			
COMMENTS				