

Report Only	Report and Billing	AFL Case No:
Contact: _____	Contact: _____	Date Received: _____
Company: _____	Company: _____	Insured: _____
Address: _____	Address: _____	Date of Loss: _____
Submitter File No: _____		Claim No: _____
Phone:() _____ Fax:() _____	Phone:() _____ Fax:() _____	Policy No: _____
Evidence Description		Notes
Background 1. _____ YELLOW	Transferred Paint 2. _____ ORANGE	VIN: _____ Make and Model: _____ Color of Vehicle: _____ Description of Transfer: _____ _____ _____
Suspected Source 3. _____ PINK		
Evidence Transmittal: _____ # Samples Received. Date/Time: _____ Evidence Released By: _____ Evidence Received By: _____ _____ Armstrong Forensic Laboratory, Inc.		Evidence Release: _____ # Samples Released. Date/Time: _____ Samples Released By: _____ Armstrong Forensic Laboratory, Inc. Samples Received By: _____ _____