

Paint Transfer Chain of Custody

Report Only		Report and Billing		AFL Case No.:	
Contact:		Contact:		Date Received:	
Company:		Company:			
Address:		Address:			
E-mail:		E-mail:			
Phone:() Fax:()		Phone:() Fax:()			
Submitter File No.:		Insured:		Date of Loss:	
Claim No.:		Policy No.:		Notes:	
Evidence Description				Notes	
Background YELLOW	1.	_____		VIN #: _____	
Transfer Paint ORANGE	2.	_____		Make and Model: _____	
Suspect Source PINK	3.	_____		Color of Vehicle: _____	
				Description of Transfer: _____	
<p>Evidence Transmittal:</p> <p>_____ # Samples Submitted Date/Time: _____</p> <p>Samples Released By: _____ Samples Received By: _____</p> <p style="text-align: right;"><i>Armstrong Forensic Laboratory, Inc.</i></p>					