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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: _____