

Weapon Destruction Cover Sheet

NORTH CAROLINA STATE CRIME LABORATORY
121 East Tryon Road, Raleigh, NC 27603
919-662-4500

The undersigned acknowledges DESTRUCTION of the following weapon(s) in accordance with North Carolina Crime Laboratory Physical Evidence Section – Firearms Unit policy.

FR Number(s) Destroyed: (See Attached List)

Total Number of Weapons Destroyed: _____

Date of Destruction: _____

Location of Destruction: _____

FSM: (Print) _____ (Signature) _____

Examiner (FS I or higher): (Print) _____ (Signature) _____

Witness: (Print) _____ (Signature) _____

Witness: (Print) _____ (Signature) _____