

## 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) \_\_\_\_\_