

Toxicology Submission Form

Johnson County Sheriff's Office Criminalistics Laboratory

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Rev: 1.1

1. Investigating Agency: _____

2. Agency Case #: _____

3. Date of Offense: _____

4. County of Offense: _____

Lab Case #

5a. Subject Name: _____ DOB: _____

5b. Nature of Offense (mark all that apply)

- DUI-Alcohol DRE Sexual Assault Accident
 DUI-Drugs Possession Homicide Fatality Accident

5c. Subject was: Driver

Passenger

Other: _____

5d. Condition of Subject:

- Alive
 Injured
 Deceased

5e. Were Field Sobriety Tests performed?

- Yes
 No

5f. If performed, the results and type of Test:

- Pass Type: _____
 Fail

6a. Was there an odor of alcohol on the Subject? Yes No

6b. Was there an odor of marijuana on the Subject? Yes No

6c. Was the Subject in possession of alcohol, drugs or paraphernalia? Yes No

If yes, please describe:

6d. Were any statements made regarding alcohol or drug use? Yes No

If yes, please describe:

6e. Was a Breath Alcohol determined? Yes No If yes, it was determined to be: _____ %

THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT

Officer's Name (PRINT): _____ Date: _____

Officer's Signature: _____ Time: _____

THIS SECTION TO BE COMPLETED BY MEDICAL PERSONNEL

Specimen drawn by (PRINT): _____ Date: _____

Specimen drawn by (SIGNATURE): _____ Time: _____

Anatomical site of draw: _____ Disinfectant: _____