



**Anoka County Sheriff's Office
Crime Scene Unit
Motor Vehicle Processing Request**

Case # _____

Requesting Agency /Officer: _____

Incident Type: _____

Assigned Investigator: _____

Related Case # / Type: _____

Vehicle Towed To: _____

VEHICLE INFORMATION

License # _____

Correct Plate(s) Displayed: Select One

VIN Verified: Select One

Keys Available: Select One

If no, is vehicle accessible: Select One

If vehicle is locked and no keys are accessible, does Crime Scene Unit have authorization to force entry into the vehicle for processing including trunk and all locked containers? Select One

If stolen, date of theft: _____

VEHICLE PROCESSING

Circumstances of seizure:

(Check all that apply)

Recovered Stolen

Hit & Run

Vehicle Pursuit

CSC

Assault

Other _____

Processing authorized per:

Consent Form

Search Warrant

Other _____

Vehicle to be processed for:

(Check all that apply)

Fingerprints

Biological Evidence

Stolen Property

Paint Transfer

Trajectory Work

Tread Pattern

Functionality

Other _____

VEHICLE RELEASE

Vehicle release instructions:

(Check all that apply)

Contact Investigator

Vehicle can be released

Vehicle should be towed back to towing agency

Tow bill needs to be paid prior to release

Other: _____

Fax completed request & tow sheet to the Anoka County Sheriff's Office Crime Scene Unit

FAX: (763) 323-5098.

Please fax any other pertinent information relevant to vehicle processing (i.e. suspect information, dated paperwork found inside, victim information if not the owner etc.)