The Commonwealth of Massachusetts
Department of State Police
Forensic Services Division
Firearms Identification Section
Entry Information
NIBIN Submission Form

Agency Information:

Department:_____ Incident/Recovery Date:_____

Date of Submission to MSPCL:_____ Department Phone #:_____

Investigating Officer (Name / Rank / ID #):_____

Investigating Officer E-Mail Address:_____

Offense Type:_____ Will Firearm Be Returned to Owner: ☐ Yes ☐ No

Agency Case #:_____

Firearm:

Caliber:_____ Make:_____ Model:_____ Serial Number:_____

Test Fire Completed By:_____

NIBIN Sample:

Ammunition Manufacturer Used for Sample:_____

Number of Samples Submitted (minimum of two (2) samples required):_____

Officer Signature:_____

Massachusetts State Police Crime Lab Use Only:

Firing Pin Shape:_____ NIBIN Entry Date:_____ Sample Submission Date:_____

Examiner Entering Sample into NIBIN:_____

LIMS #:_____ LIMS Item #'s:_____