

# MARIJUANA EVIDENCE REPORT AND AFFIDAVIT



## REPORT

**INCIDENT:** RCW 69.50.401 Possession of Controlled Substance (Marijuana)

**TEST NUMBER:** \_\_\_\_\_ **DATE OF TEST:** \_\_\_\_\_ **TIME OF TEST:** \_\_\_\_\_

**SUSPECT'S NAME:** \_\_\_\_\_ **DATE OF INCIDENT:** \_\_\_\_\_

**OFFICER'S NAME:** \_\_\_\_\_ **CASE NUMBER:** \_\_\_\_\_

The following evidence was received:

## AFFIDAVIT

### TEST CERTIFICATION

Pursuant to CrRLJ 6.13 the undersigned certifies under penalty of perjury that:

- 1: I performed the test on the substance in question.
- 2: I received the substance in question from \_\_\_\_\_.
- 3: The document on which this certificate appears or to which it is attached is a true and complete copy of my official report; and
- 4: Such document is a report of the results of a test which report and test were made by the undersigned who has the following qualifications and experience:

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title / Job Position Property / Evidence Custodian

Washington State Patrol

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number ( ) \_\_\_\_\_

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