



Wisconsin State Crime Laboratories

Madison, Milwaukee & Wausau

Forensic Imaging Unit

Request for Video Processing

****PLEASE REMOVE RECORD TABS, RENDER SAFE OR FINALIZE DISC/ DO NOT USE PAUSE ON VCR's****

Submitter's Information:

Case Officer: _____ Contact Phone Number: _____

Shift: 1 2 3 _____

Video Information:

Video Tape:

Type, make, and model of Surveillance Recording System: _____

System/Location: _____

Total Number of Cameras: _____ Multiplexed: Quad:

Switched: Y N _____ Sound: Y N _____

Date/Time Stamp*: _____

Camera Number or area where person of interest is observed on video: _____

Is the source video "Queued" up to desired point of analysis? Y N _____

How can this point be located on the video tape? _____

Digital Video:

Type of Digital Recording System*: _____

System/Location: _____

Brand: _____ Multiplexed: Quad:

Switched: Y N _____ Sound: Y N _____

Date/Time Stamp*: _____

Camera Number or area where person of interest is observed on video: _____

Does this DVR require a proprietary viewer to view the video? Y N _____

If yes is the proprietary viewer included with the evidence? Y N _____

Type of video evidence being submitted: (fill in number of sources for each type)*:

VHS: _____ S-VHS: _____ DVD: _____ MINI-DV: _____ 8MM: _____

CD: _____ Other: _____

Type of Processing Requested: (Check all that apply)*:

Still Photos: Viewable Video: Comparison: Enhancement:

Description of Person(s) of interest, items or object*: _____

#1: _____

#2: _____

Basic facts of the case: _____

***Required information**