

VIDEO SURVEILLANCE CANVASS / COLLECTION / REVIEW FORM

COLLECTION:

WHO COLLECTED? NAME: _____ BADGE # _____

AGENCY: _____ CELL #: _____

SOURCE:

WHO PROVIDED: _____ TITLE _____

PHONE NUMBER: _____ DATE / TIME COLLECTED: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

POC FOR ANY TECHNICAL ISSUES: _____

PROVIDED BY (CIRCLE ONE) CONSENT / LEGAL PROCESS OTHER: _____

DOES SOURCE REQUIRE FOLLOW-UP SUBPOENA OR OTHER LEGAL PROCESS: YES / NO

IF SO, IDENTIFY TO WHOM THE SUBPOENA SHOULD BE ADDRESSED:

FORMAT

(CIRCLE ONE) DIGITAL DISC VHS TAPE MULTIPLEX OTHER: _____

(CIRCLE ONE) ORIGINAL COPY

WAS DATE AND TIME STAMP VERIFIED AS CORRECT? YES / NO

IF DATE / TIME STAMP IS NOT CORRECT, WHAT IS THE DISCREPANCY? _____

IDENTIFY ANY SPECIAL MONITORING SYSTEM REQUIRED TO VIEW: _____

REVIEW

ENTERED IN LEAD MANAGEMENT SYSTEM (DATE / TIME) _____ TRACKING # _____

WHO IS ASSIGNED TO REVIEW: _____

COMPLETED ON: DATE / TIME: _____

RELEVANT? YES / NO

IF VIDEO CONTAINS RELEVANT FOOTAGE, IDENTIFY DATE/TIME RANGE AND PROVIDE SUMMARY ON REVERSE SIDE.