

**VIDEO SURVEILLANCE CANVASS / COLLECTION / REVIEW FORM**

**COLLECTION:**

WHO COLLECTED? NAME: \_\_\_\_\_ BADGE # \_\_\_\_\_

AGENCY: \_\_\_\_\_ CELL #: \_\_\_\_\_

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**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:

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**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? \_\_\_\_\_

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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.