



# WEST VIRGINIA STATE POLICE VIDEO SUBMISSION FORM

## SUBMISSION OF VIDEO EVIDENCE

Date		Agency Case #		
Submitter Name				
Agency				
Offense		Phone #	Cell #	
<b>VICTIM (or SUBJECT)</b>	<b>RACE</b>	<b>SEX</b>	<b>DOB</b>	
1				
2				
<b>SUSPECT</b>	<b>RACE</b>	<b>SEX</b>	<b>DOB</b>	
1				
2				

### Brief Details of Case (Attach Report if Necessary)

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### Examinations Requested

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### CCTV System Information

**Digital Video Recorder** Make, Model, Serial Number \_\_\_\_\_

PC Based                      Stand Alone                      Networked                      (Circle One)

Playback software name and version \_\_\_\_\_

Software provided with evidence    YES    or    NO                      (Circle One)

System and/or Software Password \_\_\_\_\_

#### System Settings:

Image Quality (i.e. high, medium, low) \_\_\_\_\_

Frames per second (fps)/pictures per second(pps) \_\_\_\_\_

Image/Frame recorded size (e.g. 320 x 240) \_\_\_\_\_

Can it be determined if any cameras are alarm or motion triggered? \_\_\_\_\_

Number of hard drives, storage capacity of each \_\_\_\_\_

System firmware version \_\_\_\_\_

Other available system settings (e.g. event log) \_\_\_\_\_

**Analog Video Recorder** Make, Model, Serial Number \_\_\_\_\_

VHS                  SVHS                  Other \_\_\_\_\_ (Circle One)

What record mode was the system? (Circle One) 2 hour, 6 hour, 12 hour, 24 hour, 48 hour, 72 hour, Other \_\_\_\_\_ Unknown

Multiplexer YES or NO Make and Model \_\_\_\_\_

**Basic Information**

Does the recorded date/time accurately represent the time of day? (circle) YES or NO

Date/Time displayed \_\_\_\_\_

Actual date/time \_\_\_\_\_

# of Camera/s \_\_\_\_\_ Active # of cameras

Camera make and model \_\_\_\_\_

Are any cameras infrared-sensitive and if so identify \_\_\_\_\_

Is audio being recorded? \_\_\_\_\_

Is a copy of the most current maintenance/service log attached? (circle) YES or NO

Other Information: \_\_\_\_\_

**Scene Contact Information**

Scene Address \_\_\_\_\_

Hours of operation \_\_\_\_\_

Scene point of contact \_\_\_\_\_ Telephone: \_\_\_\_\_

CCTV system point of contact \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please provide a sketch of the scene indicating camera position and placement.**

**Submitted By** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
*Signature*