



WISCONSIN STATE CRIME LABORATORIES

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Forensic Imaging Unit Services Form

Request for Video and Imaging Services

Contact Information:

Name: _____

Phone Number: (Office) _____ (Cell, if applicable) _____

Email: _____

Video/Image Analysis and Enhancement (check all that apply):

Enhanced Images or Video Please select this option for video or image enhancement needs, e.g.: license plates, faces, video that is too dark.

Viewable Video Please select this option for problematic video files or videos requiring conversion, e.g.: VHS tapes, digital files that won't play correctly.

Comparison Please select this option for comparison analysis between questioned items in a video or image (unknown) compared to a recovered item or image (known).

Description of person of interest, vehicle of interest, item(s) and/or object(s):

If applicable, please provide camera number, time stamp and/or area that person or vehicle of interest is observed in video:

High Resolution Imaging of Physical Evidence (check all that apply):

Digital Images or Video Please select this option for highest resolution images of evidence and/or imaging of evidence in different spectrums of light e.g.: Infrared or Ultraviolet

3D Imaging Please select this option for metrological accurate models of evidence, some restrictions may apply.

Please provide details of the request for the item(s) submitted for Imaging:

Questions? Please contact the Forensic Imaging Unit in your area or email forensicimaging@doj.state.wi.us.

FI Appendix E - Request for Video and Imaging Services – Forensic Imaging Unit Procedure Manual				
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