

For Internal Use Only	
AVU - [] - []	
File Class: []	[] / [] / []

REQUEST FOR AUDIO/VIDEO EXAMINATION

To submit via email-save the completed form to your desktop and click the following link: MSP-AVAU@michigan.gov

Note: All submissions should be exact COPIES of the media extracted from the DVR or media source. No original evidence should be submitted to the Audio/Video Analysis Unit.

All work will be completed at a technician level unless otherwise agreed upon. For questions concerning this form or submission, contact the Audio/Video Analysis Unit manager at 517-242-9722.

I. Submitting Agency Information			
Agency Name []		Originating Request Identification (ORI) []	
Address []		City []	State []
Business Phone Number []		Evidence Delivered By []	
Individual to Contact for Additional Case Information []		Cell Phone Number []	Email Address []
II. Case Information			
Agency Incident Number []	File Class []	Cold Case <input type="checkbox"/> Yes <input type="checkbox"/> No	
III. Type of Examination Requested			
<input type="checkbox"/> Video Prints <input type="checkbox"/> Video Enhancement <input type="checkbox"/> Video Duplication <input type="checkbox"/> Video Format Change <input type="checkbox"/> Repair <input type="checkbox"/> Audio Filter <input type="checkbox"/> Audio Duplication <input type="checkbox"/> Audio Format Change			
If the type of requested examination is not listed above, please specify. []			
Enter a brief description of the evidence being submitted for examination. []			
MSP USE ONLY			
Biometrics and Identification Division (BID) Intake Number []		File Class []	
BID Comments []			
Received by Audio-Visual Analysis Section Member - Placed in Locker []		Date []	Time []
Removed from Locker - In Progress []		Date []	Time []
Original Data Remained with Officer []		Date []	Time []
Completed, Report Done, and Placed Back in Locker []		Date []	Time []
Received by Agency Member (Original, Exports, and BID Report) []		Date []	Time []