

Streamlined Forensic Report (SFR)		MG 22 A	
FORENSIC INFORMATION REPORT – DIGITAL FORENSICS UNIT: CCTV			
Relates to (person):	Click or tap here to enter text.	Crime/Occ. No:	Click or tap here to enter text.
Location:	Click or tap here to enter text.	Forensic Case Ref:	Click or tap here to enter text.
Date of Offence:	Click or tap here to enter text.	Forensic Lab Ref:	Click or tap here to enter text.
Seizing Officer:	Click or tap here to enter text.	Other Ref 1:	Click or tap here to enter text.
		Other Ref 2:	Click or tap here to enter text.
Report provided by:	Click or tap here to enter text.	Organisation:	Click or tap here to enter text.
Date of report:			
[Information / Findings / Result / Strategy]			
This is an example being used for CCTV Practitioners			
To the Investigator			
The forensic information contained in this report is based on the information provided at the time and initial findings and / or assessment of a crime scene and exhibit(s). It is provided to the police investigator to support a line of enquiry and / or establish if there is evidential value in proceeding with the forensic information. Should further forensic analysis or comparison be required in this case, the investigator must contact the relevant Force Forensic Department with their requirements in accordance with standard force operating procedures. According to the FSR Code there is a requirement for these results to be accredited. The results contained within this report are not UKAS accredited. I have not complied with the Code of Practice published by the statutory Forensic Science Regulator Issue 1. The details of this non-compliance are included to the best of my knowledge and belief in annex B, with details of the steps taken to mitigate the risks associated with non-compliance. In the course of this forensic examination			

HQ CCTV DVR Examination Request Form

Requester details

Name / Collar Number:	enter name / collar.	Contact Number:	enter number.
Officer in Case:	enter name / collar.	Crime Number:	enter crime number.

Exhibit details:

Exhibit Ref:	enter exhibit ref.	Property Number:	enter prop number.
Make / Model:	enter make/model.	Serial Number:	enter serial number.
Biohazard Risk:	Yes ☐ No ☐	Fingerprints Preserved:	Yes ☐ No ☐
Password Protected:	Yes ☐ No ☐	Password Known:	Yes ☐ No ☐
Username:	enter username.	Password:	Enter password.

Location of recording:	Enter location.	Footage viewed by OIC:	Yes ☐ No ☐
DVR time:	enter time.	Actual time:	enter time.
Time difference:	enter time difference (hh:mm:ss).		
Time until evidence is overwritten:	enter text.	Number of cameras installed:	enter text.

Download details:

Please specify which cameras are required:
enter text.

DVR times:

Date:	enter date.	Time from:	enter time (hh:mm).	Time to:	enter time (hh:mm).
Date:	enter date.	Time from:	enter time *hh:mm).	Time to:	enter time (hh:mm).
Date:	enter date.	Time from:	enter time (hh:mm).	Time to:	enter time (hh:mm).

Document Ref: SPF-TF-1073 Issue: 1.0 Date: 01/04/2023	CONTROLLED DOCUMENT Until Printed Page 1 of 2	Issued and Approved on behalf of Digital Services Manager The Forensics Department
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Additional comments / information:

enter text.

Return to:

Enter name and collar number

Document Ref: SPF-TF-1073

Issue: 1.0
Date: 01/04/2023

**CONTROLLED DOCUMENT
Until Printed**

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Issued and Approved on behalf of
Digital Services Manager
The Forensics Department

HQ CCTV Request Form

Case details

Requester Name / Collar Number:	enter name/collar of requester.	Contact Number:	enter OIC contact number.
Officer in Case:	enter OIC name / collar.	Crime Number:	enter crime number.
CJSU / Custody Ref:	enter CJSU/custody ref.	STORM Serial No:	enter STORM serial.
Location of Recording:	Enter the scene location.	Critical Return Date:	Enter date.

Exhibit details:

How Many Exhibits:	enter text.		
Exhibit Ref(s):	enter exhibit ref.	Property Number:	enter prop number.

Media details:

Exhibit Device Type:	USB, External Hard Drive, Disc, VHS, Other, Mixed (IF OTHER/MIXED PLEASE SPECIFY).
How are the exhibits being submitted:	(Internal post, hand delivered, Evidence.com, Email).

DVD Request:

Type of Download Required	Full	☐	Partial	☐
Type of Copy Required	Master	☐	Working Copy	☐

START	Date:	Enter date	Time:	Hours:	Enter hour	Mins:	Enter mins	Sec:	Enter secs	Camera No:	Number
FINISH	Date:	Enter date	Time:	Hours:	Enter hour	Mins:	Enter mins	Sec:	Enter secs		

START	Date:	Enter date	Time:	Hours:	Enter hour	Mins:	Enter mins	Sec:	Enter secs	Camera No:	Number
FINISH	Date:	Enter date	Time:	Hours:	Enter hour	Mins:	Enter mins	Sec:	Enter secs		

START	Date:	Enter date	Time:	Hours:	Enter hour	Mins:	Enter mins	Sec:	Enter secs	Camera No:	Number
FINISH	Date:	Enter date	Time:	Hours:	Enter hour	Mins:	Enter mins	Sec:	Enter secs		

Stills:

Still Required:	enter text.
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Description of Offenders / Vehicles:

enter text.

Request Details:

enter text.

Return to:	OIC Name / Collar Number.
Location:	Please specify i.e. [REDACTED] Collection, Property.

Please ensure that once you have confirmed with property that the audio / visual content is no longer required, you also remove it from [REDACTED]

To do this, [REDACTED] Please note, the content is assigned to your collar number and you are responsible for ensuring data is removed when no longer required. For any assistance with [REDACTED] please contact [REDACTED]



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*** REQUEST FOR CUSTODY CCTV IMAGES ***

Please complete and email to Lichfield CCTV for Watling Custody and Hanley
CCTV for NACF

Or for Non-Custody Images please email Digital Forensics Unit

ONCE COMPLETED AND EMAILED PLEASE COMPLETE A NICHE TASK TO THE
APPROPRIATE CCTV OFFICE.

Notes for completion of this form:

- Please complete Section 1 to 4 and provide as much information as possible
- Be specific about the images you require – your request will be dealt with more quickly

Section 1 – Requesting Officer Details.

Name	
Rank	
Collar Number	
Home Station	
Department	
Contact Numbers	Ext: Mobile:
Date Request Submitted	

Section 2 – Detainee/Custody Site Details

Detainee Surname	
Detainee First Name	
Custody Site	
Detainees DOB	
Custody Reference	
Arrest Date:	
Booking in Point	
Court Date: (CJSU)	
Date Required By:	
PTI Reference (CJSU)	



Staffordshire Police



Section 3 – Reason for Request

██████████ ██████████	██████████ ██████████
General Reason for Request	e.g. request by CPS, request by court, Evidence in Criminal proceedings, Unused material, Professional Standards enquiry etc. Other
Exact reason for request	Explain why request is needed in this space. If general reason is "other" above provide more details here
Case is likely to go to:	Magistrates Court Crown Court Neither *delete as applicable
In your opinion will this request assist or undermine the Prosecution Case?	Assist Undermine Neither *delete as applicable

Section 4 – Images Required

Date:	
Time From: (Approx)	
Time To: (Approx)	
No. copies required	
Describe here, in as much detail as possible the image you require (e.g. video of detained being booked in, showing the clothing they are wearing and the injuries to face). If you require video from a specific room or camera, please state the room name/number or camera ID here.	



Staffordshire Police



Section 5 – Production of DVD(s) For use by Forensics Department only

Date and time of production	Date:	
	Time:	
Footage supplied:	Master copy:	Seal Number: Marked: Exhibit Ref:
	Working Copy:	Seal Number: Marked: Exhibit Ref:
Movement Details:	Deliver Method:	Internal Post Handed Personally *delete as applicable
	Date sent/handed to Officer	
	Officer Sent/Handed to:	

Section 6 – Notes For use by Forensics Department

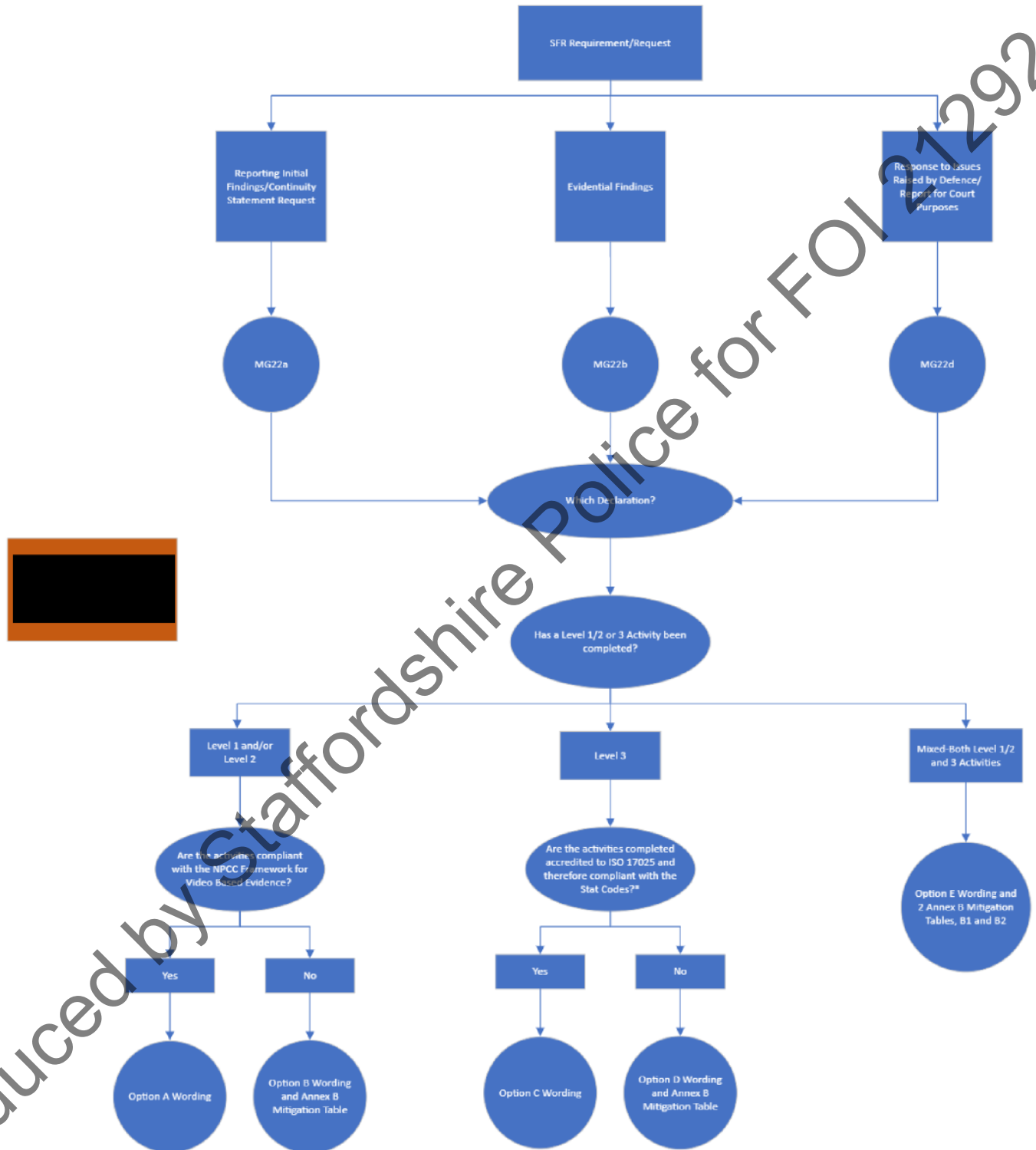
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Updates/Query Log

Responses:	
Title	Date

SFR and Declaration Guidance for CCTV Evidence

SFR Process Flow



Level 1, 2 and 3 CCTV Activities

Level 1/2	Level 3
Creation of a master copy	Recovery of CCTV/VSS footage from a DVR removed from the CCTV/VSS system, i.e. when no longer 'in situ'
Use of the Digital Evidence Management System (DEMS)/ Digital Asset Management System (DAMS): uploading where a master is created	[REDACTED]
Use of the Digital Evidence Management System (DEMS)/ Digital Asset Management System (DAMS): transfer of data	[REDACTED] for
Conversion of video files for viewing or presentation purposes, where a master is created	[REDACTED]
[REDACTED]	Acquisition of analogue or digital audio from a source item
Removing audio from footage	[REDACTED]
Legacy analogue format conversion, enhancement or demultiplexing	
Production of digital stills for any subsequent FSA, including but not limited to comparison	
[REDACTED]	
Analysis of precision and accuracy of timing information related to video footage	
Analysis to establish authenticity and integrity of video	
Converting sound files from one digital format to another, e.g. where the original sound file is in a proprietary non-standard format	
Digital audio file format conversion from a non-standard format to a standard format, or to a different sample rate	

Requirements:

Level 1/2: To be compliant with the NPCC Framework for Video Based Evidence

Level 3: To be accredited to ISO 17025 Standard

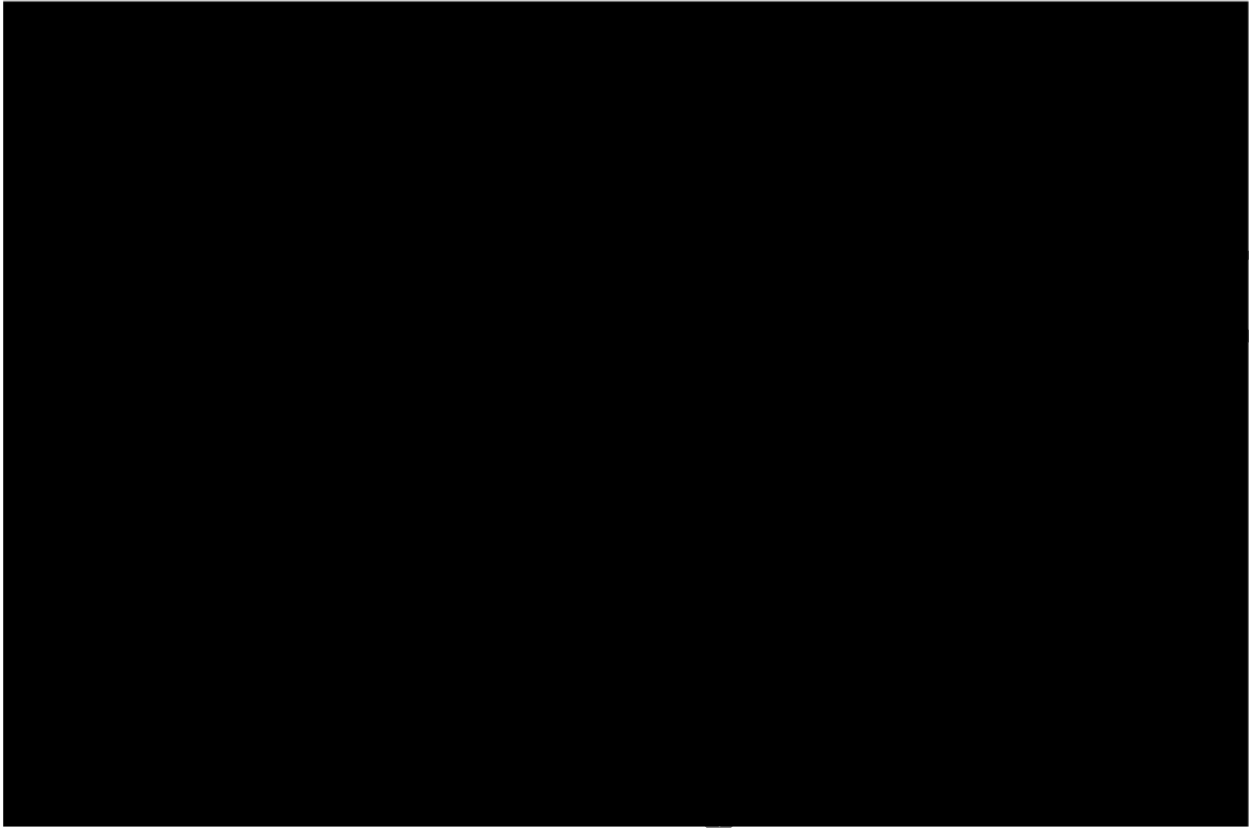
Declarations

[Redacted]

[Redacted]

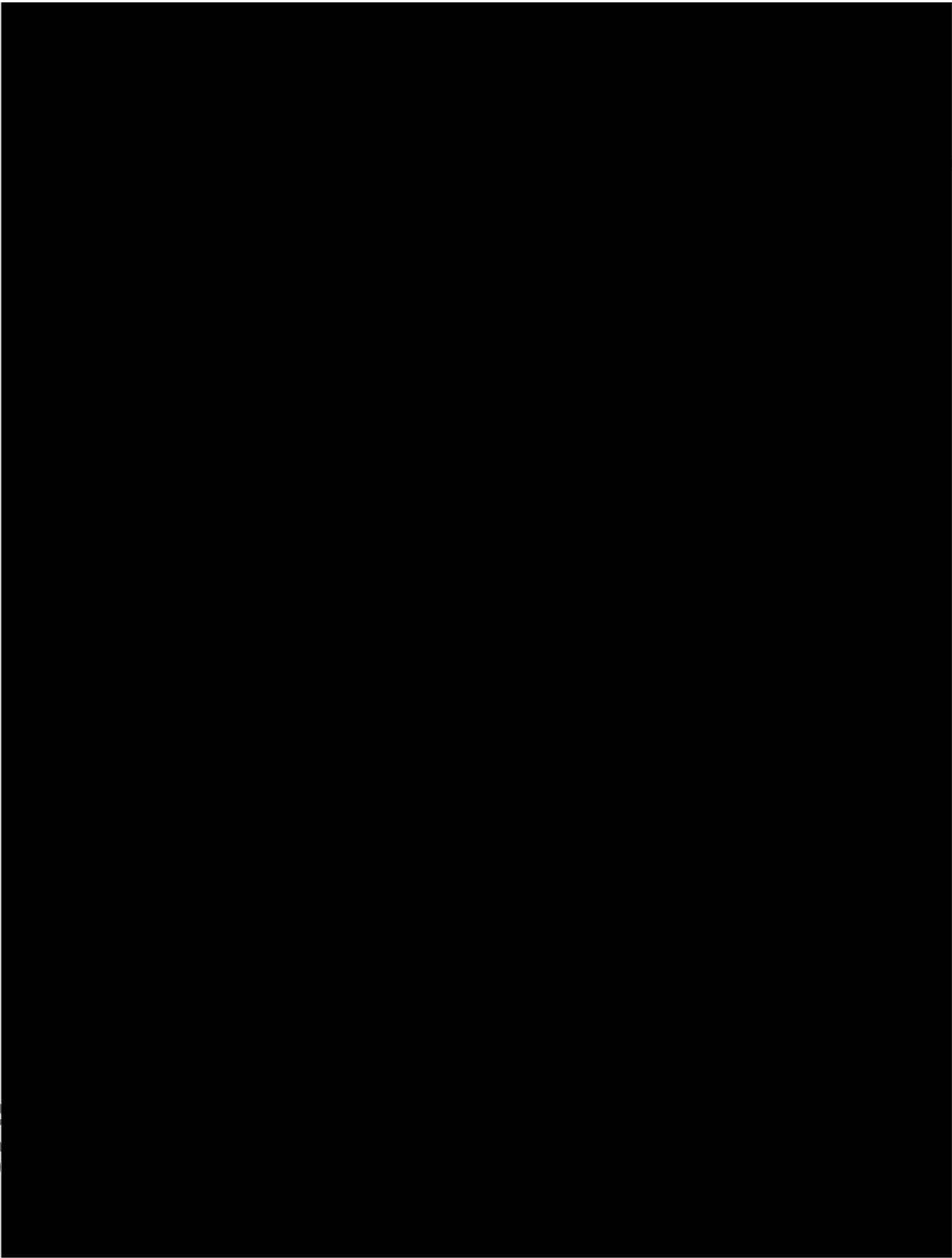
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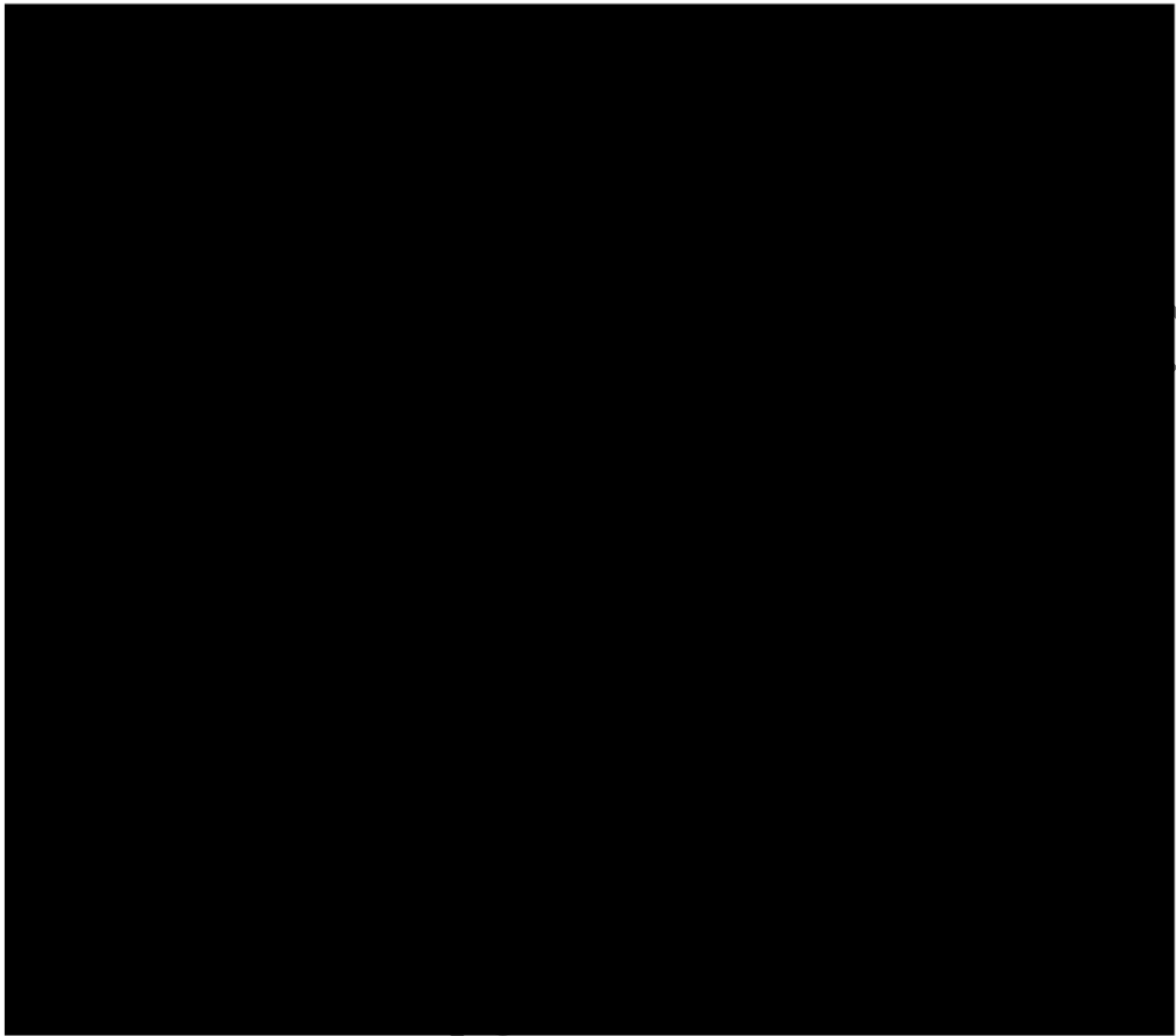
[Redacted]



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