



Lincoln Police Department

Video Surveillance Evidence Form

Case # _____

To Be Completed by Business Employee

Crime Type _____ Date of Request _____

Name of Business: _____

Address of Business: _____
Street Address Suite #

Phone: _____ Email _____

Date of Incident: _____ Time of Incident From : _____ To: _____

Current Date/Time _____ Current Date/Time on Video Display: _____

Name of Employee Who Verified Date/Time: _____

Descriptions

Suspect #1: _____

Suspect #2: _____

Suspect #3: _____

Vehicle(s): _____

Other Notes _____

To Be Completed By Retrieving Officer

Video Received From: _____ By Officer: _____

Date/Time Received: _____ Property # _____

To Be Completed by Investigating Officer

Date/Time Reviewed
by Investigating Officer _____

I certify that I have reviewed the above mentioned footage and have verified that the persons and events depicted in it matches the report of the alleged criminal violation.

Signature: _____ Date: _____