Video Request Form

Washington Metropolitan Area Transit Authority

Metro Integrated Command and Communications (MICC)

Completed Form should be sent to videooperationsrequest@wmata.com

Required fields are denoted.

Multiple Site Request? (A separate request is required for each additional site)				Yes ☐	No ☐
Event Classification [a]					
Criminal	Yes ☐	No ☐	**MTPD CFS/CCN (Criminal or Non-Criminal)**		
			External Agency CFS/CCN (Criminal Only)		
Non-Criminal	Yes ☐	No ☐	**Subpoena/Preservation**		
Docket Number (If Applicable)					
Is this an External Agency Request?	Yes ☐	No ☐	**Is this a Safety Investigation Request?**	Yes ☐	No ☐

Request Type [b]					
CCTV?	Yes ☐	No ☐	**Drive Cam?**	Yes ☐	No ☐
Samsara?	Yes ☐	No ☐			
Original		**Additional Copy**		**Redacted**	

Event Information [c]			
Event Type			
Event Location		**Event Time**	
Requested Video Date		**Requested Video Time**	

Location (Choose 1)

Please select the location of the video you are requesting. For all criminal requests, please include the Call for Service number in section above. For all requests outside of WMATA, please mark External Agency Request.

Bus		**Rail**		**Fixed Facility**	

Event Details [d] **Please enter the information for the appropriate source below.**					
Fleet Vehicle Number					
Metro Access Number					
Rail Car Number					
Rail Station					
Rail Yard		**Track Number**			
Bus					
Bus Number		**Bus Route**		**Bus Division**	
Fixed Facility					
Facility					

Requestor Information [e]			
Name		**Phone**	
Agency		**Email**	
On Behalf of		**Phone**	
Agency		**Email**	

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Narrative Facts of Case [f]

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Requestor [9]	
I certify that: (Choose 1)	
☐	**External Law Enforcement Agency:** I, member of _____ law enforcement agency. I am requesting video for a law enforcement investigation and or law enforcement purposes. I am providing my contact information (name, email, and phone number), and a short description of my request.
☐	**External Requestor (Non-Law Enforcement):** I am a non-WMATA/non-law enforcement requestor and I acknowledge that my request of any video from the Video Operations Team is subject to the Metro Public Video Request Guidelines posted on https://www.wmata.com/about/public-records.html.
Print Name	
Signature	
Date	

Review Request
Please review the request to ensure it is completed in its entirety.

Video Recovery Information (Video Operations Use Only)										
Request Received				**Request Completed**						
Log Initiated				**Log Completed**						
Completed By				**Time Expended**						
Video System(s)	☐	**Verint**	☐	**DM**	☐	**Apollo**	☐	**Metro Access**	☐	**RIA**
	☐	**Genetec**	☐	**Samsara**	☐	**Drive Cam**	☐	**Other**		
DVR Time Discrepancy										
Pickup Notification										
Disposition										

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Video Request Instruction Sheet

a. Event Classification

- When a "**Yes/No"** question is being asked, please use a circle to indicate the correct option in relation to your request.
- **MTPD CFS/CCN (Criminal or Non-criminal):** This is intended for the CFS or CCN numbers provided by the Metro Transit Police Department.
- **External Agency CFS/CCN Number (Criminal Only):** This is intended for external law enforcement agencies CFS or CCN numbers.

b. Request Type

- Place a check mark next to the type of request that identifies your need.
- **Original:** meaning this is the first request, to the best of your knowledge, that has been submitted for this event.
- **Additional:** meaning this is not the first request submitted for this event, to the best of your knowledge.
- **Redacted:** meaning there is a revision or edit needed from a previously submitted request.

c. Event Information

- **Event Type:** Indicates the actual event type: Assault, Injury, Robbery etc.
- **Event Location:** What is the physical address of the event?
- **Event Time:** Provide the actual time of the event.
- **Requested Video Date:** Provide the date the actual event occurred.
- **Requested Video Time:** Provide the timeframe desired for video recovery, if feasible.
- **Location:** Identify if this event occurred on a Bus, Rail, or Facility.

d. Event Details

- Provide the location of the event.
- Provide all information, including the Bus and/or Railcar number and Station name, if applicable.

e. Requestor Information

- The requestor is required to complete this section with all the information needed to process this request.
- Always indicate if you are requesting information on behalf of another person.

f. Narrative

- Provide a written account of the event.
- Provide all available information while being very detailed.

g. Requestor

- The requestor certifies the information provided by placing a check mark next to the appropriate requestor status.
- The requester provides a printed name, signature, and date.