DIGITAL IMAGE ANALYSIS REQUEST

Authority: 1935 PA 59, as amended; Compliance: Voluntary, however failure to complete document will result in denial of request.

Submit this form via email to <u>MSPSNAP@michigan.gov</u> by saving the completed copy to the computer desktop and inserting as an email attachment with the subject line, "Digital Image Analysis Request." **If the request is urgent, add "Urgent" to the email subject line.**

Questions regarding this form should be directed to Angela Yankowski at 517-643-7087.

I. Requestor Information						
Request Date 03/08/2019	Priority Level Requestor Rank and Name (Last, First) ☑ Routine □ Urgent CA Yager, Rathe)	Agency ORI MI8234996
Phone Number (XXX-XXX- XXXX) 313-596-2250	Agency Name Detroit Police Department / Crime Intelligenc			e Unit	Unit Email Address Lnit crimeintelligencebureau@detroitmi.gov	
Date of Offense 10/05/18	File Class/Crime Type Retail Fraud- Theft			Incident/Complaint Number 1810050167		
II. Request Type						
Note: If Facial Recognition is selected, do not complete Section III.						
Request Type (Select One)						
If Watchlist Entry was selected, please enter reason for placement on list (include a photo and demographic information, if known.)						
III. Demographic Information						
Subject Name (Last, First, Middle) Date of		ו	MDOS License Number 5		SIDN	lumber