



WR ARCHIVE

VIEWING AUTHORIZATION NOTICE

FORM NO. _____

FILE NO. _____

TO: _____ AUTHORIZATION NOTICE NUMBER

LOG#: RED WINDOW THRESHOLD INCURSION

Authorization is hereby granted to view the temporal video record of the identified incident.

Reviewing parties are advised of possible acute physical and psychological reaction that may occur during or post-viewing.

AUTHORIZED BY: _____

DATE: _____

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INTERNAL USE ONLY