

The Commonwealth of Massachusetts Department of State Police

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10 Park Plaza Second Floor Boston, MA. 02119

SEPTEMBER 17, 2015

TO: ALL LOCAL, STATE AND FEDERAL LAW ENFORCEMENT AGENCIES

FROM: LIEUTENANT SHAWN D. CAMPINHA, COMPLIANCE UNIT COMMANDER

SUBJECT: ACCESS TO THE FACIAL RECOGNITION E-MAIL ADDRESS

1. THE REGISTRY OF MOTOR VEHICLES HAS RECENTLY CREATED AN E-MAIL ADDRESS THAT LAW ENFORCEMENT MAY SEND REQUESTS TO HAVE AN IMAGE RUN THROUGH THE FACIAL RECOGNITION SYSTEM.

THE E-MAIL ADDRESS IS: MSP-DL-FACIAL RECES@MASSMAIL.STATE.MA.US

PLEASE INCLUDE THE FOLLOWING REQUIRED INFORMATION:

- A. AGENCY/DEPARTMENT NAME
- B. REQUESTOR'S NAME, ID #, PHONE #, FAX#.
- C. OFFICIAL LAW ENFORCEMENT EMAIL (NO PERSONAL E-MAILS WILL BE ANSWERED.)
- D. REASON FOR REQUEST
- E. CASE NUMBER

PROBE INFORMATION; (IF KNOWN)

- A. Possible name of target
- B. ADDRESS INFORMATION
- C. MASS LICENSE NUMBER
- D. SOCIAL SECURITY NUMBER
- E. DATE OF BIRTH OR APPROXIMATE AGE OF TARGET
- F. WHEN PHOTO WAS TAKEN (EXCLUDING LICENSES)
- 2. AFTER THE FACIAL RECOGNITION TEAM HAS DETERMINED IF THERE IS A HIT ON THE SUBJECT THEY WILL CONTACT YOU BY TELEPHONE OR EMAIL WITH THE RESULTS. IF THERE IS A HIT ON THE SYSTEM THEY WILL DIRECT YOU TO THE CJIS WEB SO YOU CAN SEE THE IMAGE OF THE SUBJECT OR COMPARE MULTIPLE IMAGES.
- 3. FOR EMERGENCIES ONLY CALL THE FACIAL RECOGNITION TEAM AT 857-368-8605.

IDEAL IMAGE PARAMETERS:

- 1. MAXIMUM SIZE
 - A. 1024 BY 1024 PIXELS
 - B. 2 MEGABYTES

NOTE: IMAGE PROPERTIES IN MSPAINT CAN BE USED TO DISPLAY ACTUAL IMAGE SIZE.

- 2. Type:
 - A. JPEG MINIMUM COMPRESSION (TO FIT 2 MB)
 - в. ВМР
- 3. CROPPING/ZOOM
 - A. HEAD COMPRISES APPROXIMATELY 80% OF IMAGE HEIGHT
 - B. HEAD COMPRISES 70% OF WIDTH (SMALL BIT OF SHOULDERS)
- 4. SUBJECT SHOULD BE FACING DIRECTLY INTO CAMERA
 - A. SLIGHTLY LEFT OR RIGHT IS ACCEPTABLE (MAXIMUM 10 DEGREES)
 - B. NEVER FROM BELOW
- 5. LIGHTING SHOULD BE AS BRIGHT AS POSSIBLE
 - A. AVOID DARK SHADOWS NEAR THE BOTTOM OF THE FACE
- 6. THE ORIGINAL IMAGE SHOULD BE SUBMITTED FOR OPTIMUM RESULTS. (EVERY TIME THE IMAGE IS COPIED IT IS CHANGED SLIGHTLY)
 - A .THE INVESTIGATING OFFICER SHOULD ONLY USE PHOTO SHOP OR SIMILAR SOFTWARE ON THE ORIGINAL IMAGE IF AN ADJUSTMENT IS REQUIRED.
- 7. IF IMAGES ARE AVAILABLE WITH AND WITHOUT GLASSES, BOTH SHOULD BE SENT.

SHAWN D. CAMPINHA

LIEUTENANT #2603 MASSACHUSETTS STATE POLICE COMPLIANCE UNIT



Facial Recognition Request Form

Directions: 1) Fill out all information as completely as possible. Fax completed form to the MVRS-Facial Recognition Team at 857-368-0645. Date: _____ Case #: _____ Requesting Agency: Requestors Name: ID #: ____ Phone #: ____ Fax #: ____ Official E-mail Address: Probe Information: License #: _____ SS #: ____ Last Name: _____ First Name: _____ Contact the Facial Recognition Team at 857-368-8605 upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s). For MVRS-Facial Recognition Team Use Only: Date of search: Performed by: □ Record Flagged □ Record Released □ FR Notes added

SP 627 (Revised October 2015)