



DEPARTMENT OF THE AIR FORCE

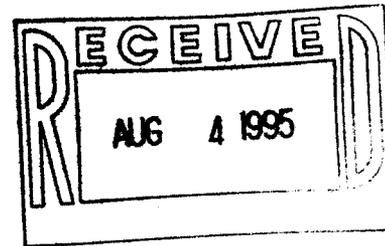
HEADQUARTERS 27th FIGHTER WING (ACC)
CANNON AIR FORCE BASE, NEW MEXICO

Fig CAFB

03 AUG 1995

W. P. Ard, Colonel, USAF
Commander , 27th Support Group
100 S DL Ingram Blvd Suite 200
Cannon AFB NM 88103-5217

Ms. Barbara Hoditschek
Program Manager, RCRA Permits
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
205 Galisteo St.
Santa Fe NM 87502



Dear Ms. Hoditschek

In accordance with guidance from Mr. Steve Zape, this letter is to provide you with written notification concerning the base assisting the local community with a safe detonation. The items detonated were two sticks of 40 percent Gelatin Dynamite and four feet of time fuse. A local auction company purchased merchandise at an estate sale in Quay County NM. Returning to Clovis, Mr. Priest, of the auction company, opened a purchased box and found two sticks of dynamite and non-attached time fuse. Mr. Priest contacted and turned the dynamite into the Sheriff's department. Upon examination, law enforcement personnel noticed that the dynamite was sweating. The Curry County Sheriff's Department called the base to request emergency detonation assistance from our 27th Civil Engineers Explosive Ordnance Disposal (EOD) personnel.

Captain Michael O'Sullivan contacted New Mexico Environment Department (NMED) to brief the facts and circumstances surrounding the emergency request and inquire whether the base or county would need an emergency permit. Mr. Zape asked if Captain O'Sullivan knew if the county had a permitted facility. Captain O'Sullivan stated that he did not know whether they had a permit or not, but any specific guidance from the bureau would be appreciated. Mr. Zape said that he would ask around his office and call back. Mr. Zape spoke with his boss, then returned Captain O'Sullivan's call approximately five minutes later. By way of Mr. Zape, the bureau's response was that an emergency permit was not required; but that your office would require a written notification within seven days.

In accordance with procedures outlined in Technical Order (TO) 60A-1-1-38, the base EOD personnel transported the dynamite from the Sheriff's Department to the Clovis Police Department Small Arms training range at 7th and Humphrey, Clovis, New Mexico. Direct questions concerning the small arms training range to Sam Hatty, (505) 769-1921. The

detonation to safe the dynamite and fuse occurred at approximately 10:45 a.m., on 25 Jul 95. The Explosive Ordnance Disposal report is attached for your records.

Mrs. Wood of our environmental office spoke with Ms. Leah Schoeffel at the Sheriff's department requesting a fax copy of their report for your office. Reference the State of New Mexico Uniform Incident report at Attachment 2. Any additional information you require from the county may be directed to Ms. Schoeffel, telephone number (505) 769-2335 or by writing to the Curry County Sheriff's Department, PO Box 1043, Clovis NM 88101-1043.

I hope this information satisfies your notice requirement. Please express my deepest appreciation to Mr. Steve Zape and the NMED staff for their excellent and speedy cooperation with my staff in the best interest of public safety. If you have any additional questions concerning this matter, or if my staff can assist you further, please contact Mrs. Vera Wood at 784-4820 or Mr. Danny Barnett at 784-6377.

Sincerely



W. P. ARD, Colonel, USAF
Commander, 27th Support Group

Attachments:

1. EOD Report AF Form 3579, 4 Pages
2. State of NM Uniform Incident Report

cc:

Curry County Sheriff's Dept.
Clovis Police Department

| BLOCK 5: SPECIAL IDENTIFIER | BLOCK 7: ORDNANCE INVOLVED |
|---|--|
| 5A. TYPE OF INCIDENT | 7A. NATL (NATIONALITY) |
| 01 MONTHLY REPORT | 01 PLO 26 JAPAN |
| 02 AIRCRAFT CRASH | 02 U.S. 27 NORTH KOREA |
| 03 AIRCRAFT/FLIGHTLINE INCIDENT OR ACCIDENT | 03 U.K. 28 POLAND |
| 04 RANGE CLEARANCE | 04 BELGIUM 29 ROMANIA |
| 05 VIP SUPPORT | 05 CANADA 30 GERMANY (FEDERAL |
| 06 PICKUP AND/OR DISPOSAL | 06 DENMARK REPUBLIC) |
| 07 DISPOSAL OF UNSERVICEABLE/EXCESS MUNITIONS (ADRs) | 07 FRANCE (POST WWII) |
| 08 IED INCIDENT | 08 GERMANY (PRE WWII) 31 SPAIN |
| 09 ENEMY ATTACK | 09 ITALY 32 SWEDEN |
| 10 JETTISON | 10 NETHERLANDS 33 SWITZERLAND |
| 11 TEST SUPPORT | 11 NORWAY 34 EGYPT |
| 12 STORAGE AREA INCIDENT | 12 TURKEY 35 U.S.S.R. |
| 13 FOREIGN MATERIAL INTELLIGENCE REPORT | 13 AUSTRALIA 36 VIETNAM |
| 14 REQUEST OF EOD EVALUATION OF POSSIBLY HAZARDOUS/DAMAGED MUNITION(S) | 14 ALGERIA 37 YUGOSLAVIA |
| 15 OTHER (SPECIFY IN NARRATIVE) | 15 AUSTRIA 38 SYRIA |
| | 16 BULGARIA 39 MOROCCO |
| | 17 CHINA (PEOPLES 40 UNKNOWN COUNTRY |
| | REPUBLIC) 41 ARGENTINA |
| | 18 CHINA (NATIONALIST) 42 VENEZUELA |
| | 19 CUBA 43 PORTUGAL |
| | 20 CZECHOSLOVAKIA 44 BRAZIL |
| | 21 GERMANY PEOPLES 45 GREECE |
| | REPUBLIC (POST WWII) 46 SOUTH AFRICA |
| | 22 FINLAND 47 URUGUAY |
| | 23 HUNGARY 48 SOUTH KOREA |
| | 24 INDONESIA 49 MULTIPLE COUNTRY |
| | 25 ISRAEL DEVELOPED |
| | 50 CHILE |
| 5B. ORDNANCE | 7B. CLASS (ORDNANCE CLASS) |
| 01 NOT APPLICABLE/MUNITIONS NOT INVOLVED | 01 SMALL ARMS AMMUNITION 19 DEPTH CHARGES, |
| 02 IED ACTUAL | 02 MUNITION FUSES MISCELLANEOUS |
| 03 IED HOAX | 03 SUBMUNITION (BLUs, UNDERWATER |
| 04 IED SUSPECT | BOMBLETS DISPENSED MARKERS, SIGNALS, |
| 05 IED NEGATIVE FIND | MINES) ETC. |
| 06 U.S. MILITARY CONVENTIONAL MUNITIONS/COMPONENTS/BULK EXPLOSIVE(S) | 04 PRACTICE BOMBS 20 COMMERCIAL BULK |
| 07 U.S. MILITARY CHEMICAL (CHEMICAL AGENT-FILLED) MUNITION(S) (SEE 60a-1-1-15 FOR DEFINITION OF CHEMICAL AGENT) | 05 BOMBS (INCLUDING EXPLOSIVES, |
| 08 U.S. MILITARY NUCLEAR MUNITION(S) OR NUCLEAR WEAPONS COMPONENT(S) | GBUs) PROPELLANTS, |
| 09 U.S. MILITARY MULTIPLE TYPE MUNITION(S)(E.G., ACCIDENT INVOLVING CONVENTIONAL/CHEMICAL/NUCLEAR WEAPONS) | 06 CLUSTERS/DISPENSERS DEMOLITION |
| 10 U.S. MILITARY/FOREIGN UNKNOWN MUNITION(S)(ITEM CANNOT BE POSITIVELY IDENTIFIED) | 07 PROJECTILES DEVICES, ETC. |
| 11 FOREIGN CONVENTIONAL MUNITION(S) COMPONENT(S)/BULK EXPLOSIVE(S) | 08 GRENADES 21 MILITARY BULK |
| 12 FOREIGN CHEMICAL MUNITION(S) | 09 ROCKETS EXPLOSIVES, |
| 13 FOREIGN NUCLEAR MUNITION OR NUCLEAR MUNITION(S) COMPONENTS | 10 GUIDED MISSILES PROPELLANTS, |
| 14 FOREIGN MULTIPLE TYPE MUNITION(S)(E.G., ENEMY ATTACK INVOLVING CONVENTIONAL) | 11 LANDMINES DEMOLITION |
| 15 COMMERCIAL EXPLOSIVES, EXPLOSIVE DEVICES, OR OTHER HAZARDOUS ITEMS (E.G., DYNAMITE, BLASTING CAPS, ETC.) | 12 AIRCRAFT EXPLOSIVE DEVICES, ETC. |
| 16 MORE THAN ONE OF THE CATEGORIES 01 THROUGH 15 (SEE NARRATIVE) | ITEM 22 UNKNOWN TYPE |
| | 13 PYROTECHNICS (FLARES) MUNITIONS |
| | 14 MISCELLANEOUS EXPLO- 23 OBSOLETE |
| | SIVE CHAFF CARTS, MUNITIONS (OLD |
| | FIRING DEVICES, ETC. ORDNANCE WITH NO |
| | 15 IMPROVISED IDENTITY, CIVIL WAR, |
| | EXPLOSIVE DEVICES ETC.) |
| | 16 NUCLEAR ORDNANCE 24 MUNITIONS |
| | 17 NAVAL MINES ASSOCIATED |
| | 18 NAVAL TORPEDOES COMPONENTS |
| | (ROCKET MOTORS, BATTERIES, ETC.) |
| 5C. SUPPORT TYPE | 7E. RSP (RENDER SAFE PROCEDURE) |
| 01 ASSIGNED UNIT | 01 YES (COMPLETED) |
| 02 OTHER AIR FORCE ACTIVITIES/UNITS | 02 ATTEMPTED UNSUCCESSFUL (SEE NARRATIVE) |
| 03 OTHER MILITARY AGENCIES | 03 NOT APPLICABLE/REQUIRED |
| 04 NON-DOD FEDERAL AGENCIES | |
| 05 FOREIGN GOVERNMENTS/AUTHORITIES | |
| 06 LOCAL U.S. - CIVILIAN AUTHORITIES | |
| 07 SECRET SERVICE | |
| 08 MORE THAN ONE OF THE CATEGORIES 01 THROUGH 07 (SEE NARRATIVE) | |
| 5D. CATEGORY ASSIGNED | 7F. DP (DISPOSAL PROCEDURE) |
| 01 NOT APPLICABLE/CATEGORY NOT ASSIGNED | 01 YES (COMPLETED) |
| 02 CATEGORY A | 02 AWAITING INSTRUCTIONS/DISPOSITION |
| 03 CATEGORY B | 03 NOT APPLICABLE/REQUIRED |
| 04 CATEGORY C | |
| 05 CATEGORY D | |
| 6A. INJURY/DAMAGE INFORMATION - INJURY | |
| 01 NO | |
| 02 YES - SEE NARRATIVE ENTRY | |
| 6B. INJURY/DAMAGE INFORMATION -PROPERTY INFO | |
| 01 NO | |
| 02 YES - SEE NARRATIVE ENTRY | |

MEMO FOR RECORD: Attachment to AF Form 3579, report # RCSHAF-CE(AR)9355

On 25 July 1995, I responded as team chief, with four other EOD personnel, in request from the Curry County Sheriff Department. As the report states, there were two (2) sticks of 40% gelatin dynamite and approximately four (4) feet of time fuse.

In this MFR, I will describe the condition of the dynamite and the reason(s) why it posed a threat to public safety.

Upon arrival at the Sheriff's department, I was led to the dynamite by two sheriffs deputies. First glance at the dynamite showed that the outer casing had indeed started to deteriorate. I then took hold of the dynamite, stick by stick, and felt that the outer casing was moist and somewhat softer than normal. Field analysis, with guidance from T.O. 60A-1-1-38, (see attachment), states that liquid on the outside of the dynamite, from a safety standpoint, assume the presence of nitroglycerin. Closer inspection of the sticks showed that some crystals had formed on the ends of the sticks and the paper casing was stained.

I then discussed my findings with SMSgt Lorelli and we both agreed that the dynamite was in hazardous state and posed an immediate threat to public safety.

Mark A. Scambato

MARK A. SGAMBATO, SSgt, USAF
Explosive Ordnance Disposal Craftsman

c. DOT 23 G Shells. The Department of Transportation 23 G specification covers a strong, spiral-wrapped, paperboard tube which is authorized as both a cartridge and shipping container. This container must carry the DOT 23 G identification, and may be made in diameters up to 9 inches and in weights not to exceed 65 pounds gross. This container is also used for some blasting agents and dynamites.

d. Plastic Cartridges. Plastic cartridges can be classed in two categories, flexible and nonflexible. The flexible cartridges are typically of polyethylene or nylon polyester tubing, and are sealed at the ends by squeezing the tubing together with a clip or tie, much like a sausage. For water gels, where this package is most frequently employed, the tubing may be several feet long in a continuous tube, packed in a coil in the shipping case for continuous borehole loading. Diameters range from near 1 inch to several inches. Nonflexible plastic cartridges are produced for special applications where the additional water resistance or other handling properties of the plastic cartridge cases are needed. They are frequently supplied with integrally molded threads on the ends of the cartridges to facilitate quickly joining the cartridges into a column load. Blasting agents are also packaged in both types of plastic cartridges.

3-2. LABELING OF U.S. COMMERCIAL DYNAMITE. The name of the manufacturer and date-plant-shift code are required on all dynamite cartridges manufactured in the U.S. after 12 February 1971. In some cases a corporate log is also used. Manufacturers have adopted various methods of coding the date-plant-shift code required. This coded information may be stamped anywhere on the cartridge and is normally found as a single line in closed-up form. The color of the label printing is not significant, there are no restrictions regarding color, and black is the color used most often. Figures 3-2 through 3-7 provides some typical examples of dynamite labeling and coding.

NOTE:

Trade names given to various dynamite products are many and varied. Many trade names products formerly manufactured are now in production and new products are being introduced frequently. Table 3-1 provides a listing of some typical U.S. dynamite trade names and types. Federal law requires manufacturers to maintain records for 5 years of explosives manufactured, these records must be available for inspection by various government agencies.

* 3-3. DETERIORATION. The wide variety of ingredients used as fillers in commercial dynamites, together with the wide variety of possible storage histories, makes the exact form of deterioration difficult to predict. Obvious signs of deterioration are hardness, discoloration, excessive softness, leaking that has proceeded to the extent of saturating the sawdust in shipping cartons, and staining of shipping cartons. Since the explosive salts used in dynamite have some tendency to absorb moisture from the atmosphere, there always exists the possibility that liquid exuding from a cartridge is merely a water solution of the salts. However, the determination of the liquid exudate is difficult in the field. One must assume the presence of nitroglycerin from a safety standpoint.



Curry County Sheriff's Department
JAMES M. (Mike) JACKSON, SHERIFF
P. O. Box 1043
Clovis, New Mexico 88102-1043

fax

To: Vera wood

From: Leah Schoeffel

Date: 7-27-95
Number of Pages: 3
Phone: (505) 769-2335
Fax: (505) 763-4440

Remarks:

[Empty rectangular box for remarks]



| OCCURRENCE DATE(S) | | DATE REPORTED | | STATE OF NEW MEXICO UNIFORM INCIDENT REPORT | | | | ORI NO. | INCIDENT NO. | PAGE | OF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ON | BETWEEN | | | | | | | NM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | AGENCY / COUNTY | | | | DISTRICT NO. | OPTIONAL USE (CASE NO., ETC.) | BLIND/BLIND FOUR/FOUR | NO. OF UNIT/STATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07/25/95 | 1 | 1 | 07/25/95 | Curry County | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIME | DAY OF WEEK | TIME | DAY OF WEEK | ADDRESS/LOCATION OF INCIDENT | | | | CITY | ZIP | GANG REL. Y/N | UNIT/STATION NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0800 | Tu | | | | | Chavis | 88101 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFENSE | OFFENSE / INCIDENT | | | STATUTE OR ORDINANCE | FEL. VIOL. | MTR. VIOL. | TRAF. VIOL. | LOGR. OFFENSE CODE | CRIMINAL ACTIVITY CODE | LOGAT CODE | WEAPON CODE UP TO 3 PL. OFFENSE | OFFENSE(S) SUSPECTED OR USNG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Removal of Dynamite | | | | | | | | | | | | ALCOH. | DRUG | COMP | LINK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES) | <table border="1"> <tr> <th>PERSON CODE</th> <th>TYPE CODE</th> <th>INJURY CODE</th> <th>1- NAME (LAST, FIRST, MIDDLE)</th> <th>SOCIAL SECURITY NO.</th> <th>DOB</th> <th>AGE (RANGE)</th> <th>SEX</th> <th colspan="4">RACE</th> </tr> <tr> <td>R</td> <td>I</td> <td>N</td> <td>WTS Auction Services</td> <td></td> <td></td> <td></td> <td></td> <td>W</td> <td>M</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> <td>APT. NO.</td> <td>RES. PHONE</td> <td>HEIGHT</td> <td>WEIGHT</td> <td>HAIR</td> <td>EYES</td> <td colspan="4">ETHNIC</td> </tr> <tr> <td colspan="3">4205 S. Prince</td> <td></td> <td>()</td> <td></td> <td></td> <td></td> <td></td> <td colspan="4">HISP. MON. LINK</td> </tr> <tr> <td colspan="3">CITY</td> <td>STATE</td> <td>ZIP</td> <td>BUS. PHONE</td> <td>VICTIM OF OFF. NO.</td> <td>VICT. OR SUSP. NO.</td> <td>REL.</td> </tr> <tr> <td colspan="3">Chavis</td> <td>NM</td> <td>88101</td> <td>(505) 763-7311</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">OCCUPATION</td> <td>EMPLOYER / SCHOOL</td> <td colspan="2">EMPLOYER / SCHOOL ADDRESS</td> <td colspan="4">GANG AFFILIATION</td> </tr> <tr> <td colspan="3">Auctioneer</td> <td>WTS Auction</td> <td colspan="2">4205 S. Prince</td> <td colspan="4">N/A</td> </tr> <tr> <td colspan="3">ALIAS / NICKNAME</td> <td colspan="4">MARKS, SCARS, TATTOOS</td> <td colspan="4">ARMED WITH (SEE CODES)</td> </tr> <tr> <td colspan="3">James Priest</td> <td colspan="4"></td> <td colspan="4"></td> </tr> <tr> <td colspan="3">DRIVER'S LICENSE NO.</td> <td>D.L. STATE</td> <td>ARREST / CITATION NO.</td> <td>FBI NO.</td> <td>STD. NO.</td> <td colspan="4">NIC NO.</td> <td>RES. STATUS</td> </tr> <tr> <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td>RES. MON.</td> </tr> <tr> <td colspan="3">2- NAME (LAST, FIRST, MIDDLE)</td> <td>SOCIAL SECURITY NO.</td> <td>DOB</td> <td>AGE (RANGE)</td> <td>SEX</td> <td colspan="4">RACE</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> <td>APT. NO.</td> <td>RES. PHONE</td> <td>HEIGHT</td> <td>WEIGHT</td> <td>HAIR</td> <td>EYES</td> <td colspan="4">ETHNIC</td> </tr> <tr> <td colspan="3">CITY</td> <td>STATE</td> <td>ZIP</td> <td>BUS. PHONE</td> <td>VICTIM OF OFF. NO.</td> <td>VICT. OR SUSP. NO.</td> <td>REL.</td> </tr> <tr> <td colspan="3">OCCUPATION</td> <td>EMPLOYER / SCHOOL</td> <td colspan="2">EMPLOYER / SCHOOL ADDRESS</td> <td colspan="4">GANG AFFILIATION</td> </tr> <tr> <td colspan="3">ALIAS / NICKNAME</td> <td colspan="4">MARKS, SCARS, TATTOOS</td> <td colspan="4">ARMED WITH (SEE CODES)</td> </tr> <tr> <td colspan="3">DRIVER'S LICENSE NO.</td> <td>D.L. STATE</td> <td>ARREST / CITATION NO.</td> <td>FBI NO.</td> <td>STD. NO.</td> <td colspan="4">NIC NO.</td> <td>RES. STATUS</td> </tr> <tr> <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td>RES. MON.</td> </tr> <tr> <td colspan="3">3- NAME (LAST, FIRST, MIDDLE)</td> <td>SOCIAL SECURITY NO.</td> <td>DOB</td> <td>AGE (RANGE)</td> <td>SEX</td> <td colspan="4">RACE</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> <td>APT. NO.</td> <td>RES. PHONE</td> <td>HEIGHT</td> <td>WEIGHT</td> <td>HAIR</td> <td>EYES</td> <td colspan="4">ETHNIC</td> </tr> <tr> <td colspan="3">CITY</td> <td>STATE</td> <td>ZIP</td> <td>BUS. PHONE</td> <td>VICTIM OF OFF. NO.</td> <td>VICT. OR SUSP. NO.</td> <td>REL.</td> </tr> <tr> <td colspan="3">OCCUPATION</td> <td>EMPLOYER / SCHOOL</td> <td colspan="2">EMPLOYER / SCHOOL ADDRESS</td> <td colspan="4">GANG AFFILIATION</td> </tr> <tr> <td colspan="3">ALIAS / NICKNAME</td> <td colspan="4">MARKS, SCARS, TATTOOS</td> <td colspan="4">ARMED WITH (SEE CODES)</td> </tr> <tr> <td colspan="3">DRIVER'S LICENSE NO.</td> <td>D.L. STATE</td> <td>ARREST / CITATION NO.</td> <td>FBI NO.</td> <td>STD. NO.</td> <td colspan="4">NIC NO.</td> <td>RES. STATUS</td> </tr> <tr> <td colspan="3"></td> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td>RES. MON.</td> </tr> </table> | PERSON CODE | TYPE CODE | INJURY CODE | 1- NAME (LAST, FIRST, MIDDLE) | SOCIAL SECURITY NO. | DOB | AGE (RANGE) | SEX | RACE | | | | R | I | N | WTS Auction Services | | | | | W | M | | | | | | | STREET ADDRESS | | | APT. NO. | RES. PHONE | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | | | 4205 S. Prince | | | | () | | | | | HISP. MON. LINK | | | | CITY | | | STATE | ZIP | BUS. PHONE | VICTIM OF OFF. NO. | VICT. OR SUSP. NO. | REL. | Chavis | | | NM | 88101 | (505) 763-7311 | | | | | | | | | | OCCUPATION | | | EMPLOYER / SCHOOL | EMPLOYER / SCHOOL ADDRESS | | GANG AFFILIATION | | | | Auctioneer | | | WTS Auction | 4205 S. Prince | | N/A | | | | ALIAS / NICKNAME | | | MARKS, SCARS, TATTOOS | | | | ARMED WITH (SEE CODES) | | | | James Priest | | | | | | | | | | | DRIVER'S LICENSE NO. | | | D.L. STATE | ARREST / CITATION NO. | FBI NO. | STD. NO. | NIC NO. | | | | RES. STATUS | | | | | | | | | | | | RES. MON. | 2- NAME (LAST, FIRST, MIDDLE) | | | SOCIAL SECURITY NO. | DOB | AGE (RANGE) | SEX | RACE | | | | STREET ADDRESS | | | APT. NO. | RES. PHONE | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | | | CITY | | | STATE | ZIP | BUS. PHONE | VICTIM OF OFF. NO. | VICT. OR SUSP. NO. | REL. | OCCUPATION | | | EMPLOYER / SCHOOL | EMPLOYER / SCHOOL ADDRESS | | GANG AFFILIATION | | | | ALIAS / NICKNAME | | | MARKS, SCARS, TATTOOS | | | | ARMED WITH (SEE CODES) | | | | DRIVER'S LICENSE NO. | | | D.L. STATE | ARREST / CITATION NO. | FBI NO. | STD. NO. | NIC NO. | | | | RES. STATUS | | | | | | | | | | | | RES. MON. | 3- NAME (LAST, FIRST, MIDDLE) | | | SOCIAL SECURITY NO. | DOB | AGE (RANGE) | SEX | RACE | | | | STREET ADDRESS | | | APT. NO. | RES. PHONE | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | | | CITY | | | STATE | ZIP | BUS. PHONE | VICTIM OF OFF. NO. | VICT. OR SUSP. NO. | REL. | OCCUPATION | | | EMPLOYER / SCHOOL | EMPLOYER / SCHOOL ADDRESS | | GANG AFFILIATION | | | | ALIAS / NICKNAME | | | MARKS, SCARS, TATTOOS | | | | ARMED WITH (SEE CODES) | | | | DRIVER'S LICENSE NO. | | | D.L. STATE | ARREST / CITATION NO. | FBI NO. | STD. NO. | NIC NO. | | | | RES. STATUS | | | | | | | | | | | | RES. MON. |
| | PERSON CODE | TYPE CODE | INJURY CODE | 1- NAME (LAST, FIRST, MIDDLE) | SOCIAL SECURITY NO. | DOB | AGE (RANGE) | SEX | RACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | I | N | WTS Auction Services | | | | | W | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 4205 S. Prince | | | | () | | | | | HISP. MON. LINK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CITY | | | STATE | ZIP | BUS. PHONE | VICTIM OF OFF. NO. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Chavis | | | NM | 88101 | (505) 763-7311 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OCCUPATION | | | EMPLOYER / SCHOOL | EMPLOYER / SCHOOL ADDRESS | | GANG AFFILIATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Auctioneer | | | WTS Auction | 4205 S. Prince | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ALIAS / NICKNAME | | | MARKS, SCARS, TATTOOS | | | | ARMED WITH (SEE CODES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| James Priest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER'S LICENSE NO. | | | D.L. STATE | ARREST / CITATION NO. | FBI NO. | STD. NO. | NIC NO. | | | | RES. STATUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | RES. MON. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2- NAME (LAST, FIRST, MIDDLE) | | | SOCIAL SECURITY NO. | DOB | AGE (RANGE) | SEX | RACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | APT. NO. | RES. PHONE | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | STATE | ZIP | BUS. PHONE | VICTIM OF OFF. NO. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | EMPLOYER / SCHOOL | EMPLOYER / SCHOOL ADDRESS | | GANG AFFILIATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALIAS / NICKNAME | | | MARKS, SCARS, TATTOOS | | | | ARMED WITH (SEE CODES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER'S LICENSE NO. | | | D.L. STATE | ARREST / CITATION NO. | FBI NO. | STD. NO. | NIC NO. | | | | RES. STATUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | RES. MON. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3- NAME (LAST, FIRST, MIDDLE) | | | SOCIAL SECURITY NO. | DOB | AGE (RANGE) | SEX | RACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | APT. NO. | RES. PHONE | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | STATE | ZIP | BUS. PHONE | VICTIM OF OFF. NO. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | VICT. OR SUSP. NO. | REL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | EMPLOYER / SCHOOL | EMPLOYER / SCHOOL ADDRESS | | GANG AFFILIATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALIAS / NICKNAME | | | MARKS, SCARS, TATTOOS | | | | ARMED WITH (SEE CODES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER'S LICENSE NO. | | | D.L. STATE | ARREST / CITATION NO. | FBI NO. | STD. NO. | NIC NO. | | | | RES. STATUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | RES. MON. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| VEHICLE | | VEH. STATUS | 1. STOLEN | 2. REC. (STOLEN OTHER JURIS.) | 3. REC. (STOLEN LOCAL) | 4. RECALLED | 5. ABANDONED | 6. DAMAGED (VANDALIZED) | 7. SUSPECT'S VEHICLE | 8. VICTIM'S VEHICLE | VEH. TYPE | 01. APPR. AM. | 24. OTHER MOTOR VEHICLE | 28. MOTOR HOME | 37. TRUCK (PICKUP) | 41. WATER CARRIER | 42. BUS | |--|-----------|-------------------------------|------------------------|-------------|------------------|--|----------------------|---------------------|---------------------|---------------|-------------------------|----------------|--------------------|-------------------|---------| | | | | | | | | | | | | | | | | | | YEAR | MAKE | MODEL | HOLLY STYLE | COUPON NO. | TK YEAR | VIC. ST. | TOP COLOR | RTM COLOR | VALUE / DAMAGE EST. | | | | | | | | | | | | | | | | | | | | | | | | | REGISTERED OWNER'S NAME (OR SAME AS SUBJECT NO.) | | | | | VIN | DISTINGUISHING FEATURES / VISIBLE DAMAGE | | | | | | | | | | | Address | | | | | CITY / ST. / ZIP | | | | | | | | | | | | AGENCY OPTIONAL USE | | | | | | | | | | | | | | | | |

