

Oregon-Idaho HIDTA Program Drug Trafficking/Money Laundering Organization Submission



Initiative Name:

IIIIId	itive Name.					
Organization Identifier:			Case Number:			
Initiative Supervisor:		Email/Phone:				
Primary Detective:		Email/Phone:				
Type:	Scope:	Result of DHE	Gang Related	Violent		
Cartel Affiliation	If selected, please identif	y which cartel:				
Classification:		Case Dispositi	on:			
OCDETF		Identified	Disrupto	ed		
Case Nu	ımber	Opened	Ту	pe		
CPOT						
RPOT		Suspended	Dismantle	ed		
PTO		Closed				
in leadership, methods	of financing, transportation, dis	otion of a DTO or MLO. An organization tribution, manufacturing or communica ets the definition of a DTO or MLO due	tions. It is dismantled when it			
All fields below are ridentified during the		each drug entered. Source and Di	stribution would be your l	ocal area unless otherwise		
Drug Trafficked		Source Area	Distributed A	Area		
Drug Trafficked		Source Area	Distributed A	Area		
Drug Trafficked Di	rug Trafficked	Source Area	Distributed A	Area		
Drug Trafficked		Source Area	Distributed A	Area		
Please identify th	e primary nationality of th	e organization and source of supp	oly if known. Identify the	nationality is not listed.		
Organization's Prima	ary Nationality:		*Other Nationality			
Source of Supply's P	rimary Nationality:		*Other Nationality			



DOB

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List other agencies assisting in your investigation and case numbers if related to seizures:

L	list other agencies assisting in y	our investigation and case numbers	ir related to seizures:
Agency		Case Number	
Agency		Case Number	
Case Support Su	ırvey:		
		vestigation, please answer the follow	ing questions.
1. How accu	ırate was the intelligence analys	sis or case support you received for t	his case?
2. How usef	ful was the intelligence analysis	or case support received for this cas	e?
Please list all DTo or other investigation	O/MLO leaders and members ident ative means, even if only a name is or leader. Customers and Source DTOs - 5 Leader/Member of	ified in the investigation. Identification of known. Only those who are operational of Supply can be listed but are not considerable of Supply can be listed but are not considerable of the supply can be listed but are not considerable of the supply can be listed but are not considerable of the supply can be leader/Metable of the supply can be supply	should be confirmed through surveillance, CI ly part of the DTO/MLO qualify as a member dered part of the DTO/MLO. ember combinations
Role	Name		Gender
Address		Phone#	
DOB	FBI	SSN	DL
Role	Name		Gender
Address		Phone#	
DOB	FBI	SSN	DL
Role	.,		
Role	Name		Gender
Address		Phone#	
DOB	FBI	SSN	DL
Role	Name		Gender
Address		Phone#	
DOB	FBI	SSN	DL
Role	Name		Gender
Address		Phone#	

SSN

DL

FBI



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Role	Name		Gender
Address		Phor	ne#
DOB	FBI	SSN	DL
Role	Name		Gender
Address		Phor	e#
DOB	FBI	SSN	DL
Role	Name		Gender
Address		Phor	e#
DOB	FBI	SSN	DL
DOB	FBI	SSN	DL
DOB Role	FBI Name	SSN	DL Gender
		SSN	Gender
Role			Gender
Role Address	Name	Phon	Gender e#
Role Address	Name	Phon	Gender e#
Role Address DOB	Name FBI	Phon	Gender e# DL Gender
Role Address DOB	Name FBI	Phon	Gender e# DL Gender

Have all listed members been entered into RISSIntel?

Has the Task Force Commander reviewed this form for accuracy?

All subjects listed on this form will be entered into Case Explorer that provided additional subject deconfliction through this program as well as the National Virtual Pointer System (NVPS). RISSIntel notifications may occur upon submission of this form due to both systems being connected to NVPS.

Contact Ned Walls at 503-569-1631 or ned.walls@dpsst.oregon.gov or Terra Duncan at 503-881-5092 or terra.duncan@dpsst.oregon.gov if you have any questions.

	ADMINIS	TRATIVE USE ONLY	,
Date Reviewed:	Approved	Denied	Approved by:
Date Reviewed:	Approved	Denied	Approved by:

Revised: 7/6/23