| Recovery Center Control No:                | Press Hard                               | Control No:           |
|--|--|-----------------------|
|  | INFORMATION CONTRO                       | L                     |
| DATE:/TIM                                  | ME::AM / PM LOCATION                     | N:                    |
| INFORMATION FROM:                          |  |                       |
| NAME:                                      | 1  | MFD.O.B.://           |
| ADDRESS:                                   |  |                       |
| CITY:                                      | STA                                      | ΓΕ: ZIP:              |
| HOME PHONE:()                              | WORK PHONE:(_                            | )                     |
| SOURCE:                                    | IN PERSON: BY PHONE:_                    | OBSERVATION: WRITTEN: |
| SEARCH SECTOR NO:                          | TEAM NO:                                 | <u> </u>              |
| NARRATIVE: (Be Specific)                   |  |                       |
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|  |  |                       |
|  | nation Control Supplement Attached? - Yo | es: No:               |
| PRIORITY: HIGH<br>DISPOSITION: LAW ENFORCE | MEDIUM LOW<br>MENT ACTION ANALY          | YSIS HISTORIAN        |
|  | D RECOMMENDATIONS:                       |                       |
|  |  |                       |
|  |  |                       |
| PREPARED BY:                               |  |                       |
|  | PHO                                      | NE:()                 |
|  |  |                       |

White copy - Analysis Yellow copy - Historian

Pink copy - Law Enforcement

**Gold copy - Law Enforcement**