

Organized Crime Drug Enforcement Task Forces

Investigation Initiation Form

OCDETF Investigation No.

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THE FAST AND THE FURIOUS

Operation Name

Case Attorney:

Case Agents(s):

DHS

**LAW
ENFORCEMENT
SENSITIVE**



The attached information must be protected and not released to unauthorized individuals.

LAW ENFORCEMENT SENSITIVE

(Assigned by AUSA Coordinator)

DHS

I. Targeted Organization (N/A if name of organization is unknown)

Name: **DHS** Operation (Code) Name: **The Fast and the Furious**

II. Prospective Defendants (If more than thirty, attach "Prospective Defendants Supplement" (OCDETF Form S-3))

Name (last, first, middle initial)	Non-U.S. Citizen (indicate)	Alien Registration Number	DOB	SSN	FBI #	Leadership Role (indicate with an
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- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)
- 11)
- 12)

DHS

13)	<input type="checkbox"/>					<input type="checkbox"/>
14)	<input type="checkbox"/>					<input type="checkbox"/>
15)	<input type="checkbox"/>					<input type="checkbox"/>
16)	<input type="checkbox"/>					<input type="checkbox"/>
17)	<input type="checkbox"/>					<input type="checkbox"/>
18)	<input type="checkbox"/>					<input type="checkbox"/>
19)	<input type="checkbox"/>					<input type="checkbox"/>
20)	<input type="checkbox"/>					<input type="checkbox"/>
21)	<input type="checkbox"/>					<input type="checkbox"/>
22)	<input type="checkbox"/>					<input type="checkbox"/>
23)	<input type="checkbox"/>					<input type="checkbox"/>
24)	<input type="checkbox"/>					<input type="checkbox"/>
25)	<input type="checkbox"/>					<input type="checkbox"/>
26)	<input type="checkbox"/>					<input type="checkbox"/>
27)	<input type="checkbox"/>					<input type="checkbox"/>
28)	<input type="checkbox"/>					<input type="checkbox"/>
29)	<input type="checkbox"/>					<input type="checkbox"/>

LAW ENFORCEMENT SENSITIVE

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(Assigned by AUSA Coordinator)

III. Agency Involvement Check all boxes which apply and enter personnel commitment and agency case numbers, if available.

Note: Agency case numbers for Federal agencies must be submitted by the time of the first Interim Report (that is, within six months of the initiation of the OCDETF investigation).

Agency	# of Full Time	# of Part Time	Agency Case Number	Associated Agency Case Number(s)
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DHS

Does this investigation anticipate requesting State and Local Overtime Funding?

DHS

If yes, please indicate funding source

DHS

If yes, please indicate an estimated amount for the current fiscal year. (Note-State and Local Overtime Funding must still be submitted through the separate appropriate process for approval.)

DHS

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(Assigned by AUSA Coordinator)

Was this investigation **initiated** by an OCDETF Co-located Task Force/Strike Force?
If yes, check all that apply:

DHS

DHS

Was this investigation **linked** to an OCDETF Co-located Task Force/Strike Force?
If yes, check all that apply:

DHS

DHS

Does this investigation currently involve coordinated, simultaneous operational/prosecutorial activity in: (please check all that apply)

DHS

DHS

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IV. Drugs Under Investigation
(Check all that apply)

V. Organization Description

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(Assigned by AUSA Coordinator)

VL Investigative Techniques Used to Date Supervised by your District: (check all that apply)

General Investigative Techniques

Financial Investigative Techniques

DHS

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(Assigned by AUSA Coordinator)

VII. REQUIRED DATABASE CHECKLIST FOR OCDETF IIF

Name of Agent
 Agency
 Telephone Number
 OCDETF Operation Name
 Judicial District

DHS

REQUIRED DATABASE CHECKS

DATABASE	DATE REQUESTED	DATE COMPLETED
DHS		

OPTIONAL DATABASE CHECKS

While not required for OCDETF approval, please provide information, if checks were completed.

DATABASE	DATE COMPLETED
DHS	

VIII. SPECIAL OPERATIONS DIVISION (SOD) WORKSHEET

Date Prepared: (MM/DD/YYYY)
 DHS

Prepared By: _____ Agency: DHS Telephone: _____

Current SOD Coordination: DHS

(If Yes) SOD Operation Name: _____

Communication Devices previously submitted to SOD: DHS
 (If Yes, answer the following)

Submitted By: _____ Agency: DHS Telephone: _____

Date Submitted to SOD: (MM/DD/YYYY)
 DHS

COMMUNICATIONS DEVICES

(NOT Previously Submitted to SOD)

Type of Device (Designate by letter)

- (A) Cell Phone (B) Hard-line (C) Pager (D) Calling Card
 (E) Satellite (F) FAX (G) E-mail (H) Other

NAME of TARGET	Type	Number (with area code)	Type	Number (with area code)	Type	Number (with area code)

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(Assigned by AUSA Coordinator)

IX. Narrative Summary (Number all pages, include investigation number and mark "Law Enforcement Sensitive")

Answer all questions below thoroughly, but concisely.

DHS

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(Assigned by AUSA Coordinator)

X. Approvals

Initiating District

Regional Coordination Group

DHS

LAW ENFORCEMENT SENSITIVE

LAW ENFORCEMENT SENSITIVE

OPERATION: THE FAST AND THE FURIOUS

A. BACKGROUND / FACTS ABOUT THE INVESTIGATION

DHS

LAW ENFORCEMENT SENSITIVE

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