

NOTE: Hand print names legibly; handwriting satisfactory for remainder.
Indices: ☐ Negative ☒ See below

Subject's name and aliases		Character of case	
<div></div>		<div></div>	
Complainant		<input checked="" type="checkbox"/> Protect Source	
<div></div>		<div></div>	
Complaint received		<input type="checkbox"/> Personal <input checked="" type="checkbox"/> Telephonic Date <u>04/01/2002</u> Time <u>8:45pm</u>	
Address of Subject		Complainant's address and telephone number	
<div></div> California		<div></div> CA <div></div>	
Complainant's DOB		Sex	
<div></div>		<div></div>	
Subject's Description	Race	Male	Height
	Age	Female	Weight
	Eyes	Complexion	Social Security Number
	Scars, marks and other data		
None Identified			
Employer		Address	
Unknown		Unknown	
Telephone		Unknown	
Vehicle Description			
Unknown			
Facts of Complaint			
<u>PROTECT SOURCE</u>			
On 04/01/2002, complainant advised that she received information from an individual <div></div> that the subjects are			
Complainant advised that the subjects would <div></div>			
<div></div>			
Complainant advised that the subjects have indicated that if they <div></div>			
<div></div>			
Complainant also advised that the subjects are also planning to <div></div>			
<div></div>			
Do not write in this space.			
In view of the foregoing, it is recommended that this FD-71 be forwarded to <div></div> for their information and disposition.			
SA <div></div>			

BLOCK STAMP

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