

Organized Crime Drug Enforcement Task Forces

Investigation Initiation Form

OCDETF Investigation No.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| S | W | A | Z | P | 0 | 4 | 9 | 6 |
|---|---|---|---|---|---|---|---|---|

THE FAST AND THE FURIOUS

Operation Name

| Name: | Agency: | Telephone: | Email: |
|-----------------|------------|------------|--------|
| Case Attorney: | ATF | | |
| Case Agents(s): | | | |

**LAW
ENFORCEMENT
SENSITIVE**



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

ATF

LAW ENFORCEMENT SENSITIVE

OCDETF Investigation No.

S W A Z T O 4 9 6

(Assigned by AUSA Coordinator)

Federal Judicial District Initiating this Investigation: District of Arizona

Special Operations Division (SOD) Coordination: ATF (Note: Coordination refers to those multi-jurisdictional operations where SOD is actively coordinating with the field to provide guidance and oversight. SOD Funding does not, by itself, constitute coordination.)

If yes: SOD Staff Coordinator ATF SOD Operation Name ATF

Have you received any product from the OCDETF Fusion Center regarding this case? (other than the initial Rapid Enforcement Review) ATF

Did the OCDETF Fusion Center assist you with asset seizures for this case? ATF

HIDTA Participation: Y ATF

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

Name: ATF Generation (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 <small>(indicate with an X)</small> | Alien Registration Number | DOB | SSN | FBI # | Leadership Role <small>(indicate with an X)</small> |
|------------------------------------|---|---------------------------|-----|-----|-------|--|
|------------------------------------|---|---------------------------|-----|-----|-------|--|

ATF

| | | | | | | |
|-----|--------------------------|--|--|--|--|--------------------------|
| 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"/> |
| 30) | <input type="checkbox"/> | | | | | <input type="checkbox"/> |

LAW ENFORCEMENT SENSITIVE

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OCDETF Investigation No.

SWAZPO496
(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 Personnel | # of Part Time Personnel | Agency Case Number | Associated Agency Case Number(s) |
|--------|--------------------------|--------------------------|--------------------|----------------------------------|
|--------|--------------------------|--------------------------|--------------------|----------------------------------|

ATF

Does this investigation anticipate requesting State and Local Overtime Funding?

ATF

If yes, please indicate funding source

ATF

(Note: State and Local Overtime Funding must still be submitted through the separate appropriate process for approval.)

ATF

LAW ENFORCEMENT SENSITIVE

OCDETF Investigation No.

SWAZP0496

(Assigned by AUSA Coordinator)

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

General Investigative Techniques

ATF

Financial Investigative Techniques

Note: A financial investigation must have been commenced prior to submission of this form.
Check all that apply:

ATF

Conducted analysis of financial information:

ATF

Methods Used:

ATF

Which agency is conducting the financial investigation? (check one primary agency only)

ATF

Are you being assisted by the:

ATF

Investigation Initiation Form
Organized Crime
Drug Enforcement Task Forces

LAW ENFORCEMENT SENSITIVE

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VII. REQUIRED DATABASE CHECKLIST FOR OCDETF IIF

Name of Agent
Agency
Telephone Number
OCDETF Operation Name
Judicial District

ATF

REQUIRED DATABASE CHECKS

| DATABASE | DATE REQUESTED | DATE COMPLETED |
|------------|----------------|----------------|
| ATF | | |

OPTIONAL DATABASE CHECKS

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

| DATABASE | DATE COMPLETED |
|------------|----------------|
| ATF | |

VIII. SPECIAL OPERATIONS DIVISION (SOD) WORKSHEET

Date Prepared: (MM/DD/YYYY)

ATF

Current SOD Coordination: (If Yes) SOD Operation Name: **ATF**

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

Submitted By: **ATF** Agency: Telephone:

Date Submitted to SOD: (MM/DD/YYYY) **ATF**

COMMUNICATIONS DEVICES

(NOT Previously Submitted to SOD)

Type of Device (Designate by letter)

- (A) Cell Phone
- (B) Hard-line
- (E) Satellite
- (F) FAX

- (C) Pager
- (G) E-mail

- (D) Calling Card
- (H) Other

| NAME of TARGET | Type | Number (with area code) | Type | Number (with area code) | Type | Number (with area code) |
|----------------|------|-------------------------|------|-------------------------|------|-------------------------|
| ATF | | | | | | |

LAW ENFORCEMENT SENSITIVE

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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.

A. BACKGROUND/FACTS ABOUT THE CASE

ATF

B. INVESTIGATIVE TECHNIQUES AND GOALS

ATF

C. PERSONNEL/RESOURCE REQUIREMENTS

ATF

LAW ENFORCEMENT SENSITIVE

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SWAZP0496

(Assigned by AUSA Coordinator)

VIII. Approvals

Initiating District

PRINT NAME

INITIAL

DATE

Regional Coordination Group

ATF

ATF

If an agency disagrees with this proposal, which has been approved by majority vote, please indicate below and attach a dissenting statement.

Dissenting Agency: _____

To be completed by the Regional Coordination Group:

Was this investigation generated as a result of an approved OCDETF Strategic Initiative?

ATF

If yes, identify the initiative number:

S I | | | | |

If this case is connected to an RPOT in another region, please identify region:

ATF

OCDETF Executive Office
Reviewed/Computer Entry:
Initials ___ Date ___

LAW ENFORCEMENT SENSITIVE

OPERATION: THE FAST AND THE FURIOUS

A. BACKGROUND / FACTS ABOUT THE INVESTIGATION

1. BASIS FOR INITIATING THIS CASE -

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ATF

LAW ENFORCEMENT SENSITIVE

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ATF

ATF

ATF

2. CPOT AND RPOT LINK -

ATF

ATF

3. IMPACT OF DISMANTLING/DISRUPTING

ATF

ATF

4. TARGETED ORGANIZATION

ATF

ATF

5. PRINCIPAL TARGETS OF INVESTIGATION AND THEIR ROLES

ATF

6. CONNECTION TO TERRORIST GROUPS, NATIONAL GANGS, AND / OR

ATF

7. EXTENT OF PUBLIC CORRUPTION -

ATF

ATF

B. INVESTIGATIVE TECHNIQUES AND GOALS

1. OVERALL GOALS OF THE INVESTIGATION -

ATF

ATF

2. ADDITIONAL INVESTIGATIVE TECHNIQUES -

ATF

ATF

3. POTENTIAL ASSET SEIZURES -

ATF

ATF

4. CONNECTIONS WITH OTHER INVESTIGATIONS -

ATF

ATF

5. OCDETF FUSION CENTER

ATF

ATF

C. MANPOWER/RESOURCE REQUIREMENTS

1. INVESTIGATIVE RESPONSIBILITIES -

ATF

ATF

2. ANTICIPATED FUNDING REQUIREMENTS -

ATF

ATF