

~~SENSITIVE SECURITY INFORMATION~~

Transportation  
Security  
Administration

## Incident Report

Report Identifier:

2013-04-07T14:45:4(b)(6)

Section I: Type/Location of Incident

Region: 5 Inappropriate Communications/Contact

Incident Tier Level: Non-T...

Airport\*

DEN - Denver International

Date and Time Occurred \* (24 Hour Clock)

4/7/2013

14:10

Report, or SPOT Number:

N/A

TSOC Report Number

0000

Terminal Evacuated? \* If Evacuated, Ordered By Whom

No

Checkpoint (CP) Closure? \* No

Checkpoint Closed:

Checkpoint Opened:

Media Attention? \*

No

Terminal Designation:

NA

No. Air Carriers Affected:

0

No. Passengers Affected:

0

Sum Total of All  
Flight Delay  
Minutes:

0

Was There A Potential Violation  
of The TSA SOP? \*

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## Section II: Notifications and Personnel Involvement

<b>TSOC Notification Required?</b> <i>No</i>		<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By (TSA Position):</b> <b>Name of TSOC Rep:</b>	
<b>Was Event Announced on the TEN?</b> <i>No</i>		<b>Date and Time Announced on the TEN</b> [ ] [ ]		<b>Announced on TEN By:</b>	
<b>Bridge Stood Up?</b> <i>No</i>		<b>Date and Time Bridge Stood Up</b> [ ] [ ]		<b>Bridge Stood Up By:</b>	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was TSM Notified?</b> <i>Yes</i>	<b>Date and Time Notified</b> 4/7/2013 14:15		<b>Notified By:</b> STSO (b)(6) <b>TSM Name:</b> TSM (b)(6)	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was AFSD-S Notified?</b> <i>Yes</i>	<b>Date and Time Notified</b> 4/7/2013 14:45		<b>Notified By:</b> TSM (b)(6) <b>AFSD-S Name:</b> TSM (b)(6)	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was AFSD-LE Notified?</b> <i>No</i>	<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b> <b>AFSD-LE Name:</b>	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was FSD Notified?</b> <i>Yes</i>	<b>Date and Time Notified</b> 4/7/2013 14:50		<b>Notified By:</b> TSM (b)(6) <b>FSD Name:</b> TSM (b)(6)	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was BDO Notified?</b> <i>No</i>	<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b> <b>BDO Name:</b>	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was TSS-E Notified?</b> <i>No</i>	<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b> <b>TSS-E Name and Title:</b>	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was TSI Notified?</b> <i>No</i>	<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b> <b>TSI Name:</b>	
<b>Notified Via Bridge</b> <input type="checkbox"/>	<b>Was Canine Team Notified?</b> <i>No</i>	<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b> <b>Canine Tm Lead Name:</b>	
<b>Other Airport Involved - For Referral</b>		<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b>	
<b>Other Notified Name and Title</b>		<b>Date and Time Notified</b> [ ] [ ]		<b>Notified By:</b>	

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## Section II: Notification and Personnel Involvement

## LEO Notification

LEO Notified? Date and Time Notified

Yes

4/7/2013

14:20

LEO Notified By: STSO (b)(6)

LEO Responded: No

LEO Responded  
Date/Time:

LEO Name/Badge #:

(b)(6), (b)(7)(C)

LEO Agency:

Denver Police Department

Agency:

Date and Time Notified

Agency Notified By:

Agency:

Date and Time Notified

Agency Notified By:

Agency:

Date and Time Notified

Agency Notified By:

## TSA Personnel Involved

TSA Position	TSA Position, if Other	Last Name	First Name	Assigned Terminal	Assigned Shift
TSO/LTSO	Dynamic Officer	(b)(6)	(b)(6)	South Checkpoint	2
STSO	Supervisor	(b)(6)	(b)(6)	South Checkpoint	2

## Name, Address, Phone, Email (For each person involved)

Name:	Address:	Phone: (Cell or Home)	Email:
Name:	Address:	Phone: (Cell or Home)	Email:
Name:	Address:	Phone: (Cell or Home)	Email:

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~~SENSITIVE SECURITY INFORMATION~~**Section III: Individuals Involved. If More Than 1 individual, Use Additional Pages or Add To BDO Description**

<b>Last Name:</b> (b)(6)		<b>First Name:</b> (b)(6)		<b>Middle Name:</b> (b)(6)		<b>Alias or Nickname:</b> NA	
<b>Street Address:</b> (b)(6)		<b>Apartment Number:</b> (b)(6)		<b>City:</b> (b)(6)		<b>State or Province:</b> NY	<b>Zip Code:</b> 10022
<b>Country:</b> USA		<b>Primary Tel:</b> (b)(6)		<b>Alt Telephone:</b> NA			
<b>BDO Description if applicable</b>  							
<b>Gender:</b> Male	<b>Drivers License Number:</b> (b)(6)	<b>Issuing State:</b> (b)(6)	<b>Passport Number:</b> (b)(6)	<b>Passport Country of Issue:</b> (b)(6)	<b>Date Passport Issued:</b> (b)(6)	<b>Date of Birth:</b> (b)(6)	
<b>Other ID (Type):</b> (b)(6)	<b>Other ID Number:</b> (b)(6)	<b>IVCC Number:</b> (b)(6)	<b>(b)(3) 49 U.S.C. § 114(r)</b>			<b>Passenger?</b> <input type="checkbox"/>	
<b>Detained By LEO?</b> <input type="checkbox"/>	<b>If Yes, Name and Badge of Officer:</b> (b)(6)		<b>Summons Issued by LEO?</b> <input type="checkbox"/>		<b>If Yes, Name and Badge of Officer:</b> (b)(6)		
<b>Arrested by LEO?</b> <input type="checkbox"/>	<b>If Yes, Name and Badge of Officer:</b> (b)(6)						
<b>Charges Filed Local:</b> <input type="checkbox"/>		<b>Charges Filed State:</b> <input type="checkbox"/>		<b>Charges Filed Federal:</b> <input type="checkbox"/>			
<b>List Charge(s), if known:</b> (b)(6)							
<b>Active Military?</b> <input type="checkbox"/>	<b>If Yes, What Branch?</b> Select...	<b>Traveling on Orders?</b> <input type="checkbox"/>	<b>Cleared to Fly?</b> <input checked="" type="checkbox"/>	<b>If Cleared, By Whom?</b> STSO (b)(6)	<b>If Cleared, Time:</b> 14:15		
<b>Boarding Pass and ID Returned to Passenger? If No Describe in Narrative:</b> <input type="checkbox"/>		<b>If Yes, By Whom?</b> STSO (b)(6)	<b>EIR Status:</b> Select...		<b>EIR is Against:</b> (b)(6)		
<b>Air Carrier(s):</b> Delta		<b>Flight Number(s):</b> DL 1794		<b>Connecting Flight(s) and/or Destination:</b> NYC-Laguardia (LGA)		<b>Gate:</b> C-42	
<b>Flight Delayed?</b> <input type="checkbox"/>	<b>Flight Delay Minute:</b> (b)(6)	<b>If Delayed, No of PAX:</b> (b)(6)	<b>If Delayed No of Crew:</b> (b)(6)	<b>Passenger Missed Flight?</b> <input type="checkbox"/>	<b>Scheduled Departure Time:</b> 15:20	<b>Actual Departure Time:</b> (b)(6)	<b>Checked Baggage Removed From Flight?</b> <input type="checkbox"/>

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~~SENSITIVE SECURITY INFORMATION~~**Section IV: Items Discovered**

Type of Items Discovered				
Artfully Concealed?	If So, How Concealed	Photo Taken?	Detection Method	Other Detection Method
<input type="checkbox"/>		<input type="checkbox"/>	Select...	
Item Description				

Firearm Involved?	Firearm Loaded?	Make	Model	Caliber	Serial Number
<input type="checkbox"/>	<input type="checkbox"/>				
Chambered Round?	Location Discovered?	Firearm Discharged?	Firearm Discharged By:	No. Rounds Expended?	Injuries?
<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
Passenger Has Firearm Permit?	Additional Information:				
<input type="checkbox"/>					

**Section V: Motor Vehicle Information**

Motor Vehicle Type	Make	Model	Color	Year
License State (2 digit Initials)	License Number	Photo Taken?		
		<input type="checkbox"/>		

**Section VI: Passenger Complaint/Injury or Serious Injury/Loss of or Damage To Personal Property**

Lost or Damaged Personal Property	Physical Injury	Complaint About Screening Process	Death
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Comments			
<p>At approximately 14:10 hours on the South Checkpoint, near lane 4 a passenger complained that he sustained an injury resulting from the aggressive actions of the TSO conducting a pat down search. TSO (b)(6) had started the pat-down search of this passenger. STSO (b)(6) was called over to this location and made contact with TSO (b)(6) and the passenger. The passenger stated that during the pat-down search he was struck very hard in the groin area which caused him pain to his left testical. TSO (b)(6) deferred from conducting the pat-down search and STSO (b)(6) conducted the pat-down search on this passenger and cleared him to travel.</p>			
CCTV Copied?	EMS Notified?	EMS Responded?	Treatment Refused?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Checkpoint Condition Normal? (wet floor, etc.) (If so, Describe in Narrative)		Immediate Configuration Changes Required? (If so, Describe in Narrative)	
<input type="checkbox"/>		<input type="checkbox"/>	

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(b)(3) 49 U.S.C. § 114(r)

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~~SENSITIVE SECURITY INFORMATION~~**Section VIII: Reporting Officer's Summary/Narrative**

In addition to this Summary/Narrative attach separate Witness Statement from each TSA Employee who witnessed the incident. Reporting Officer must review all Statements.

Your Physical Position at Time of Incident:

Location of Incident:

Name of Individual and any other identifying information:

Who else witnessed the incident?

What happened? Write in chronological order. Provide facts, not opinions and conclusions. Did the individual say anything during the incident? If yes, quote their actual words to the best of your ability. Include only what you know first-hand. Write clearly or type.

At approximately 14:10 hours on the South Checkpoint, near lane 4 a passenger complained that he sustained an injury resulting from the aggressive actions of the the TSO conducting a pat down search. TSO (b)(6) had started the pat-down search of this passenger. STSO (b)(6) was called over to this location and made contact with TSO (b)(6) and the passenger. The passenger stated that during the pat-down search he was struck very hard in the groin area which caused him pain to his left testical. TSO (b)(6) deferred from conducting the pat-down search and STSO (b)(6) conducted the pat-down search on this passenger and cleared him to travel. The passenger was offered medical treatment and he said that it was not required. The passenger insisted on filing a complaint and he was asked if he wanted to make a police report of this incident and, the passenger said he didn't think this would be necessary. The passenger was identified to be (b)(6) DOB - (b)(6) and was scheduled to fly to LaGuardia Airport, NYC, on Delta Airlines flight # DL1794, from gate C-42 with a departure time of 15:20 hours. (b)(6) wrote a statement and continued on to his flight. No police action was requested or taken. CCTV was reviewed and no video was available for confirmation or retrieval on this incident.

Additional Details:

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~~SENSITIVE SECURITY INFORMATION~~**Section IX: Reporting Officer**

Position: Position - Other (please specify) SISO Supervisor		Duty Assignment South Checkpoint	Duty Telephone (b)(6)
Last Name (b)(6)		First Name (b)(6)	Terminal South
User Name: (b)(6)		Shift 2	
Printed Name (If Not Shown Above)		Signature and Date	

**Section X: Reviewing Officer**

Position: Select...	Duty Telephone
Last Name:	First Name
Printed Name (If Not Shown Above)	Signature and Date

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**Section XI: TSA Employee Statement (completed by those who witnessed or participated in reportable incident and reviewed by reporting officer - provide attachment(s))**

Your Name:		Title:	Position at Time of Incident:
Location of Incident:		Date of Incident:	Date/Time of Statement:
Name of Individual and any other identifying information:			
Who else witnessed the incident?			
Boarding Pass and ID returned? Yes/No. If Yes, By Whom? If No, Explain. Specify in Attached Statement.			
Artfully Concealed? If yes, explain. Yes No			
Timing and description of LEO response, if applicable:			
(b)(3) 49 U.S.C. § 114(r)		(b)(3) 49 U.S.C. § 114(r)	
(b)(3) 49 U.S.C. § 114(r)			

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Narrative: Describe what happened. Write in chronological order. Provide facts, not opinions and conclusions. Did the individual say anything during the incident? If yes, quote their actual words to the best of your ability. Include only what you know first-hand. Write clearly or type. If additional room is required attach additional sheets.

**Provided Separately And Uploaded To SIRT As Attachment(s) - Not Included In This Printout**

Printed Name Signature and Date

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