

# ABUSE DOCUMENTATION FORM

## I. DOCUMENTING ORGANIZATION

NAME: \_\_\_\_\_ STAFF NAME: Dickas  
ADDRESS: \_\_\_\_\_ INTERVIEW DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
SOURCE: \_\_\_\_\_ ORGANIZATION FILE#: \_\_\_\_\_ COMPUTER CASE#: \_\_\_\_\_

## II. BIOGRAPHICAL INFORMATION OF VICTIM

NAME: [REDACTED] HOME PHONE: [REDACTED]  
ADDRESS: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_  
SEX: \_\_\_\_\_ MARITAL STATUS: M  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ INCOME/YEAR: \_\_\_\_\_  
CURRENT IMMIGRATION STATUS (see codes): \_\_\_\_\_ LAWFUL RELATIVE IN U.S.? \_\_\_\_\_  
IMMIGRATION STATUS AT TIME OF INCIDENT: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
NAME OF RELATIVE OR FRIEND (preferred U.S.): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

## III. FACTS REGARDING INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location (give details): \_\_\_\_\_

**WITNESSES:** Names, addresses, phone numbers or descriptions:

**Note:** If there was more than one victim in this incident, list names of **all** other victims here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*NOTE\*\*\* For all codes, refer to last pages.

Unknown = UK Not applicable = N/A

If additional space is needed, attach more pages!

Date entered: \_\_\_\_\_

By whom: \_\_\_\_\_

021192

LIST ALL AGENCIES PRESENT (Border Patrol, Customs, Police, etc.): \_\_\_\_\_

If more than one agency committed abuses, *separately* describe abuses for each agency:

ABUSING AGENCY #1: \_\_\_\_\_ NUMBER OF OFFICIALS: \_\_\_\_\_

List codes for **abuses**

1 2 3 4 5 6 7 8

committed by agency #1: →

List codes for **Injuries**

resulting from *each* abuse

List codes for **damages**

resulting from *each* abuse


**Example:** If Agency #1 committed 3 abuses, UEF, IUF and THR, place these, in order of severity, under 1, 2, and 3. Then, **under** each abuse code, place the codes for injuries and damages which resulted **directly** from each abuse (codes may be repeated under different abuses).

Total economic loss as a result of *all* abuses (Wages, medical, etc.):\$ \_\_\_\_\_

List weapons or part of body used to commit these abuses: \_\_\_\_\_

List weapons or part of body used by victim, if any: \_\_\_\_\_

**OFFICIALS:** (For description include: age, ht., wt., ethnicity, skin color, hair color/style, etc.)

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

Agency:

USING AGENCY #2: \_\_\_\_\_ NUMBER OF OFFICIALS: \_\_\_\_\_

List codes for **abuses**

1 2 3 4 5 6 7 8

committed by agency #2: →

List codes for **injuries**

resulting from *each* abuse

List codes for **damages**

resulting from *each* abuse

	1	2	3	4	5	6	7	8
committed by agency #2: →								
List codes for <b>injuries</b> resulting from <i>each</i> abuse								
List codes for <b>damages</b> resulting from <i>each</i> abuse								

**Example:** See Abusing Agency #1.

Total economic loss as a result of *all* abuses (Wages, medical, etc.):\$ \_\_\_\_\_

List weapons or part of body used to commit these abuses: \_\_\_\_\_

List weapons or part of body used by victim, if any: \_\_\_\_\_

**OFFICIALS:** (For description include: age, ht., wt., ethnicity, skin color, hair color/style, etc.)

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

**IF AN AGENCY WAS PRESENT BUT DID NOT COMMIT ANY ABUSES, LIST HERE:**

**OTHER AGENCY:** \_\_\_\_\_ NUMBER OF OFFICIALS: \_\_\_\_\_

**OFFICIALS:** (For description include: age, ht., wt., ethnicity, skin color, hair color/style, etc.)

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_



Abusing  
#1  
#2

ICABUS

EVIDENCE (list codes or describe): \_\_\_\_\_

Photos taken? \_\_\_\_\_ Number: \_\_\_\_\_ By whom? \_\_\_\_\_ Date: \_\_\_\_\_

Did victim give written statement? \_\_\_\_\_ To Whom? \_\_\_\_\_ When? \_\_\_\_\_

Did victim give oral statement? \_\_\_\_\_ To Whom? \_\_\_\_\_ When? \_\_\_\_\_

Was medical treatment sought by victim after the incident? Yes No

Name, address, phone of doctor: \_\_\_\_\_

#### IV. OTHER INFORMATION

Has a complaint been filed? Yes No If so, where/when: \_\_\_\_\_

Were obstacles encountered in filing a complaint? Yes No (Describe in depth below)

If a complaint has not been filed, what remedy does victim want to seek? \_\_\_\_\_

Has victim filed any prior complaints against INS? Yes No If so, explain: \_\_\_\_\_

If victim is a minor, was he/she accompanied by an adult? Yes No If so, who: \_\_\_\_\_

Are criminal charges pending against victim? Yes No Describe: \_\_\_\_\_

Does victim have any prior convictions? Yes No If so, how many/describe: \_\_\_\_\_

Is this case drug interdiction related? Yes No

Are INS charges pending? Yes No If so, Deportation or exclusion (Circle appropriate one)

Has victim previously been deported or excluded? Yes No Describe: \_\_\_\_\_

Name/telephone of attorney for criminal charges: \_\_\_\_\_

Name/telephone of immigration attorney: \_\_\_\_\_

#### V. NARRATIVE/DESCRIPTION OF INCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NARRATIVE DESCRIPTION OF INCIDENT

**ABUSES**

Psychological or Verbal

- INS Use of racial or ethnic insults
- RUD Use of rude or abusive language
- THR Use of threats or coercion
- UIM Unlawful/over aggressive interrogation techniques
- SH Sexual harassment

Physical

- UEF Use of excessive physical force
- SA Sexual assault
- IUF Inappropriate use of firearms
- HSC Dangerous high speed chase
- IIP Injury in pursuit/arrest situation
- DTT Reckless/dangerous treatment in transportation

Due Process

- DAC Denial of access to counsel
- FTA Failure to advise of legal rights
- FTI Failure to inform of eligibility to statutory benefits
- FOE Fabrication of evidence

Illegal/Inappropriate Seizure of Person

- APP Questioned solely based on ethnic appearance
- FA False arrest
- UTD Unlawful temporary detention of person
- UD Unlawful deportation
- DOF Deprivation of food/water/medical attention, etc.

Illegal/Inappropriate Searches

- RAI Illegal law enforcement raid
- SW Entry without warrant or consent
- SWO Overzealous execution of search warrant
- SS Strip search without "real suspicion"
- SUR Unlawful use of electronic surveillance

Seizure or Destruction of Property

- USD Unlawful seizure of documents
- USP Unlawful seizure of personal items
- USV Unlawful seizure of vehicle
- IDP Intentional destruction of property
  
- NAR Violation of Native American right to cross border freely
- COP Local Law Enforcement/Border Patrol cooperation
- OTH Other

**AGENCIES**

- BP US Border Patrol
- INS Other Immigration and Naturalization Service Employee
- USC US Customs
- LLE Local Law Enforcement Agency
- SHE Sheriff
- ITF Interagency Task Force/Unit
- MIL US Military
- DEA Drug Enforcement Admin.
- PSF Private Security Firm
- OTH Other
- UK Unknown

**INJURIES**

- ED Emotional distress
- PSY Psychological trauma
- GSW Gunshot wound
- KW Knife wound
- HCO Concussion
- HEI Eye Injury
- HEY Vision loss
- HFC Facial cuts/bruises
- HFL Facial lacerations
- HJI Jaw Injury
- HNI Nose injury
- HRI Ear injury
- HSF Skull fracture
- HSL Skull laceration
- HTI Teeth injury
- IB Internal bleeding
- OD Organ damage
- TCB Trunk cuts/bruises
- TL Trunk laceration
- TRF Rib fracture
- THA Heart attack
- LCB Limb cuts/bruises
- LF Limb fracture
- LL Limb laceration
- NOB Neck or back injury
- BUR Burns
- MIS Miscarriage
- GEN Genital injury
- PAR Paralysis
- DEA Death
- EH Exhaustion by heat
- DEH Dehydration
- OTH Other
- N/A Not applicable
- UK Unknown

**IMMIGRATION STATUS**

- NBC Native born US citizen
- NUC Naturalized US citizen
- CIN Citizen of an Indian Nation (Specify)
- LPR Lawful permanent resident
- TR Temporary resident
- BCC Border crossing card
- PAS Passport/visa
- UN Undocumented
- LC Labor certification
- PA Political asylee/Refugee status
- PAA Political asylum applicant
- PRA Permanent resident applicant
- TRA Temporary resident applicant
- TPS Temporary Protective Status
- ABC ABC Class Member
- ES Eligible for suspension of deportation
- ENT Entrant
- OTH Other
- N/A Not applicable
- UK Unknown

### ETHNICITY

MEX	Mexican/Mexican American
CA	Central American
SAM	South American
NA	Native American
AFA	African American
CRR	Caribbean
AS	Asian
AA	Anglo American
OTH	Other (Specify)
UK	Unknown

### EVIDENCE

WS	Written statements
OS	Oral statements
RAR	Routine agency reports (logs, notes)
IAR	Internal agency memorandum
APM	Agency policy and practice materials
DET	Detention records
MED	Medical records
PHY	Physical evidence (photos, video, etc.)
PRI	Prior complaint against officer
ICA	Information on agents involved
OTH	Other
N/A	Not applicable
UK	Unknown
NON	None

### DAMAGES

EMP	Loss of employment
WAG	Loss of income
EVI	Eviction from home
HOM	Damage to home
ASS	Seizure of assets
PRO	Seizure of property
CAR	Damage to vehicle
MED	Medical expenses
REP	Repair costs
OE	Other economic loss
PER	Personal damage
OTH	Other
N/A	Not applicable
UK	Unknown

### SOURCE

WAF	Witness Affidavit
VAF	Victim Affidavit
COM	Complaint
INV	Victim Interview
INW	Witness Interview
NM	News Media
PR	Phone Report
RE	Research
OTH	Other



# ABUSE DOCUMENTATION FORM

## I. DOCUMENTING ORGANIZATION

NAME: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ INTERVIEW DATE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
SOURCE: \_\_\_\_\_ ORGANIZATION FILE#: \_\_\_\_\_ COMPUTER CASE#: \_\_\_\_\_

## II. BIOGRAPHICAL INFORMATION OF VICTIM

NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_  
SEX: \_\_\_\_\_ MARITAL STATUS: m  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ INCOME/YEAR: \_\_\_\_\_  
CURRENT IMMIGRATION STATUS (see codes): \_\_\_\_\_ LAWFUL RELATIVE IN U.S.? \_\_\_\_\_  
IMMIGRATION STATUS AT TIME OF INCIDENT: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
NAME OF RELATIVE OR FRIEND (preferred U.S.): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

## III. FACTS REGARDING INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location (give details): \_\_\_\_\_

**WITNESSES:** Names, addresses, phone numbers or descriptions:

**Note:** If there was more than one victim in this incident, list names of all other victims here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*NOTE\*\*\* For all codes, refer to last pages.

Unknown = UK Not applicable = N/A

If additional space is needed, attach more pages!

Date entered: \_\_\_\_\_

By whom: \_\_\_\_\_

021192

LIST ALL AGENCIES PRESENT (Border Patrol, Customs, Police, etc.): \_\_\_\_\_

If more than one agency committed abuses, *separately* describe abuses for each agency:

ABUSING AGENCY #1: \_\_\_\_\_ NUMBER OF OFFICIALS: \_\_\_\_\_

List codes for **abuses**

committed by agency #1: →

List codes for **injuries**

resulting from *each* abuse

List codes for **damages**

resulting from *each* abuse

	1	2	3	4	5	6	7	8
List codes for abuses committed by agency #1: →								
List codes for injuries resulting from each abuse ↓								
List codes for damages resulting from each abuse ↓								

**Example:** If Agency #1 committed 3 abuses, UEF, IUF and THR, place these, in order of severity, under 1, 2, and 3. Then, **under** each abuse code, place the codes for injuries and damages which resulted **directly** from each abuse (codes may be repeated under different abuses).

Total economic loss as a result of *all* abuses (Wages, medical, etc.):\$ \_\_\_\_\_

List weapons or part of body used to commit these abuses: \_\_\_\_\_

List weapons or part of body used by victim, if any: \_\_\_\_\_

OFFICIALS: (For description include: age, ht., wt., ethnicity, skin color, hair color/style, etc.)

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

Agency:

ABUSING AGENCY #2: \_\_\_\_\_ NUMBER OF OFFICIALS: \_\_\_\_\_

List codes for <b>abuses</b> committed by agency #2: →	1	2	3	4	5	6	7	8
List codes for <b>injuries</b> resulting from <i>each</i> abuse ↓								
List codes for <b>damages</b> resulting from <i>each</i> abuse ↓								

**Example:** See Abusing Agency #1.

Total economic loss as a result of *all* abuses (Wages, medical, etc.):\$ \_\_\_\_\_

List weapons or part of body used to commit these abuses: \_\_\_\_\_

List weapons or part of body used by victim, if any: \_\_\_\_\_

**OFFICIALS:** (For description include: age, ht., wt., ethnicity, skin color, hair color/style, etc.)

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

**IF AN AGENCY WAS PRESENT BUT DID NOT COMMIT ANY ABUSES, LIST HERE:**

**OTHER AGENCY:** \_\_\_\_\_ NUMBER OF OFFICIALS: \_\_\_\_\_

**OFFICIALS:** (For description include: age, ht., wt., ethnicity, skin color, hair color/style, etc.)

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

NAME: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

BADGE #: \_\_\_\_\_

**ANSWER SEPARATELY FOR EACH ABUSING AGENCY AND ONLY WHEN APPLICABLE**

(Y=yes, N=no or leave blank for not applicable)

Abusing Agency

#1 #2

**Fifth Amendment/Due Process**

1. Was the victim ordered to answer questions?
2. Was the victim made to feel he/she had to answer questions?
3. Did the victim answer questions under threats, coercion or physical abuse?
4. Did the victim sign any documents due to threats, coercion or physical abuse?
5. Did the victim exercise his/her right to remain silent?
6. Did officers lead the victim to believe he/she had no rights?
7. Was the victim given a list of legal services?
8. Was the victim given reasonable access to a telephone?
9. Were all other people treated in a similar way?
10. Was the victim confined while agents confirmed immigration status?


How long/where: \_\_\_\_\_

**Fourth Amendment**

11. Did officers say they had a warrant?
12. Did officers show a warrant to the victim?
13. Did warrant specifically state the person or thing to be seized or searched?
14. Was consent given to conduct the search?  
If so, by whom? \_\_\_\_\_
15. Did the victim have any property seized?  
If so, what/value? \_\_\_\_\_
16. Did INS surround or seal exits and entrances of factory, workplace or home?


**Other**

17. Did the victim strike or attempt to strike any officers?
18. Did the victim attempt to escape?
19. Did the victim use or possess false documents?
20. Did the victim receive medical treatment from agency?  
If so, where/when: \_\_\_\_\_


21. Did a chase occur? Describe: \_\_\_\_\_


22. If officers were not in uniform, did they identify themselves?

--	--

...victim give w...  
 ...victim give oral...  
 ...medical...

#1  
#2  
ABLE  
ousing Age

EVIDENCE (list codes or describe): \_\_\_\_\_

Photos taken? \_\_\_\_\_ Number: \_\_\_\_\_ By whom? \_\_\_\_\_ Date: \_\_\_\_\_

Did victim give written statement? \_\_\_\_\_ To Whom? \_\_\_\_\_ When? \_\_\_\_\_

Did victim give oral statement? \_\_\_\_\_ To Whom? \_\_\_\_\_ When? \_\_\_\_\_

Was medical treatment sought by victim after the incident? Yes No

Name, address, phone of doctor: \_\_\_\_\_

IV. OTHER INFORMATION

Has a complaint been filed? Yes No If so, where/when: \_\_\_\_\_

Were obstacles encountered in filing a complaint? Yes No (Describe in depth below)

If a complaint has not been filed, what remedy does victim want to seek? \_\_\_\_\_

Has victim filed any prior complaints against INS? Yes No If so, explain: \_\_\_\_\_

If victim is a minor, was he/she accompanied by an adult? Yes No If so, who: \_\_\_\_\_

Are criminal charges pending against victim? Yes No Describe: \_\_\_\_\_

Does victim have any prior convictions? Yes No If so, how many/describe: \_\_\_\_\_

Is this case drug interdiction related? Yes No

Are INS charges pending? Yes No If so, Deportation or exclusion (Circle appropriate one)

Has victim previously been deported or excluded? Yes No Describe: \_\_\_\_\_

Name/telephone of attorney for criminal charges: \_\_\_\_\_

Name/telephone of immigration attorney: \_\_\_\_\_

V. NARRATIVE/DESCRIPTION OF INCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. NARRATIVE DESCRIPTION OF INCIDENT

Lined area for the narrative description of the incident.

# CODES

## ABUSES

### Psychological or Verbal

INS Use of racial or ethnic insults  
 RUD Use of rude or abusive language  
 THR Use of threats or coercion  
 UIM Unlawful/over aggressive interrogation techniques  
 SH Sexual harassment

### Physical

UEF Use of excessive physical force  
 SA Sexual assault  
 IUF Inappropriate use of firearms  
 HSC Dangerous high speed chase  
 IIP Injury in pursuit/arrest situation  
 DTT Reckless/dangerous treatment in transportation

### Due Process

DAC Denial of access to counsel  
 FTA Failure to advise of legal rights  
 FTI Failure to inform of eligibility to statutory benefits  
 FOE Fabrication of evidence

### Illegal/Inappropriate Seizure of Person

APP Questioned solely based on ethnic appearance  
 FA False arrest  
 UTD Unlawful temporary detention of person  
 UD Unlawful deportation  
 DOF Deprivation of food/water/medical attention, etc.

### Illegal/Inappropriate Searches

RAI Illegal law enforcement raid  
 SW Entry without warrant or consent  
 SWO Overzealous execution of search warrant  
 SS Strip search without "real suspicion"  
 SUR Unlawful use of electronic surveillance

### Seizure or Destruction of Property

USD Unlawful seizure of documents  
 USP Unlawful seizure of personal items  
 USV Unlawful seizure of vehicle  
 IDP Intentional destruction of property

NAR Violation of Native American right to cross border freely  
 COP Local Law Enforcement/Border Patrol cooperation  
 OTH Other

## AGENCIES

BP US Border Patrol  
 INS Other Immigration and Naturalization Service Employee  
 USC US Customs  
 LLE Local Law Enforcement Agency  
 SHE Sheriff  
 ITF Interagency Task Force/Unit  
 MIL US Military  
 DEA Drug Enforcement Admin.  
 PSF Private Security Firm  
 OTH Other  
 UK Unknown

## INJURIES

ED Emotional distress  
 PSY Psychological trauma  
 GSW Gunshot wound  
 KW Knife wound  
 HCO Concussion  
 HEI Eye Injury  
 HEY Vision loss  
 HFC Facial cuts/bruises  
 HFL Facial lacerations  
 HJI Jaw Injury  
 HNI Nose injury  
 HRI Ear injury  
 HSF Skull fracture  
 HSL Skull laceration  
 HTI Teeth injury  
 IB Internal bleeding  
 OD Organ damage  
 TCB Trunk cuts/bruises  
 TL Trunk laceration  
 TRF Rib fracture  
 THA Heart attack  
 LCB Limb cuts/bruises  
 LF Limb fracture  
 LL Limb laceration  
 NOB Neck or back injury  
 BUR Burns  
 MIS Miscarriage  
 GEN Genital injury  
 PAR Paralysis  
 DEA Death  
 EH Exhaustion by heat  
 DEH Dehydration  
 OTH Other  
 N/A Not applicable  
 UK Unknown

## IMMIGRATION STATUS

NBC Native born US citizen  
 NUC Naturalized US citizen  
 CIN Citizen of an Indian Nation (Specify)  
 LPR Lawful permanent resident  
 TR Temporary resident  
 BCC Border crossing card  
 PAS Passport/visa  
 UN Undocumented  
 LC Labor certification  
 PA Political asylee/Refugee status  
 PAA Political asylum applicant  
 PRA Permanent resident applicant  
 TRA Temporary resident applicant  
 TPS Temporary Protective Status  
 ABC ABC Class Member  
 ES Eligible for suspension of deportation  
 ENT Entrant  
 OTH Other  
 N/A Not applicable  
 UK Unknown

### ETHNICITY

MEX	Mexican/Mexican American
CA	Central American
SAM	South American
NA	Native American
AFA	African American
CRR	Caribbean
AS	Asian
AA	Anglo American
OTH	Other (Specify)
UK	Unknown

### EVIDENCE

WS	Written statements
OS	Oral statements
RAR	Routine agency reports (logs, notes)
IAR	Internal agency memorandum
APM	Agency policy and practice materials
DET	Detention records
MED	Medical records
PHY	Physical evidence (photos, video, etc.)
PRI	Prior complaint against officer
ICA	Information on agents involved
OTH	Other
N/A	Not applicable
UK	Unknown
NON	None

### DAMAGES

EMP	Loss of employment
WAG	Loss of income
EVI	Eviction from home
HOM	Damage to home
ASS	Seizure of assets
PRO	Seizure of property
CAR	Damage to vehicle
MED	Medical expenses
REP	Repair costs
OE	Other economic loss
PER	Personal damage
OTH	Other
N/A	Not applicable
UK	Unknown

### SOURCE

WAF	Witness Affidavit
VAF	Victim Affidavit
COM	Complaint
INV	Victim Interview
INW	Witness Interview
NM	News Media
PR	Phone Report
RE	Research
OTH	Other



5/13/92

no priors

go to help friend's wife across border (b  
wife give expired 1-888 card to

men drive across  
women walk thru POE

after got thru POE, BPA sees them,  
thinks suspicious  
BP stops them  
begin interrogation, insult  
forcing  $\Delta$  to m $\bar{u}$  that would pay

FEDERAL DEFENDERS OF SAN DIEGO, INC.

FAX TRANSMITTAL

DATE: 5/13/92

TO: [REDACTED]

TEL NO.: ( )

FAX NO.: [REDACTED]

FROM: Robert Swain  
FEDERAL DEFENDERS OF SAN DIEGO, INC.

NUMBER OF PAGES: 7 INCLUDING COVER SHEET

IF ALL PAGES DO NOT TRANSMIT PROPERLY, OR IF YOU HAVE ANY QUESTIONS

PLEASE CONTACT

Franaha

AT (619) 234-8467

COMMENTS:

CONFIDENTIALITY NOTE

The documents accompanying this telecopy transmission contain information from FEDERAL DEFENDERS OF SAN DIEGO, INC. which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this telecopied information is prohibited. If you have received this telecopy in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

THE FEDERAL COMMUNITY DEFENDER ORGANIZATION FOR THE SOUTHERN DISTRICT OF CALIFORNIA

HOME SAVINGS TOWER • 115 BROADWAY, SUITE 500 • SAN DIEGO, CALIFORNIA 92101-5097 • (619) 234-8467

MAGISTRATE INFORMATION SHEET

Continuation of Magistrate Information Sheet Re: [REDACTED]

Material witness stated that she is a Mexican citizen with no immigration documentation allowing her to enter or remain in the U.S. legally. She also admits to having entered the U.S. illegally by presenting an altered immigration document at the San Ysidro Port of Entry. Material witness [REDACTED] stated that she had met defendants [REDACTED] and [REDACTED] in Tijuana. She stated that [REDACTED] gave her an altered immigration document and instructed her to pass through the San Ysidro Port of Entry and that after illegally entering the U.S. [REDACTED] led her to a vehicle driven by [REDACTED]. She stated that both defendants knew her to be an illegal entrant alien because they furnished her an altered card to cross the border. She stated that she and her husband were to pay [REDACTED] and [REDACTED] an unknown amount of money to smuggle her into the U.S.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,  
Plaintiff

Magistrate Docket No. 92 2005 M  
Case No. \_\_\_\_\_

COMPLAINT FOR VIOLATION OF

Title 8, U.S.C., Sec. 1324(a) (1) (B)  
Illegal Transportation of Alien(s)  
(Felony):  
Title 8, U.S.C., Sec. 1325  
and Title 18, U.S.C., Sec. 2  
Aiding and Abetting Illegal Entry

The undersigned complainant being duly sworn, states:

COUNT ONE

That on or about May 11, 1992, within the Southern District of California, defendant(s) \_\_\_\_\_ knowing and in reckless disregard of the fact that certain aliens, namely \_\_\_\_\_ had come to, entered and remained in the United States in violation of law, did transport and move and attempt to transport and move said aliens in furtherance of such violation of law; in violation of Title 8, United States Code, Section 1324(a) (1) (B).

COUNT TWO

That on or about May 11, 1992, within the Southern District of California, defendants(s) \_\_\_\_\_ did knowingly and willfully aid, abet, and assist aliens namely, \_\_\_\_\_ in entering the United States at a designated Port of Entry by willfully false and misleading representations and the willful concealment of material facts, a misdemeanor, in violation of Title 18, United States Code, Section 2, and Title 8, United States Code, Section 1325.

And the complainant states that this complaint is based on the attached statement of facts which is incorporated herein by reference.

SWORN AND SUBSCRIBED TO before me  
this 12th day of May, 19 92

LEO S. PAPAS

FILED  
RECEIVED  
Signature of Complainant  
BY \_\_\_\_\_  
Border Patrol Agent  
Official Title

[REDACTED]

STATEMENT OF FACTS

The complainant states that he believes that said aliens are citizens of a country other than the United States; that said aliens have admitted that they are deportable as defined in Title 8, United States Code, Section 1251; that it is impracticable to secure their attendance at the trial thereof by subpoena; and that they are material witnesses in relation to this charge and should be held or admitted to bail as prescribed in Title 8, United States Code, Section 1227(d).

The complainant further states that this complaint is based on the arresting agents statements that on May 11, 1992 two suspected illegal entrant aliens, both female, were observed as they quickly approached and boarded a red Chevrolet Camaro located at 721 E. San Ysidro Blvd., an area approximately one hundred yards north of the international border that is notorious for alien smuggling activity. Immediately after boarding the vehicle both attempted to conceal themselves from view. The vehicle then began to depart the area.

An immigration stop was conducted and it was determined that one of the females seen boarding the vehicle, [REDACTED] was an illegal entrant alien. The driver and two other passengers all presented valid Resident Alien cards. The three resident aliens were advised of their rights.

The driver, [REDACTED] declined to answer questions without an attorney present.

The male passenger, [REDACTED] stated that the illegal entrant alien, [REDACTED] was his wife and that he had made arrangements with defendants [REDACTED] to have her smuggled into the United States for an unspecified amount of money.

The other female passenger, [REDACTED] seen boarding the vehicle with [REDACTED] stated that she was willing to answer questions without an attorney present. She stated that she and [REDACTED] had made arrangements with [REDACTED] to have [REDACTED] smuggled into the United States for \$20.00. She stated that she furnished [REDACTED] an I-688 to which she had affixed a photograph of [REDACTED]. That after furnishing [REDACTED] the altered document she instructed her to walk through the San Ysidro Port of Entry and present it to an Immigration officer to effect her entry into the United States. [REDACTED] then stated that after [REDACTED] illegal entry she followed and then led [REDACTED] to the vehicle driven by [REDACTED].

Material witness, [REDACTED] stated that she is a Mexican citizen with no immigration documents allowing her to enter or remain in the U.S. legally. She also admits to having entered the U.S. illegally by presenting an altered immigration document at the San Ysidro Port of Entry. [REDACTED] stated that she met defendants [REDACTED] in Tijuana, B.C., Mexico. She stated that [REDACTED] gave her an altered immigration document and told her to pass through the San Ysidro Port of Entry and that after illegally entering the U.S. [REDACTED] led her to a car driven by [REDACTED]. She stated that both defendants knew her to be an illegal entrant alien because they furnished her false immigration documentation to cross the border. She stated that she and her husband were to pay [REDACTED] an unspecified amount of money to smuggle her into the U.S., furthermore, material witness admits to entering the U.S. on May 11, 1992 as mentioned above.