Report of Theft or Loss-Explosive Materials

| | | | For ATF Use Only | | | | |
|--|---|-----------------------|---------------------------|---|---|--|--|
| Date Received | | e E-Mailed to JSO | C & Field Division | BATS ID | | | |
| | | | | Case Number | | | |
| | | To Be Comple | eted By Person Makin | g Report | | | |
| Upon discovery of any theft of | r loss of any of your | | | - I | | | |
| | at 1-800-461-8841 b | between 8:00 a.m. | - 5:00 p.m. EST or after | r hours and weekends co | ontact ATF at 1-800-800-3855 to | | |
| report the theft or loss; - Second, contact your local | law enforcement of | fice to report the th | eft or loss to obtain a n | oolice report: and | | | |
| | | | | | information, and fax the form with | | |
| additional material(s) to th | e ATF U.S. Bomb D | ata Center (USBD) | C) at 866-927-4570 or | email to USBDC@atf.g | ov. | | |
| 1. Date 2. Type of Report | rt (Check one): | Theft Supp | plement to previous rep | ort of theft or loss | Attempted Theft/Suspicious Activity | | |
| | | | | | snowfield; seismic explosives did not | | |
| | | | | etonate and fell into debr | ris, but cannot be located (Complete | | |
| | s 1-6, 7c-e, 8-12, 13d ther - e.g. explosive | | | sives were inadvertently | left in a blasting area (Complete only | | |
| | 6, 7c-e, 8-12, 13c, 16 | | mie in transport, expres | sives were madvertently | for in a stasting area (comprete only | | |
| Loss - Fa | ilure to account for | explosive material | s - e.g., records do not | match physical inventor | у | | |
| 3. Full Name of Person Maki | ng the Report (Last, | First, Middle) | 4a. License | 4a. Licensee or Permittee Name | | | |
| | | | | | | | |
| 4b. Federal Explosives Licen | se or Permit Number | r | | | | | |
| 5a. Office Address (Street Add | dress, City, State, an | d Zip Code) | 5b. 7 | Telephone Number | | | |
| | | | | | | | |
| | | | 5c. I | E-mail Address | | | |
| | - (7.1.1.0) | | | | | | |
| 6. Actual Location of Theft o | r Loss (If different fr | rom item 5a) | | | | | |
| | | | | | | | |
| 7. Theft or Loss | Date | Tim | e 8. Name of | Local Law Enforcement | t Officer to Whom Reported | | |
| a. Discovered | | | | | | | |
| | | | 9. Name and | 9. Name and Address of Local Authority to Whom Reported | | | |
| b. When was the Magazine L | ast | | | | | | |
| Checked | | | | | | | |
| c. Occurred (Show approxim | ate | | | | | | |
| if exact not known) | | | | | | | |
| d. Reported to ATF by | | | 10. Telepho | ne Number | | | |
| Telephone | | | | | | | |
| e. Reported to Local | | | 11. Police R | 11. Police Report Number | | | |
| Authorities | | | | | | | |
| 12. Explosive Materials Lost a. Manufacturer and/or | or Stolen (Attach in b. Brand Name | c. Date Shift | d. Size | e. Quantity | f. Toma and Dagarintian | | |
| Importer | D. Brand Name | Code | (Length& Diameter) | (Pounds of Explosives, | f. Type and Description (Dynamite, Blasting Agents, Detonators, | | |
| • | | | | Number of Dets) | etc. Include for each type, size, MS delay | | |
| | | | | | or length of legwire, as applicable) | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

| 13. Theft or Loss Occurred fro | om (Check applicable box | on each row) | | | | | | | |
|--|---|----------------------------|-----------------------------|--|-----------|--|--|--|--|
| a. Magazine Type: | | | | | | | | | |
| 1 | _ 2 | 2 Det. Box | 3 Day Box | 4 5 | | | | | |
| Outdoor | Indoor | | | | | | | | |
| Permanent | Portable | Mobile Truck | Mobile Trailer | | | | | | |
| Overnight Storage | Day Storage | | | | | | | | |
| b. Types of Locks (Check Padlock | | 3-Point | Dualt Lealt | Other (Fundain) | | | | | |
| | Mortise | 3-Point | Puck Lock | Other (Explain) | | | | | |
| c. Location Description/Tyles Licensed/Permitted Premises | ype: Remote Storage | Work Site | In Transit | During Operations | | | | | |
| 14. Method of Entry: | | | | | | | | | |
| Door | | Was a Key U | Used? Yes No | Suspected Employee-Invol Theft? Yes No | | | | | |
| Wall(s) Roof | Floor/Botto | m | | | | | | | |
| Lock(s) Defeated? (If yes, o | | te boxes) Yes | No | | | | | | |
| Lock Shackle Cut (How?) Lock Pried, Twisted or Levered | | | | | | | | | |
| Lock Left Unlocked Lock Picked or Shimmed | | | | | | | | | |
| Keyway Drilled Out | Keyway Drilled Out Lock Body Drilled Out or Cut | | | | | | | | |
| Other (Explain) | | | _ | | | | | | |
| 125 11 02 | | 21. | | T | | | | | |
| Manufacturer and Model of Lo | | of Magazine Keys: | Office Employee | Are All Keys Accounty | ited For? | | | | |
| 15. Hood Defeated? (If yes, c. | | Yes No | | No | | | | | |
| Hood Cut | | | Hood Removed | 1 | | | | | |
| Other (Explain) | | | Hood Broken | | | | | | |
| | | 1 | _ | | | | | | |
| Hood Width (Inches) | | Но | od Length (Inches) | | _ | | | | |
| Hood Depth (Inches) | | | | | _ | | | | |
| 16. Circumstances Pertaining Loss (any details you can | | sives, Suspicious Activity | , or the Recovery/Discovery | y of Explosives Previously Report | ed as a | | | | |
| (1. 3) | , | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 16a. Was Theft or Loss Disclosed During an ATF Inspection or Being Reported as a Result of Inspection? Yes No | | | | | | | | | |
| 16b. Additional Security Meas | sures in Place? | | | | | | | | |
| Alarm Security System/Service Fencing Lighting Other (Explain) | | | | | | | | | |
| 17. Signature and Title of Pers | son Making Report | | 18. Date | | | | | | |
| | | | | | | | | | |

Reporting Instructions

Email or fax this completed form to the ATF address listed below or call if no fax is available:

Bureau of Alcohol, Tobacco, Firearms and Explosives U.S. Bomb Data Center 99 New York Ave., N.E. 8.S-295 Washington, DC 20226 Toll Free Fax: 1-866-927-4570 Email Address: USBDC@atf.gov

Questions regarding the completion of this form should be referred to the U.S. Bomb Data Center toll free at 1-800-461-8841.

Privacy Act Information

The following information is provided pursuant to section 3 of the Privacy Act of 1974 (5 U.S.C. § 522a(e)(3).

- 1. Authority. Solicitation of this information is made pursuant to Title XI of the Organized Crime Control Act of 1970 (18 U.S.C. Chapter 40). Disclosure of a theft or loss of explosive materials is mandatory pursuant to 18 U.S.C. § 842(k) for any person who has knowledge of such theft or loss from his stock.
- 2. **Purpose.** The purpose for the collection of this information is to give ATF notice of the theft or loss of explosive materials, and to furnish ATF with the pertinent facts surrounding such theft or loss. In addition, the information is used to confirm and verify prior notification of this theft or loss of explosive materials.
- 3. Routine Uses. The information will be used by ATF to aid in the administration of laws within its jurisdiction concerning the regulation of explosive materials and other related areas. In addition, the information may be disclosed to other Federal, State, foreign, and local law enforcement of laws within their jurisdiction. System of records notice Justice/ATF-008 Regulatory Enforcement Record System FR Vol.68 No.16 Page 3558 dated January 24, 2003.
- 4. **Effects of not supplying information requested.** 18 U.S.C. § 842(k) makes it unlawful for any person, who has knowledge of the theft or loss of explosive materials from his stock, to fail to report such theft or loss within twenty-four hours of discovery thereof, to the Secretary and to appropriate local authorities. The penalty for violation of this section is a fine of not more than \$1,000 or imprisonment for not more than one year, or both. 18 U.S.C. § 844(b).

Paperwork Reduction Act Notice

This request in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to report the theft or loss of explosive materials. The information is used for investigative purposes by ATF officials. This information is mandatory by statute. (18 U.S.C. § 842)

The estimated average burden associated with this collection of information is 1 hour and 48 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directied to Report Management Officer, Resource Management Staff, Contracts and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Ave. N.E. Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.