



APPALACHIA HIDTA

Upon Completion
email to:

DTO/MLO/CO REPORTING FORM 2024 ricksg@ahidta.org

CREATE A NEW DTO/MLO/CO Or **UPDATE AN EXISTING** DTO/MLO/CO

TASK FORCE: DATE SUBMITTED:

DTO NAME: DTO IDENTIFIED DATE:

DTO INFO

VIOLENT GANG RELATED Cartel Affiliation RESULT OF DHE DECONFLICTED

TYPE: DTO MLO # of Leaders:

SCOPE: Local Multi-State International # of Other Members:

CLASSIFICATION

OCDETF DATE: OCDETF CASE #:

CPOT DATE: RPOT DATE:

DISPOSITION

OPEN DATE: CASE #:

SUSPENDED DATE: CLOSED DATE:

**CHARACTERISTICS/
DISPOSITION**

SOURCE CHARACTERISTICS:
(i.e. Caucasian, African-American, Latino, etc.)

LOCAL DTO CHARACTERISTICS:
(i.e. Caucasian, African-American, Latino, etc.)

DISMANTLED DATE:

DISRUPTED DATE:

DISRUPTION CATEGORY: (REQUIRED FOR DISRUPTION)

NOTES: (REQUIRED FOR DISRUPTION/DISMANTLEMENT)
BRIEF STATEMENT OF THE EVENT CAUSING THE DISRUPTION OR DISMANTLEMENT. DO NOT INCLUDE ANY IDENTIFYING INFORMATION

DRUGS TRAFFICKED

DRUGS:
(i.e. ice, cocaine, heroin, etc. Can List Multiple Drugs)

SOURCE AREA: (States and/or Countries)

LOCAL GEOGRAPHIC AREA: (Where drugs are distributed. County and State)