



APPALACHIA HIDTA

DTO/MLO/CO REPORTING FORM v.2

Upon Completion
email to:
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 RESULT OF DHE DECONFLICTED

TYPE: DTO MLO CO

of Leaders

SCOPE: Local Multi-State International

of Other Members

CLASSIFICATION

OCDETF DATE: OCDETF CASE#:

CPOT DATE: RPOT DATE: PTO DATE:

DISPOSITION

OPEN DATE: CASE #:

SUSPENDED DATE: CLOSED DATE:

**CHARACTERISTICS/
DISPOSITION**

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

LOCAL DTO CHARACTERISTICS:
(i.e. Caucasian, African-American, Mexican, Unknown, 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. (I.E., SIGNIFICANT SEIZURES, ARRESTS OF MULTIPLE MEMBERS AND/OR LEADER(S), ETC.) 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)