

10:31

5G E



Team 7 Ops >

Thu, Oct 30 at 4:21 AM

C [REDACTED]

We are parked near the entrance of the parking lot



Hazelwood estates - 675-955 carol st woodburn or 97071. Both sides of the complex hardcastle ave and E Lincoln are good streets to look on.

B [REDACTED]

Target rich here

1601 n front street, or 97071

C [REDACTED]

Yeah just assisted with 10 apps

R [REDACTED] F [REDACTED]

Phone call? We can call out plates.

J [REDACTED] A [REDACTED]

We have 7

D [REDACTED] B [REDACTED]

Do you need help?

J [REDACTED] L [REDACTED]



Text Message • SMS



10:31

5G E



Team 7 Ops >

J [REDACTED] L [REDACTED]

JL

Yeah free up a red and blue vehicle

D [REDACTED] B [REDACTED]

DB

In route

C [REDACTED]

C

Transport is behind Walmart.

R [REDACTED] F [REDACTED]



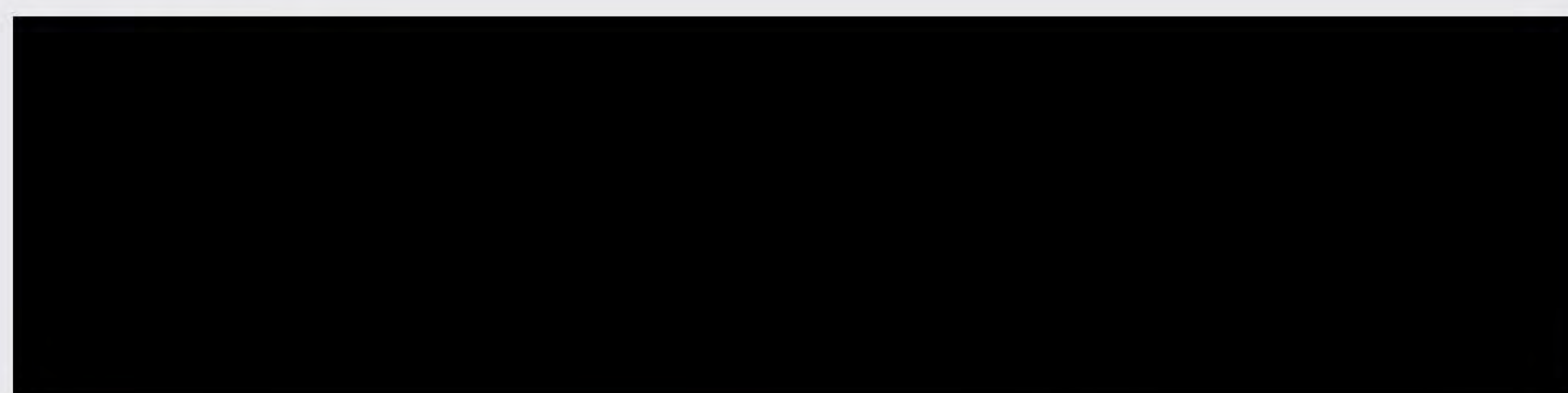
45°09'24.8"N  
122°52'46.7"W  
app.goo.gl

RF

Thu, Oct 30 at 6:48 AM

A [REDACTED] W [REDACTED]

AW

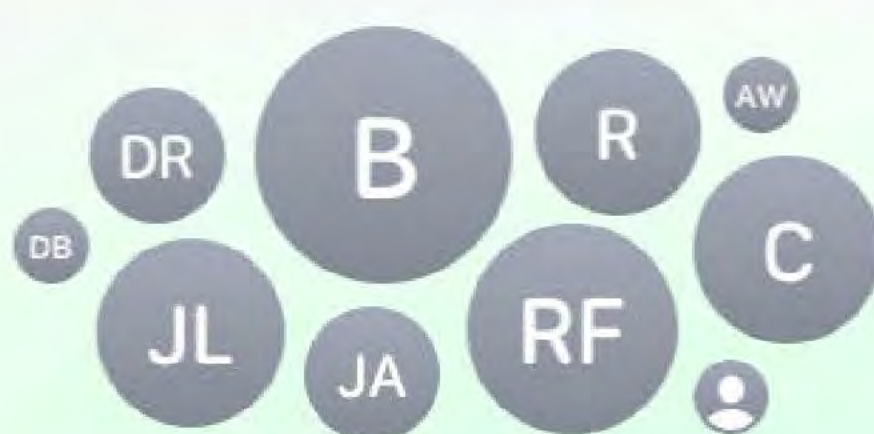


Text Message • SMS



10:31

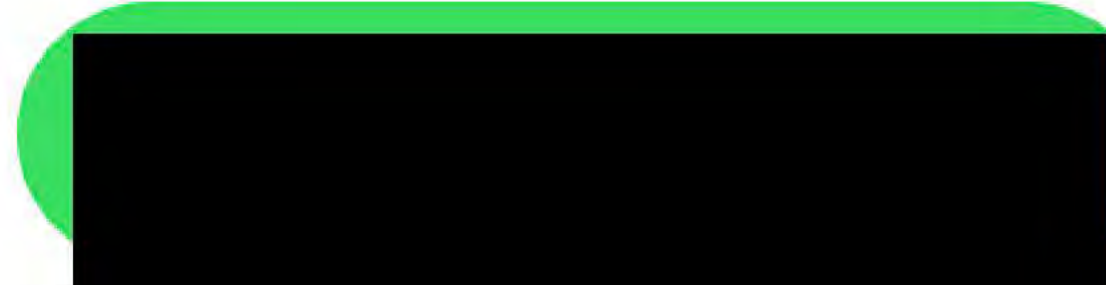
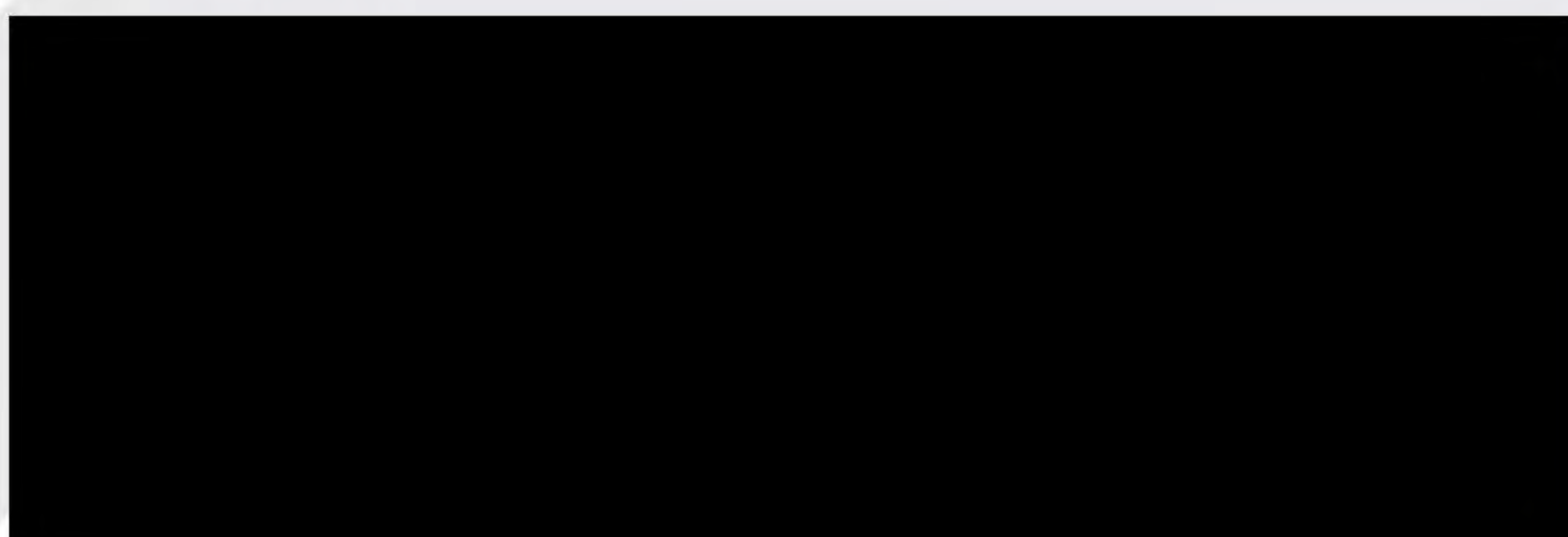
5G E



Team 7 Ops >

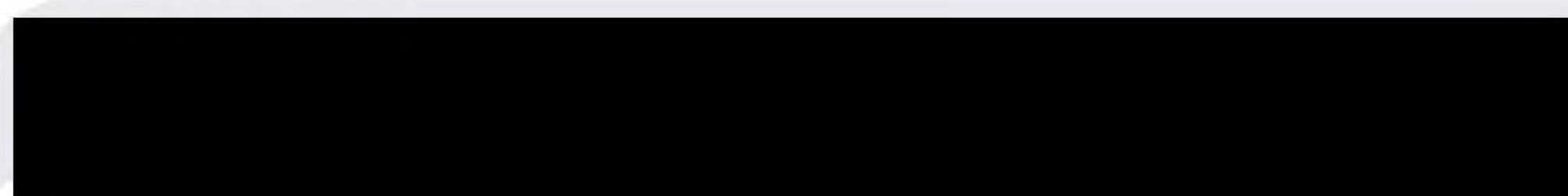
A [redacted] W [redacted]

AW



A [redacted] W [redacted]

AW



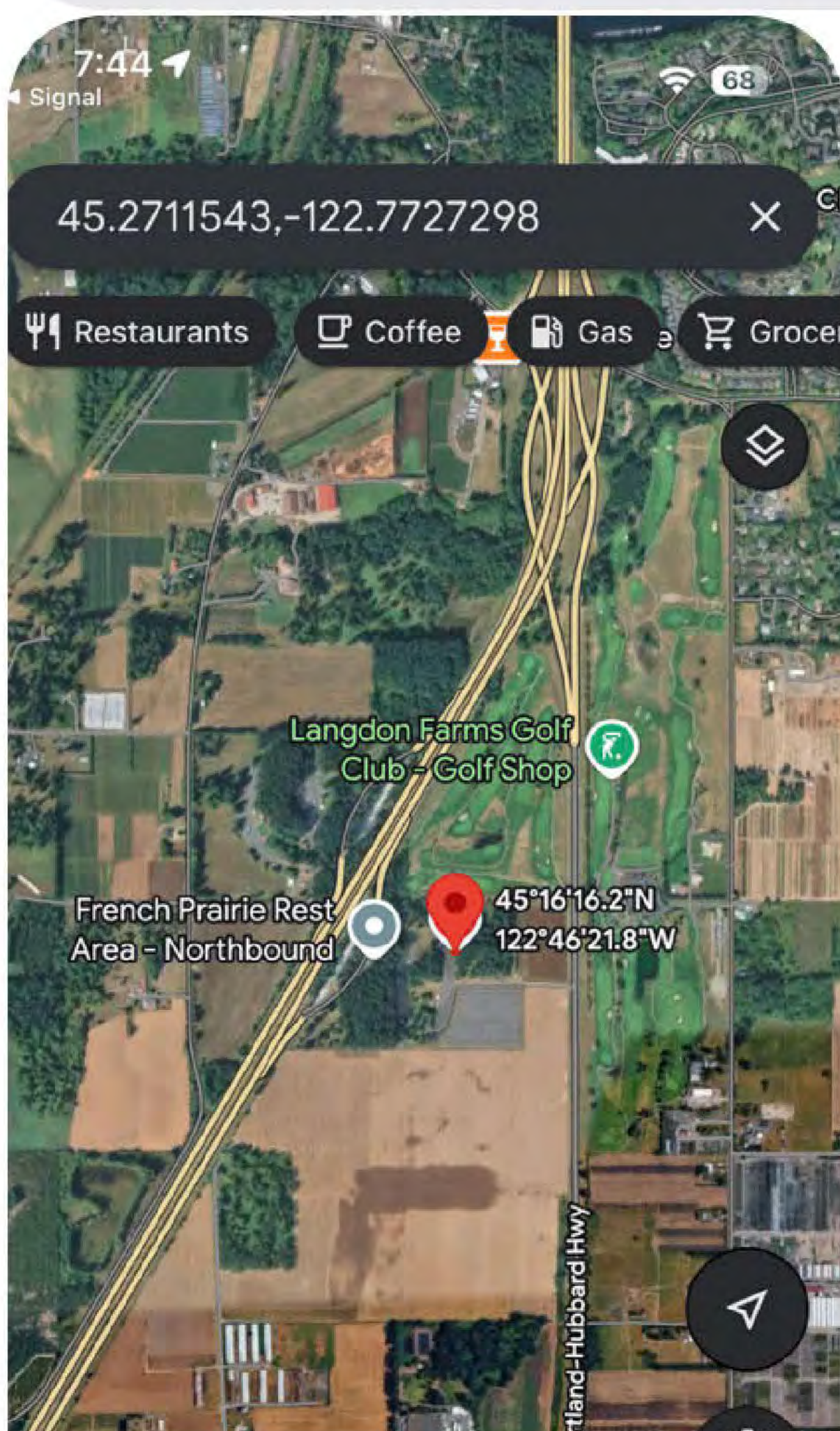
D [redacted] R [redacted]

DR

The northbound rest area?

C [redacted]

Yes. It will not let me copy and paste.



Text Message • SMS



10:31

5G E



Team 7 Ops >

C

Head to this location.



Text Message • SMS



done  
5:55

5G 96



It's okay, w waiting

JL

**Team 7 Ops**

Fri, Oct 31 at 4:31PM

R F

Who arrested the female yesterday, M ? The younger one that didn't want to talk.

RF

B

Team 7

Why

B

R F

No shit.

The individual/individuals?

RF

B

I put cuffs on her

B

B

Team 7

B

Why

R F

No shit.

RF

The individual/individuals?

B

B

I put cuffs on her

9163 Add



I tried to do the facial  
recognition on her

**Mass text** 11

up with what you can.

MMS

7636

Well hot dang, R [REDACTED]!

MMS

H

I still don't know what operations  
for tomorrow look like

MMS

7:06 PM

Thursday, October 30

H

We are parked near the entrance  
of the parking lot

MMS

5:21 AM

H

Hazelwood estates - 675-955  
carol st woodburn or 97071. Both  
sides of the complex hardcastle  
ave and E Lincoln are good  
streets to look on.

MMS

R

F

Liked "Hazelwood estates -  
675-955 carol st woodburn or  
97071. Both sides of the complex  
hardcastle ave and E Lincoln are  
good streets to look on."

MMS

5:51 AM

B

Target rich here

[1601 n front street, or 97071](#)

MMS

6:21 AM



  **Mass text** 11 

R

F

Liked "Hazelwood estates -  
675-955 carol st woodburn or  
97071. Both sides of the complex  
hardcastle ave and E Lincoln are  
good streets to look on."

MMS  
5:51 AM

B

Target rich here

[1601 n front street, or 97071](#)

MMS  
6:21 AM

H

Yeah just assisted with 10 apps

MMS  
6:22 AM

R

F

Phone call? We can call out  
plates.

MMS  
6:26 AM

J

A

We have 7

MMS

7636

Do you need help?

MMS  
6:35 AM

1256

Yeah free up a red and blue  
vehicle

MMS  
6:36 AM

7636





# Mass text 11



plates.

MMS  
6:26 AM

J     A

We have 7

MMS

7636

Do you need help?

MMS  
6:35 AM

1256

Yeah free up a red and blue vehicle

MMS  
6:36 AM

7636

In route

MMS  
6:37 AM

H

Transport is behind Walmart.

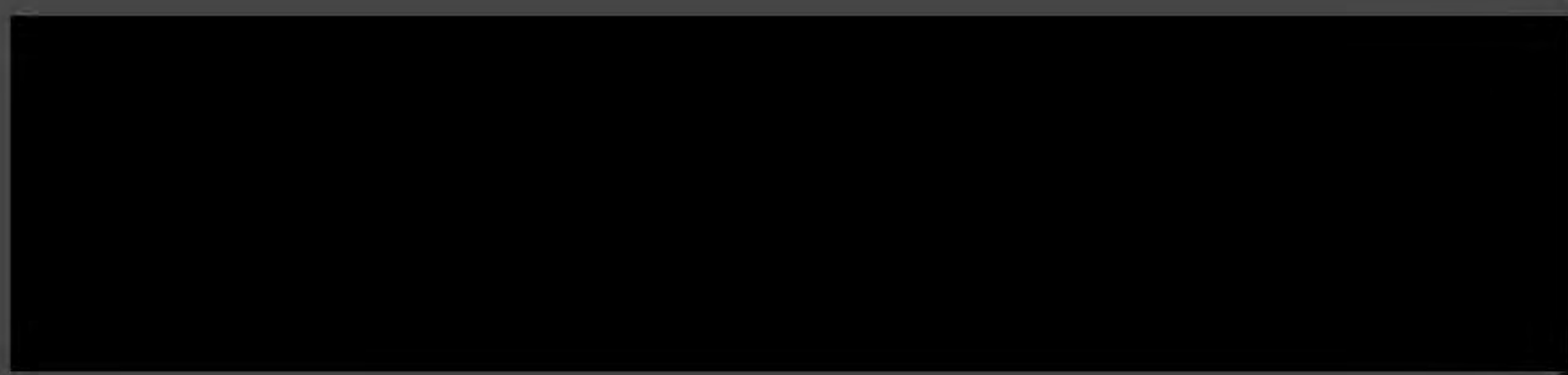
MMS  
6:43 AM

R     F

[https://maps.app.goo.gl/XKiSAbPot4QhEUwn8?g\\_st=i&utm\\_campaign=ac-im](https://maps.app.goo.gl/XKiSAbPot4QhEUwn8?g_st=i&utm_campaign=ac-im)

MMS  
6:46 AM

A     W



MMS  
7:48 AM



J     A



<  **Mass text** 11



We are parked near the entrance of the parking lot

MMS  
04:21

H | Ice

Hazelwood estates  
- 675-955 carol st  
woodburn or 97071. Both  
sides of the complex  
hardcastle ave and E  
Lincoln are good streets  
to look on.

MMS

R | F | Ice

Liked "Hazelwood  
estates - 675-955 carol st  
woodburn or 97071. Both  
sides of the complex  
hardcastle ave and E  
Lincoln are good streets  
to look on."

MMS  
04:51

J | B | Ice

Target rich here

[1601 n front street, or  
97071](#)

MMS  
05:21

H | Ice

Yeah just assisted with



<  **Mass text** 11 

⋮

9/0/1

MMS  
05:21

H Ice

Yeah just assisted with  
10 apps

MMS  
05:22

R F Ice

Phone call? We can call  
out plates.

MMS  
05:26

J A Ice

We have 7

MMS

D B Ice

Do you need help?

MMS  
05:35

J L Ice

Yeah free up a red and  
blue vehicle

MMS  
05:36

D B Ice

In route

MMS  
05:37

H Ice

Transport is behind  
Walmart.

MMS  
05:43

R F Ice

[https://maps.app.goo.gl/  
XKiSAbPot4QhEUwn8?g  
\\_st=i&utm\\_campaign=ac](https://maps.app.goo.gl/XKiSAbPot4QhEUwn8?g_st=i&utm_campaign=ac)

⌵



## U.S. DEPARTMENT OF HOMELAND SECURITY

## Warrant for Arrest of Alien

File No. [REDACTED] 902

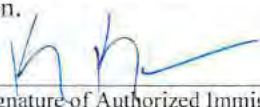
Date: 10/30/2025

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that [REDACTED] is removable from the United States. This determination is based upon:

- ☐ the execution of a charging document to initiate removal proceedings against the subject;
- ☐ the pendency of ongoing removal proceedings against the subject;
- ☐ the failure to establish admissibility subsequent to deferred inspection;
- ☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- ☒ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

**YOU ARE COMMANDED** to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

  
(Signature of Authorized Immigration Officer)

K 7250 [REDACTED] - SDDO

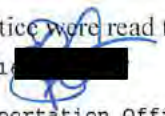
(Printed Name and Title of Authorized Immigration Officer)

**Certificate of Service**

I hereby certify that the Warrant for Arrest of Alien was served by me at Portland, Oregon  
(Location)

on M [REDACTED] - A [REDACTED], M [REDACTED] on October 30, 2025, and the contents of this  
(Name of Alien) (Date of Service)

notice were read to him or her in the SPANISH language.  
281 [REDACTED] (Language)

  
Deportation Officer

Name and Signature of Officer

none

Name or Number of Interpreter (if applicable)

Event No: P [REDACTED]

DEPARTMENT OF HOMELAND SECURITY

FINS #:

Subject ID: 40055450 NOTIFICACIÓN DE DERECHOS Y SOLICITUD DE RESOLUCIÓN

Nombre: M [REDACTED] M [REDACTED] - A [REDACTED]

Expediente No: [REDACTED] 902

## AVISO DE DERECHOS Y NOTIFICACIONES

Usted ha sido arrestado(a) porque los oficiales de inmigración creen que usted está en los Estados Unidos ilegalmente. Usted tiene el derecho a una audiencia ante la corte de inmigración para que se determine si puede permanecer en los Estados Unidos. Si usted pide una audiencia ante un juez de inmigración, podría permanecer detenido(a) o podría ser elegible para salir de la detención, ya sea con o sin el pago de una fianza.

Usted tiene el derecho de contactar a un abogado de inmigración u otro representante legal para que lo represente en sus audiencias, o para que le conteste cualquier pregunta concerniente a sus derechos legales en los Estados Unidos. El oficial que le ha dado esta notificación le proveerá una lista de servicios legales que podrían representarlo(a) de gratis o a bajo costo. Usted tiene el derecho de comunicarse con los oficiales consulares o diplomáticos de su país. Usted puede utilizar el teléfono para llamar a un abogado, otro representante legal o al oficial consular en cualquier momento antes de su salida de los Estados Unidos.

Como alternativa, usted puede pedir que lo devuelvan a su país lo más pronto posible, sin una audiencia. Si elige regresar a su país, usted podría perder la oportunidad de solicitar ciertos beneficios de inmigración o formas de prevenir la remoción que solamente están disponibles para las personas presentes en los Estados Unidos. Si elige regresar a su país, usted puede cambiar de idea y pedir una audiencia ante un juez en la corte de inmigración en cualquier momento antes de su salida de los Estados Unidos. Usted debe notificar inmediatamente a un oficial de inmigración si cambia de idea.

Si usted ha estado en los Estados Unidos sin estatus legal por un año o más y elige regresar a su país, usted no podrá regresar a los Estados Unidos legalmente por diez años, a no ser que obtenga una dispensa. Si usted ha estado en los Estados Unidos sin estatus legal por más de 180 días pero por menos de un año y elige regresar a su país, usted no podrá regresar a los Estados Unidos legalmente por tres años, a no ser que obtenga una dispensa. Usted puede solicitar una dispensa solamente si tiene un conyugue o un padre que es ciudadano o residente permanente legal de los Estados Unidos.

## SOLICITUD DE RESOLUCIÓN

\_\_\_\_\_  
Iniciales Solicito una audiencia ante la corte de inmigración que resuelva si puedo o no permanecer en los Estados Unidos.

\_\_\_\_\_  
Iniciales Considero que estaría en peligro si regreso a mi país. Mi caso se trasladará a la corte de inmigración para la celebración de una audiencia.

MJMA  
Iniciales Admito que estoy ilegalmente en los Estados Unidos, y no considero que estaría en peligro si regreso a mi país. Renuncio a mi derecho a una audiencia ante la corte de inmigración. Deseo regresar a mi país en [REDACTED] a disponer mi salida. Entiendo que pudiera permanecer detenido hasta mi salida.

Firma del Sujeto J.M.A.Fecha 10-30-25

## CERTIFICATION OF SERVICE

☒ Notice read by subject. M [REDACTED] M [REDACTED] - A [REDACTED] and☒ Notice read to subject by DO 2816 in the SPANISH language.

\_\_\_\_\_, 2816

Deportation Officer

Name of Immigration Officer (Print)

Name of Interpreter (Print) WokeSignature of Officer [Signature]

October 30, 2025 10:53 AM

Date and Time of Service

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |                                                                                                                                                                                            |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Family Name (CAPS)<br>M - A S, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | First                                                                                                                                                                                      | Middle                                |
| Country of Citizenship<br>MEXICO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Passport Number and Country of Issue<br>[REDACTED] 902                             |                                                                                                                                                                                            | Religious Beliefs                     |
| U.S. Address<br>1623 E J ST APT STE 5, TACOMA, WASHINGTON, 98421,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | Scars and Marks                                                                                                                                                                            |                                       |
| Date, Place, Time, and Manner of Last Entry<br>01/19/2025 Unknown Time, SYS, B2-Visitor For Pleasure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | Passenger Boarded at                                                                                                                                                                       |                                       |
| Number, Street, City, Province (State) and Country of Permanent Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                                                                                                                            |                                       |
| Date of Birth<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Age: 45                                                                            | Date of Action<br>10/30/2025                                                                                                                                                               | Location Code<br>POO/SEA              |
| City, Province (State) and Country of Birth<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AR <input checked="" type="checkbox"/>                                             | Form (Type and No.) Lified <input type="checkbox"/> Not Lified <input type="checkbox"/>                                                                                                    |                                       |
| NIV Issuing Post and NIV Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Social Security Account Name                                                       |                                                                                                                                                                                            |                                       |
| Date Visa Issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Social Security Number                                                             |                                                                                                                                                                                            |                                       |
| Immigration Record<br>NEGATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | Criminal Record                                                                                                                                                                            |                                       |
| Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | Number and Nationality of Minor Children<br>None                                                                                                                                           |                                       |
| Father's Name, Nationality, and Address, if Known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | Mother's Present and Maiden Names, Nationality, and Address, if Known                                                                                                                      |                                       |
| Monies Due/Property in U.S. Not in Immediate Possession<br>None Claimed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Systems Checks<br>See Narrative                                                                                                                                                            | Charge Code Words(s)<br>See Narrative |
| Name and Address of (Last/Current) U.S. Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type of Employment<br>See Narrative                                                | Salary<br>Hr                                                                                                                                                                               | Employed from/to                      |
| Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.)<br>FIN: 1180317086 Left Index fingerprint Right Index fingerprint<br>   |                                                                                    |                                                                                                                                                                                            |                                       |
| Subject Health Status<br>-----<br>The subject claims good health.<br>Current Administrative Charges<br>-----<br>10/30/2025 - 237a1B - NONIMMIGRANT OVERSTAY<br>RECORDS CHECKED ... (CONTINUED ON I-831)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                                                                                                                            |                                       |
| Alien has been advised of communication privileges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    | 2816 [REDACTED]<br>Deportation Officer<br>(Signature and Title of Immigration Officer)                                                                                                     |                                       |
| Distribution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | Received: (Subject and Documents) (Report of Interview)<br>Officer: 2816 [REDACTED]<br>on: October 30, 2025 (time)<br>Disposition: Voluntary Return<br>Examine Officer: [REDACTED], K 7250 |                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|
| Alien's Name<br>M [REDACTED] - A [REDACTED], M [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | File Number<br>[REDACTED] 902<br>Event No: F [REDACTED] | Date<br>10/30/2025 |
| -----<br>CIS Unk<br>EARM Unk<br>IAFIS Unk<br>NCIC Unk<br>TECS Unk<br><br>TYPE OF EMPLOYMENT<br>-----<br>Occupation Not Reported<br><br>Record of Deportable/Excludable Alien:<br>-----<br>The subject has displayed a blatant disregard for U.S. immigration law and the legal entry process. The individual's unauthorized entry into the United States constitutes a violation of the Immigration and Nationality Act (INA) and undermines the integrity of the nation's lawful immigration system. This conduct also presents a potential national security and public safety concern, as the President of the United States, through Proclamation 9844 (February 15, 2019), declared a National Emergency concerning the security of the southern border of the United States. The proclamation states that unlawful migration across U.S. borders constitutes a national emergency that threatens core national interests and endangers the safety of the American public. Unlawful entries of this nature directly challenge the United States Government's ability to secure its borders and protect the homeland from foreign terrorists, transnational criminal organizations, and other threats to national security and public safety. The subject's actions contribute to these ongoing national concerns and reflect a disregard for the immigration laws of the United States.<br><br>Alienage and Removability: The subject is not a citizen or national of the United States. The subject is a native of Mexico and a citizen of Mexico. The subject arrived in the United States at San Ysidro, California on January 19, 2025 with a B2 visa through March 21, 2025. The subject makes no claims to USC or LPR status.<br><br>Encounter:<br>M [REDACTED] S A [REDACTED], M [REDACTED] J [REDACTED] referred to as subject identified as being in the country as overstaying her visa. Subject was encountered by United States Immigration and Customs Enforcement, Enforcement and Removal Operations on October 30, 2025, in Woodburn, Oregon at 0535 as part of Operation Fortifying the Border. ICE officers walked up to the individual with clear markings and verbally identified themselves and did a consensual encounter. The subject proceeded to comply with commands and but would not give her ID or name. Subject was advised she was under arrest for immigration violations. After being fingerprinted subject was found to be a visa overstay.<br><br>Immigration History:<br>The subject was last admitted to the United States at San Ysidro, California on January 19, 2025 with a B2 visa through March 21, 2025.<br><br>Criminal History:<br>None<br><br>The subject claims and appears to be in good health. When asked, the subject stated that he does not take any medications. Finally, the subject states that he has no other history of medical conditions.<br>The subject states that she is single and her two adult children are in Mexico. |                                                         |                    |
| Signature<br>2816 [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title<br>Deportation Officer                            |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|
| Alien's Name<br>M [REDACTED] - A [REDACTED], M [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                   | File Number<br>[REDACTED] 902<br>Event No: [REDACTED] | Date<br>10/30/2025 |
| <p>The subject claims no fear of returning to Mexico.<br/>The subject was advised of the right to contact the Consulate of Mexico.<br/>The subject requested to be returned to Mexico as soon as possible.<br/>The subject was issued an I-826 requesting a VR.<br/>The subject does not have any telephone numbers to call.<br/>The subject does not have an attorney.<br/>Detention, arrest, and transport not conducted by signator.</p> <p>Other Identifying Numbers<br/>-----<br/>ALIEN [REDACTED]</p> |                                                       |                    |
| Signature<br>2816 [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title<br>Deportation Officer                          |                    |

3 of 3 Pages

A#: BCCLanguage: SpanishProperty Tag: 3475451**U.S. Department of Homeland Security  
Immigration and Customs Enforcement****Record of Deportable / Inadmissible Alien**

|                                                                                               |                                                                       |                                                                                                                      |                                       |                                                                                                                                            |                                        |                                                                                                                                           |                        |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Family Name: <u>M [REDACTED] A [REDACTED]</u>                                                 |                                                                       | First: <u>M [REDACTED]</u>                                                                                           | Middle: <u>J [REDACTED]</u>           | Sex: <u>F</u>                                                                                                                              | Hair: <u>BLK</u>                       | Eyes: <u>BRO</u>                                                                                                                          | Complexion: <u>MED</u> |
| Country of Citizenship: <u>[REDACTED]</u>                                                     | Passport No. & Country of Issuance: <u>[REDACTED]</u>                 | File Number: <u>[REDACTED]</u>                                                                                       |                                       | Height: <u>[REDACTED]</u>                                                                                                                  | Weight: <u>[REDACTED]</u>              | Occupation: <u>[REDACTED]</u>                                                                                                             |                        |
| HOME U.S. Address: <u>[REDACTED]</u>                                                          |                                                                       |                                                                                                                      |                                       | Scars and Marks: <u>[REDACTED]</u>                                                                                                         |                                        |                                                                                                                                           |                        |
| Date, Place, Time, Manner of Last Entry: <u>9/2024</u>                                        |                                                                       |                                                                                                                      |                                       | F.B.I. Number: <u>[REDACTED]</u>                                                                                                           |                                        | <input type="checkbox"/> Single<br><input type="checkbox"/> Divorced <input type="checkbox"/> Married<br><input type="checkbox"/> Widower |                        |
| Number, Street, City, Province, (State) and Country of Permanent Residence: <u>[REDACTED]</u> |                                                                       |                                                                                                                      |                                       | Method of Location / Apprehension: <u>[REDACTED]</u>                                                                                       |                                        |                                                                                                                                           |                        |
| Date of Birth: <u>[REDACTED]</u>                                                              | Date of Action: <u>[REDACTED]</u>                                     | Location Code: POO/POO                                                                                               |                                       | At/Near: <u>Woodburn, OR</u>                                                                                                               |                                        | Date of Interview: <u>10/30/25</u>                                                                                                        |                        |
| City, Province, (State) and Country of Birth: <u>Mexico</u>                                   |                                                                       | Detainer Placed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |                                       | Interviewing Agent: <u>J [REDACTED] B [REDACTED]</u>                                                                                       |                                        |                                                                                                                                           |                        |
| Visa issued At - NIV No. <u>BCC expired 1/20/25</u>                                           |                                                                       | Social Security Account Name: <u>[REDACTED]</u>                                                                      |                                       | Status at Entry: <u>BCC</u>                                                                                                                |                                        | Status When Found: <u>Overstay</u>                                                                                                        |                        |
| Date Visa Issued: <u>I-94 exp. 3/21/25</u>                                                    |                                                                       | Social Security Number: <u>[REDACTED]</u>                                                                            |                                       | Length of Time Illegally in U.S. <u>[REDACTED]</u>                                                                                         |                                        |                                                                                                                                           |                        |
| Immigration Record: <u>Overstay</u>                                                           |                                                                       | Criminal Record: <u>N/A</u>                                                                                          |                                       |                                                                                                                                            |                                        |                                                                                                                                           |                        |
| Name, Address and Nationality of Spouse (Maiden Name, if appropriate): <u>[REDACTED]</u>      |                                                                       |                                                                                                                      |                                       | Number and Nationality of Minor Children: <u>[REDACTED]</u>                                                                                |                                        |                                                                                                                                           |                        |
| Father's Name and Nationality: <u>[REDACTED]</u>                                              |                                                                       | DOB: <u>[REDACTED]</u><br>LIVING: YES OR NO                                                                          |                                       | Mother's Name and Nationality: <u>[REDACTED]</u>                                                                                           |                                        | DOB: <u>[REDACTED]</u><br>LIVING: YES OR NO                                                                                               |                        |
| Monies Due / Property in U.S.: <u>None</u>                                                    | Fingerprint: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                      | ICE Systems Checks: <u>[REDACTED]</u> |                                                                                                                                            | Charge Code Word(s): <u>[REDACTED]</u> |                                                                                                                                           |                        |
| Name & Address of Last U.S. Employer: <u>[REDACTED]</u>                                       | Type of Employment: <u>[REDACTED]</u>                                 |                                                                                                                      | Salary: <u>[REDACTED]</u>             |                                                                                                                                            | Employed from: <u>[REDACTED]</u>       |                                                                                                                                           | To: <u>[REDACTED]</u>  |
| ARREST TEAM #: <u>7</u>                                                                       |                                                                       |                                                                                                                      |                                       | Prior Deport: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                          |                                        |                                                                                                                                           |                        |
| ARRESTING AGENTS/OFFICERS: <u>J [REDACTED] B [REDACTED] J [REDACTED] A [REDACTED]</u>         |                                                                       |                                                                                                                      |                                       | V/R: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                   |                                        |                                                                                                                                           |                        |
| FULL CORRECT ARREST ADDRESS/LOCATION: <u>101 Front St, Woodburn, OR</u>                       |                                                                       |                                                                                                                      |                                       | Petitions Pending: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                     |                                        |                                                                                                                                           |                        |
| PRIMARY CARE GIVER OF A MINOR:<br>YES: <u>[REDACTED]</u> / NO: <u>[REDACTED]</u>              |                                                                       |                                                                                                                      |                                       | U.S. Military: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                         |                                        |                                                                                                                                           |                        |
| NAME OF CAREGIVER: <u>[REDACTED]</u>                                                          |                                                                       |                                                                                                                      |                                       | Claims Fear: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                           |                                        |                                                                                                                                           |                        |
| Medical Issues or Medication: <u>[REDACTED]</u>                                               |                                                                       |                                                                                                                      |                                       | Claims USC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><small>* Derive/Naturalized or Born in the U.S?</small> |                                        |                                                                                                                                           |                        |
| Gang: <u>[REDACTED]</u>                                                                       |                                                                       |                                                                                                                      |                                       |                                                                                                                                            |                                        |                                                                                                                                           |                        |
| CREATE FILE?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                      |                                                                       | Supervisor Approval by & Initials:<br>Name: <u>[REDACTED]</u> Initials: <u>[REDACTED]</u><br>Date: <u>[REDACTED]</u> |                                       | Agent / Officer<br>Signature and Title of DHS Agent / Officer: <u>[REDACTED]</u>                                                           |                                        |                                                                                                                                           |                        |
| VR                                                                                            | NTA                                                                   | ADMIN                                                                                                                | REINSTATE                             | OSUP                                                                                                                                       | MTR                                    | STIP (Note: Fill out STIP questionnaire)                                                                                                  |                        |
| Distribution: <u>[REDACTED]</u>                                                               |                                                                       |                                                                                                                      |                                       |                                                                                                                                            |                                        |                                                                                                                                           |                        |
| TARGETED: <u>[REDACTED]</u> / COLLATERAL: <u>[REDACTED]</u>                                   |                                                                       |                                                                                                                      |                                       |                                                                                                                                            |                                        |                                                                                                                                           |                        |

Scratch I-213 (Rev. 5/26/2010)

SEND ENCOUNTER TO [REDACTED] @ice.d[REDACTED] @ice.dPart II BAGGAGE CHECK  
AH B2 Overstay, needs Issued AH3475454