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| SISTEMA NACIONAL DE SEGURIDAD PUBLICA  Resultado de imagen para escudo nacional mexicano | NUMERO DE REFERENCIA   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **${EDO0}** | **${EDO1}** | **${INST0}** | **${INST1}** | **${GOB0}** | **${GOB1}** | **${MPIO0}** | **${MPIO1}** | **${MPIO2}** | **${DD0}** | **${DD1}** | **${MM0}** | **${MM1}** | **${AAAA0}** | **${AAAA1}** | **${AAAA2}** | **${AAAA3}** | **${HH0}** | **${HH1}** | **${MM20}** | **${MM21}** | | **EDO** | | **INST** | | **GOB** | | **MPIO** | | | **D** | **D** | **M** | **M** | **A** | **A** | **A** | **A** | **H** | **H** | **M** | **M** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NO DE FOLIO ASIGNADO POR EL SISTEMA** | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

**VERSION: CNSP**

**INFORME POLICIAL HOMOLOGADO (IPH )**

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| **HECHO PROBABLEMENTE DELICTIVO** |

**SECCION 1.- PUESTA A DISPOSICIÓN**

|  |  |  |
| --- | --- | --- |
| **Apartado 1.1 Fecha y Hora de la Puesta a disposición** | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **FECHA:** | **${Fecha0}** | **${Fecha1}** | **${Fecha2}** | **${Fecha3}** | **${Fecha4}** | **${Fecha5}** | **${Fecha6}** | **${Fecha7}** | |  | **D** | **D** | **M** | **M** | **A** | **A** | **A** | **A** | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **HORA:** | **${Hora0}** | **${Hora1}** | **:** | **${Hora2}** | **${Hora3}** | **(24 HRS.)** | |  | **H** | **H** |  | **M** | **M** |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NO..**  **EXPEDIENTE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Señale con una “X” el o los Anexos entregados e indique la cantidad de cada uno de ellos (solo entregue los Anexos utilizados).** | | |
|  | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Anexo A.-** Detenciones | **${AnexoA}** |  | **${AnexoA0}** | **${AnexoA1}** | **${AnexoA2}** |  | **Anexo E.** Entrevistas | **${AnexoE}** |  | **${AnexoE0}** | **${AnexoE1}** | | **${AnexoE2}** | |  | | |  |  |  |  |  |  | |  |  |  |  | |  | |  | | | **Anexo B.** Informe del uso de la fuerza | **${AnexoB}** |  | **${AnexoB0}** | **${AnexoB1}** | **${AnexoB2}** |  | **Anexo F.** Entrega | **${AnexoF}** |  | **${AnexoF0}** | **${AnexoF1}** | | **${AnexoF2}** | |  | | |  |  |  |  |  |  | |  |  |  |  | |  | |  | | | **Anexo c.** Inspecciones de Vehículo | **${AnexoC}** |  | **${AnexoC0}** | **${AnexoC1}** | **${AnexoC2}** |  | **Anexo G.** Continuación de la narrativa de los hechos y/o  Entrevista | **${AnexoG}** |  | **${AnexoG0}** | **${AnexoG1}** | | **${AnexoG2}** | |  | | |  |  |  |  |  |  | |  |  |  |  | |  | |  | | | **Anexo D.** Inventario de armas y objetos | **${AnexoD}** |  | **${AnexoD0}** | **${AnexoD1}** | **${AnexoD2}** |  | **No se entregan anexos** | ${Anexos} |  |  |  | |  | |  | | |  |  |  |  |  | |  |  |  | |  | |  | | |  |  |  |  |  |  | |  |  |  |  | |  | |  | | | | |
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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ¿Anexa documentación complementaria (fotografía, Videografía y otra) | Si | **${AnexaDocTrue}** |  | (señale con una “X” el tipo de documentación) |  |  | |  | | | |  | |  |  | FOTOGRAFÍAS | |  |  | |  | |  |  | VIDEOS | |  |  | |  | |  |  | AUDIO | |  |  | |  | |  |  | CERTIFICADOR MEDICOS | |  |  | | No | **${AnexaDocFalse}** |  |  | OTRA (especifique) | | | | |  | |  |  | |  | | | | | |
|  | | |
| **Datos de quien realiza la puesta a disposición** | | |
| |  |  | | --- | --- | | **Apellido Paterno:** |  | | **Apellido materno:** |  | | **Nombre (s):** |  | | **Adscripción:** |  | | **Grado y/o cargo:** |  | | | |
| **Fiscal / Autoridad que recibe la puesta a disposición** | | |
| |  |  | | --- | --- | | **Apellido Paterno:** |  | | **Apellido materno:** |  | | **Nombre (s):** |  | | **Adscripción:** |  | | **Grado y/o cargo:** |  | | | |
| **Sello de la Institución / autoridad que recibe el formato IPH** | | |

**SECCION 2: PRIMER RESPONDIENTE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apartado 2.1 Datos de Identificación** | | | | | | | | |
| Anote los datos de identificación. Empezando por el primer y segundo apellido, así como los nombre (s) | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  | **Primer Apellido** |  |  | **Segundo Apellido** |  |  | **Nombre (s)** |  |
| **Seleccione con una “X” la institución a la que pertenece**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  | **Policía Ministerial** |  | |  |  |  |  |  | |  | **Guardia Nacional** |  | **Policía Mando Único** |  | |  |  |  |  |  | |  | **Policía Federal Ministerial** |  | **Policía Estatal** |  | |  |  |  |  |  | |  |  |  | **Policía Municipal** |  | |  |  |  |  |  | |  |  | **Otra autoridad:** | |  | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **¿Cuál es su Grado o cargo?** |  | | | | | | |  |  | |  |  | | | | | | |  |  | | **¿En que unidad arribo al lugar de intervención?** |  | | | | | | | **No aplica** |  | |  |  | | | | | | |  |  | | **¿Arribo más de un elemento al lugar de la intervención?** | **Si** |  | **¿Cuántos?** |  |  |  | *(001, 002, …, 010, …..)* | **No** |  | | | | | | | | | |

**SECCION 3. CONOCIMIENTO DEL HECHO Y SEGUIMIENTO DE LA ACTUACION DE LA AUTORIDAD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apartado 3.1 conocimiento del hecho por el primer respondiente** | | | | | | | | | | | | | | | | | | | | | | | |
| **¿Cómo se enteró del hecho?**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Denuncia** |  |  | | | **Flagrancia** | | | | | |  |  | | **Localización** | | | | | |  |  | | **Mandamiento judicial** | | | |  | |  |  |  | | |  | | | | | |  |  | |  | | | | | |  |  | |  | | | |  | | **Llamada de emergencia** |  |  | | | **Descubrimiento** | | | | | |  |  | | **Descubrimiento** | | | | | |  |  | |  | | | |  | |  |  |  | | |  | | | | | |  |  | |  | | | | | |  |  | |  | | | |  | | **911 no.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *Solo en caso de contar con él* |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado 3.2 Seguimiento de la actuación de la autoridad** | | | | | | | | | | | | | | | | | | | | | | | |
| **Indique fecha y hora en cada recuadro** | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Conocimiento del hecho** | | | | | | | | | |  |  | **Arribo al lugar** | | | | | | | | | |  |
|  | **Fecha:** |  |  |  |  |  |  |  |  |  |  |  | **Fecha:** |  |  |  |  |  |  |  |  |  |  |
|  |  | **D** | **D** | **M** | **M** | **A** | **A** | **A** | **A** |  |  |  |  | **D** | **D** | **M** | **M** | **A** | **A** | **A** | **A** |  |  |
|  | **Hora:** |  |  |  |  |  | **(24 horas)** | | | |  |  | **Hora:** |  |  |  |  |  | **(24 horas)** | | | |  |
|  |  | **H** | **H** |  | **M** | **M** |  | | | |  |  |  | **H** | **H** |  | **M** | **M** |  | | | |  |
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**SECCION 4. LUGAR DE LA INTERVENCIÓN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apartado 4.1 Ubicación geográfica** | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Calle / Tramo carretero: |  | | | | | |  |  | | | | | | No. Exterior: |  | *No. Interior:* |  | *Código Postal:* |  | |  |  | | | | | | Colonia / Localidad: |  | | | | | |  |  | | | | | | Municipio / Demarcación territorial: |  | | | | | |  |  | | | | | | Entidad federativa: |  | | | | | |  |  | | | | | | Referencias: |  | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | | | | |
| **Anote las coordenadas geográficas** | **Latitud:** |  |  | **:** |  |  |  |  |  |  |  | **Longitud:** |  |  | **:** |  |  |  |  |  |  |  |
| **(aproximadas):** |  | | | | | | | | | | |  | | | | | | | | | | |

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| Croquis del lugar | | | | | | | | | | | | |
| Es necesario establecer medidas aproximadas y colindancias. Para mayor precisión señalar entre que vialidades se encuentra el lugar, así como una representación gráfica (dibujos) de los elementos que permiten referenciar el lugar, rasgos naturales (árboles, cerros, ríos) o culturales (edificaciones) que aporten información adicional para facilitar la ubicación del domicilio geográfico.  Resultado de imagen para estrella del norte | | | | | | | | | | | | |
| **Apartado 4.2 Inspección del lugar** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ¿Realizo Inspección del lugar? | | | | | Si |  |  | | | No |  |  |
|  | | | | |  |  |  | | |  |  |  |
| Al momento de realizar la inspección del lugar, ¿encontró algún objeto relacionado con los hechos? | | | | | Si |  | Llene el Anexo D | | | No |  |  |
|  | | | | |  |  |  | | |  |  |  |
| ¿Preservó el lugar de la intervención? | | | | | Si |  |  | | | No |  |  |
|  | | | | |  |  |  | | |  |  |  |
| ¿Llevo a cabo la priorización en el lugar de la intervención? | | | | | Si |  |  | | | No |  |  |
|  | | | | |  |  |  | | |  |  |  |
| Tipo de riesgo presentado: | | Sociales |  | Naturales | | | |  |  | | |  |
|  | |  |  |  | | | |  |  | | |  |
| Especifique: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**SECCIÓN 5. NARRATIVA DE LOS HECHOS**

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| --- |
| ***Apartado 5.1 Descripción de los hechos y actuación de la autoridad*** |
| Relate cronológicamente las acciones realizadas durante su intervención desde el conocimiento del hecho hasta la puesta a disposición. En su caso explique las circunstancias de modo, tiempo y lugar que motivaron cada uno de los niveles de contacto y la detención. Tome como base las siguientes preguntas *¿Quién? (persona), ¿Qué? (hechos), ¿Comó? (circunstancias), ¿Cuándo? (tiempo), ¿Dónde? (Lugar), ¿Para qué? (circunstancias) y ¿Por qué? (circunstancias)*  **IPH: 2769/2020/2**  *De ser necesario puede continuar la narración en el (anexo G)* |

**ANEXO A. DETENCION(ES)**

**Llene este anexo por cada persona detenida.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Persona detenida:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | *( 001, 002, …, 010, …)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Numero de detención (RND):* | | | | | | | | | | | | | | | |  | |  | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | |  | | |  | | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | | **\*Sexto transitorio de la Ley Nacional del Registro de Detenciones** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Apartado A.1 Fecha y hora de detención.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Fecha:** | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | | | | | | | | **Hora:** | | | | | | | | | | | | | | | | |  | | |  | | | | | | | **:** | | | | |  | |  | | | | | | | *(24 horas)* | | | | | | | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | **D** | | | **D** | | | | **M** | | | | **M** | | | | **A** | | | | **A** | | | | **A** | | | | **A** | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **H** | | | **H** | | | | | | |  | | | | | **M** | | **M** | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado A.2 Datos generales de la persona detenida** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **Primer Apellido** | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | **Segundo Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | **Nombre (s)** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Apodo o alias:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Domicilio de la persona detenida** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Describa brevemente a la persona detenida, incluyendo señas particulares visibles, por ejemplo: barba, tatuajes, cicatrices, lunares, lesiones, bigote u otra y el tipo de vestimenta.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **¿La persona detenida presenta lesiones Visibles?** | **Sí** |  |  | **No** |  |  | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | **¿Manifiesta tener algún padecimiento?** | **Si** |  |  | *¿Cuál?* | | |  | | | | *No* |  |  | |  | | | | | | | | | | | | | | | **¿La persona detenida se identificó como miembro de algún grupo vulnerable?** | | | | | | **Si** | |  | *¿Cuál?* |  | *No* |  |  | |  | | | | | | | | | | | | | | | **¿La persona detenida se identificó como miembro de algún grupo delictivo?** | | | | | | **Si** | |  | *¿Cuál?* |  | *No* |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado A.3 Datos del familiar o persona de confianza señalado por la persona detenida** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **Primer Apellido** | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | **Segundo Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | **Nombre (s)** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | | | **No. telefónico:** | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | | | | | |  | | | | | |  | |  | | | | |  | | |  | | | |  | | |  | | |  | | | | **No proporcionado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | |
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| **Apartado A.4 Constancia de Lectura de derechos de la persona detenida** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Artículo 20 apartado “B” de la Constitución Política de los Estados Unidos Mexicanos y artículo 152 del Código Nacional de Procedimientos Penales.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Informe a la persona detenida*:   1. Usted tiene derecho a saber el motivo de su detención. 2. Tiene derecho a guardar silencio. 3. Tiene derecho a declarar, y en caso de hacerlo, lo hará asistido de su defensor ante la autoridad competente. 4. Tiene derecho a ser asistido por un defensor, si no quiere o no puede hacerlo, le será designado un defensor público. 5. Tiene derecho a hacer del conocimiento a un familiar o persona que desee, los hechos de su detención y el lugar de custodia en que se halle en cada momento. 6. Usted es considerado inocente desde este momento hasta que se determine lo contrario. 7. En caso de ser extranjero, tiene derecho a que el consulado de su país sea notificado de su detención. 8. Tiene derecho a un traductor o intérprete, el cual le será proporcionado por el Estado. 9. Tiene derecho a ser presentado ante el Ministerio Público o ante el Juez de control, según sea el caso, inmediatamente después de ser detenido o aprehendido.   **Si la persona detenida es un adolescente, infórmele también:**   1. Usted tiene derecho a permanecer en un lugar distinto al de los adultos. 2. Usted tiene derecho a un trato digno y de conformidad con su condición de adolescente. 3. Usted tiene derecho a que la autoridad informe sobre su detención a la procuraduría federal o local de protección de niñas, niños y adolescentes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *¿Le informó sus derechos a la persona detenida?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Si* | | | | | | | | | | |  | | | | | *No* | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | |
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| **Firma / Huella de la persona detenida: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado A.5 Inspección de la persona detenida** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Al momento de realizar la inspección a la persona detenida,** ¿Le Encontró algún objeto relacionado con los hechos? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Sí | | | | | |  | Llene el Anexo D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **¿Recolecto pertenencias de la persona detenida?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Si** | | | | | | | | | | | | | |  | | | | **Complete el siguiente cuadro** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No** | | | | | |  | | |  | | | | | | | | | | | | | |
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| |  |  |  | | --- | --- | --- | |  | pertenencia | descripción | | 1.- |  |  | | 2.- |  |  | | 3.- |  |  | | 4.- |  |  | | 5.- |  |  | | 6.- |  |  | | 7.- |  |  | | 8.- |  |  | | 9.- |  |  | | 10.- |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **¿El lugar de la detención es el mismo que el de la intervención?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Si** | | | | | | |  | | *NO* | | | | | | | |  | | | | *Indique la dirección.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **Apartado A.6 Datos del lugar de la detención** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Calle / Tramo carretero: |  | | | | | |  |  | | | | | | No. Exterior: |  | *No. Interior:* |  | *Código Postal:* |  | |  |  | | | | | | Colonia / Localidad: |  | | | | | |  |  | | | | | | Municipio / Demarcación territorial: |  | | | | | |  |  | | | | | | Entidad federativa: |  | | | | | |  |  | | | | | | Referencias: |  | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado A.7 Datos del lugar del traslado de la persona detenida** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lugar de traslado:**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | **Fiscalía / Agencia** |  |  | **Hospital** |  |  | **Otra dependencia** |  | |  |  |  |  |  |  |  |  |  |  |  | | **¿Cuál?** |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Observaciones relacionadas con la detención** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describa brevemente la ruta y el medio de traslado desde el lugar de la detención hasta la puesta a disposición, asi como la razón de posibles demoras. Incluya cualquier otra observación que considere relevante. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado A.8 datos del primer respondiente que realizo la detención** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | **Segundo Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | **Nombre (s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Adscripción:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Cargo / grado:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Firma:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | **Segundo Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | **Nombre (s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Adscripción:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Cargo / grado:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Firma:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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**ANEXO B. INFORME DEL USO DE LA FUERZA**

**Llene este Anexo sólo en caso de lesionados y/o fallecidos con motivo del uso de la fuerza.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apartado B.1 Niveles del uso de la fuerza** | | | | | | | | | | | | | | | | | | | | | | |
| Indique cuántos:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **Autoridad** | | | |  |  | **Persona** | | | |  | |  | | | | | | | | | | | | | | Lesionados: |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | | | | | | | | | | | Fallecidos: |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | Seleccione con una “X” según corresponda:   |  |  | | --- | --- | | Reducción física de movimientos: |  | |  |  | | Utilización de armas incapacitantes menos letales |  | |  |  | | Utilización de armas de fuego o fuerza letal. |  | | | | | | | | | | | |
| **Describa las conductas (resistencia activa y de alta peligrosidad) que motivaron el uso de la fuerza:** | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **¿Brindó o solicitó asistencia médica?** | **Si** |  | **No** |  |  |   **Explique:** | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado B.2 datos del primer respondiente que realizó el informe del uso de la fuerza, sólo si es diferente a quien firmo la puesta a disposición** | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | |  | |  | | **Segundo Apellido** | | | | |  | |  | | **Nombre (s)** | | | |  | |
|  |  | | |  | |  | |  | | | | |  | |  | |  | | | |  | |
| **Adscripción:** | |  | | | | **Cargo / grado:** | | | |  | | | | | **Firma:** | | | |  | | | |
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|  | **Primer Apellido** | | | |  | |  | | **Segundo Apellido** | | | | |  | |  | | **Nombre (s)** | | | |  |
|  |  | | | |  | |  | |  | | | | |  | |  | |  | | | |  |
| **Adscripción:** | | |  | | | | **Cargo / grado:** | | | |  | | | | | **Firma:** | | | |  | | |
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**ANEXO C. INSPECCION DE VEHICULO.**

**Llene este anexo por cada vehículo inspeccionado.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Vehículo:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | *( 001, 002, …, 010, …)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Apartado C.1 Fecha y hora de la inspección..** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coloque la fecha y la hora en que realizo la inspección.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Fecha:** | | | | | | |  | | |  |  | | |  |  | | |  | | |  |  |  | | | | **Hora:** | | | |  | | |  |  |  | |  | | *(24 horas)* | | |  | | |
|  | |  | | | | | | | **D** | | | **D** | **M** | | | **M** | **A** | | | **A** | | | **A** | **A** |  | | | |  | | | | **H** | | | **H** |  | **M** | | **M** | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado C.2 Datos generales del vehículo inspeccionado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Procedencia:** | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Terrestre |  | Acuático |  | Aéreo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Nacional |  | Extranjero | | | | | | | | | | | | | | | | | | | | |
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| **Apartado C.3 Objetos encontrados en el vehículo inspeccionado.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Encontró objetos relacionados con los hechos? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí |  | | (Llene el Anexo D) | | | | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |
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| **Apartado C. 4 datos del primer respondiente que realizó la inspección, sólo si es diferente a quien firmó la puesta a disposición.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | | | | | | | | |  | | | |  | | | **Segundo Apellido** | | | | | | | | |  | |  | | **Nombre (s)** | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | |  | | | |  | | |  | | | | | | | | |  | |  | |  | | | | | | | | | | | |  | |
| **Adscripción:** | | | |  | | | | | | | | | | | | | | **Cargo / grado:** | | | | | | | |  | | | | | | **Firma:** | | | | | |  | | | | | | | | | |
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|  | **Primer Apellido** | | | | | | | | | | | | | |  | | | |  | | | **Segundo Apellido** | | | | | | | | |  | |  | | **Nombre (s)** | | | | | | | | | | | |  |
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| **Adscripción:** | | | | |  | | | | | | | | | | | | | | **Cargo / grado:** | | | | | | | |  | | | | | | **Firma:** | | | | | |  | | | | | | | | |
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**ANEXO D. INVENTARIO DE ARMAS Y OBJETOS**

**Llene tantas veces como sea necesario este Anexo.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apartado D.1 registro de armas de fuego.** | | | | | | | | | | | | | | | | | | |
| **Armas de fuego:** | |  | | | | | | | | | | | | | | | | |
|  | |  |  | *( 001, 002, …, 010, …)* | | | | | | | | | |  | | |
|  | |  |  |  | | | | | | | | | |  | | |
| Seleccione con una “X” si se trata de aportación o inspección, según corresponda.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Aportación: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | Inspección: |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | Lugar |  | persona |  | vehículo |  | ¿Dónde se encuentro el arma? |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Tipo de arma:** |  | | | | | | | | | | **Calibre:** |  | | | **Color:** | | | | | | | |  | | | |  | | | | | | | |  |  | | | | | | | | | |  |  | | |  | | | | | | | |  | | | |  | | | | | | | |  | **Corta** | | | | |  | | | **Larga** | | |  | | |  | | | | | | | |  | | | |  | | | | | | | |  |  | | | | |  | | | |  | |  | | |  | | | | | | | |  | | | |  | | | | | | | | **Matricula:** |  |  |  |  |  | |  |  | | **No de serie:** | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Observaciones (de ser el caso, señale además, características, marcas, cargadores y cartuchos):**  **Destino que se le dio:** | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  |  | | |  | | |  |
| **Anote el nombre y firma de la persona a la que se le aseguró el arma:** | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | |  | **Firma** | | |  | |
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| **En caso de que la persona a la que se le aseguró el arma no acceda a firmar, anote nombre y firma de dos testigos** | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | |  | **Firma** | | |  | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | |  | **Firma** | | |  | |
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| **Armas de fuego:** | |  | | | | | | | | | | | | | | | | |
|  | |  |  | *( 001, 002, …, 010, …)* | | | | | | | | | |  | | |
|  | |  |  |  | | | | | | | | | |  | | |
| Seleccione con una “X” si se trata de aportación o inspección, según corresponda.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Aportación: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | Inspección: |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | Lugar |  | persona |  | vehículo |  | ¿Dónde se encuentro el arma? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Tipo de arma:** |  | | | | | | | | | | **Calibre:** |  | | | **Color:** | | | | | | | |  | | | |  | | | | | | | |  |  | | | | | | | | | |  |  | | |  | | | | | | | |  | | | |  | | | | | | | |  | **Corta** | | | | |  | | | **Larga** | | |  | | |  | | | | | | | |  | | | |  | | | | | | | |  |  | | | | |  | | | |  | |  | | |  | | | | | | | |  | | | |  | | | | | | | | **Matricula:** |  |  |  |  |  | |  |  | | **No de serie:** | |  |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Observaciones (de ser el caso, señale además, características, marcas, cargadores y cartuchos):**  **Destino que se le dio:** | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  |  | | |  | | |  |
| **Anote el nombre y firma de la persona a la que se le aseguró el arma:** | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | |  | **Firma** | | |  | |
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|  | | |  | | | | | | | |  |  | | |  | | |  |
| **En caso de que la persona a la que se le aseguró el arma no acceda a firmar, anote nombre y firma de dos testigos** | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  |  |  |  | | |  |  | | |  | |
|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | |  | **Firma** | | |  | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | |  | **Firma** | | |  | |
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| **Apartado D. 2 datos del primer respondiente que realizó la recolección y/o aseguramiento de la o las armas, sólo si es diferente a quien firmó la puesta a disposición.** | | | | | | | | | | | |
|  |  | |  |  |  | |  |  |  | |  |
|  | **Primer Apellido** | |  |  | **Segundo Apellido** | |  |  | **Nombre (s)** | |  |
|  |  | |  |  |  | |  |  |  | |  |
| **Adscripción:** | |  | | **Cargo / grado:** | |  | | **Firma:** | |  | |
|  |  | |  |  |  | |  |  |  | |  |

**NOTA. Este Anexo no sustituye la cadena de custodia, la cual deberá ser debidamente requisitada.**

**ANEXO D. INVENTARIO DE ARMAS Y OBJETOS**

**Llene tantas veces como sea necesario este Anexo.**

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| **Apartado D.3 registro de objetos recolectados y/o asegurados relacionados con el hecho probablemente delictivo.** | | | | | | | | | | | | | | | | | | | |
| **Objeto:** | |  | | | | | | | | | | | | | | | | | |
|  | |  |  | *( 001, 002, …, 010, …)* | | | | | | | | | | |  | | |
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| **¿Qué encontró? (apariencia de):**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Narcótico** |  | **Hidrocarburo** |  | **Numerario** |  | **Otro:** |  | | | | | | | | | | | | | | | | | | | | |
| Seleccione con una “X” si se trata de aportación o inspección, según corresponda.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Aportación: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | Inspección: |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | Lugar |  | persona |  | vehículo |  | ¿Dónde se encuentro el objeto? |  | | | | | | | | | | | | | | | | | | | | |
| **Brevemente descripción del objeto:** | | | | | | | | | | | | **Destino que se le dio:** | | | | | | | |
| **Anote el nombre y firma de la persona a la que se le aseguró el objeto:** | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | | |  | **Firma** | | |  | |
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| **En caso de que la persona a la que se le aseguró el objeto no acceda a firmar, anote nombre y firma de dos testigos** | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | | |  | **Firma** | | |  | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | | |  | **Firma** | | |  | |
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| **Objeto:** | |  | | | | | | | | | | | | | | | | | |
|  | |  |  | *( 001, 002, …, 010, …)* | | | | | | | | | | |  | | |
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| **¿Qué encontró? (apariencia de):**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Narcótico** |  | **Hidrocarburo** |  | **Numerario** |  | **Otro:** |  | | | | | | | | | | | | | | | | | | | | |
| Seleccione con una “X” si se trata de aportación o inspección, según corresponda.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Aportación: |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | Inspección: |  | |  | | --- | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | Lugar |  | persona |  | vehículo |  | ¿Dónde se encuentro el objeto? |  | | | | | | | | | | | | | | | | | | | | |
| **Brevemente descripción del objeto:** | | | | | | | | | | | | **Destino que se le dio:** | | | | | | | |
| **Anote el nombre y firma de la persona a la que se le aseguró el objeto:** | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | | |  | **Firma** | | |  | |
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| **En caso de que la persona a la que se le aseguró el objeto no acceda a firmar, anote nombre y firma de dos testigos** | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | | |  | **Firma** | | |  | |
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|  | **Primer Apellido** | | | | | |  | **Segundo apellido** |  | **Nombre** | | | |  | **Firma** | | |  | |
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| **Apartado D. 4 datos del primer respondiente que realizó la recolección y/o aseguramiento del o los objetos, sólo si es diferente a quien firmó la puesta a disposición.** | | | | | | | | | | | |
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|  | **Primer Apellido** | |  |  | **Segundo Apellido** | |  |  | **Nombre (s)** | |  |
|  |  | |  |  |  | |  |  |  | |  |
| **Adscripción:** | |  | | **Cargo / grado:** | |  | | **Firma:** | |  | |
|  |  | |  |  |  | |  |  |  | |  |

**NOTA. Este Anexo no sustituye la cadena de custodia, la cual deberá ser debidamente requisitada.**

**Llene tantas veces como sea necesario este Anexo.**

**ANEXO E. ENTREVISTAS.**

**Llene este anexo por cada persona entrevistada.**

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| **Persona Entrevistada:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | *( 001, 002, …, 010, …)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *¿Desea reservar sus dador?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Apartado E.1 Fecha y hora del lugar de la entrevista.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coloque la fecha y la hora en que realizo la entrevista.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Fecha:** | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | **Hora:** | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | **:** | | | |  | | | | |  | | | *(24 horas)* | | | | | |  | | | | | | | | |
|  | |  | | | | | | | | | | | | | **D** | | | | | **D** | | | | | **M** | | | | | | **M** | | | | | | | | | | **A** | | | | | | **A** | | | | | | | **A** | | | | **A** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **H** | | | | | **H** | | | |  | | | | **M** | | | | | **M** | | |  | | | | | |  | | | | | | | | |
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| **Apartado E. 2 Datos generales.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | **Segundo Apellido** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | **Nombre (s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| Indique según corresponda: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calidad: | | | | | | | Victima u ofendido | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Denunciante | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Testigo | | | | | | | | | | | | | | | |  | | | | | Otro | | | | | | | | | | | | | | | | | | | | | |  | | | | | Especifique: | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
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| **Nacionalidad** | | | | | | | | | | | | | **Mexicana** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Extranjera** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | **¿Cual?** | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
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| **Sexo:** | | | | | **Mujer** | | | | |  | | | | | | **Hombre** | | | | | | | | | | | | | | | |  | | | | | | | **Fecha de nacimiento** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | **Edad Referida:** | | | | | | | | | | | | |  |  | |  | | | | |
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| **¿Se identificó con algún documento?** | | | | | | | | | | | | | | | | | | | | | | | **Si** | | | | | | | | | | | |  | | | | | | | Credencial INE | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **Licencia** | | | | | | | | | | | | | | | | | |  | | | | | | **Pasaporte** | | | | | | | | | | | | | | | | | | | | |  | | | **Otro:** | | | | | |  | | | | | | **NO** | | |  | | | | |  | |
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| **No. De Identificación:** | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **No. telefónico:** | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | **Correo electrónico:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| **Domicilio de la persona entrevistada** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Calle / Tramo carretero: |  | | | | | |  |  | | | | | | No. Exterior: |  | *No. Interior:* |  | *Código Postal:* |  | |  |  | | | | | | Colonia / Localidad: |  | | | | | |  |  | | | | | | Municipio / Demarcación territorial: |  | | | | | |  |  | | | | | | Entidad federativa: |  | | | | | |  |  | | | | | | Referencias: |  | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado E.3 relato de la entrevista** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Firma/Huella de la persona entrevistada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **De ser el caso continúe la narración de la entrevista en el Anexo G.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Apartado E.4 Datos del lugar del traslado o canalización de la persona entrevistada** | | | | | | | | | | | | | | | | |
| **Lugar de traslado o canalizo a la persona entrevistada?**   |  |  |  |  | | --- | --- | --- | --- | | **Si** |  | **No** |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | **Fiscalía / Agencia** |  |  | **Hospital** |  |  | **Otra dependencia** |  | |  |  |  |  |  |  |  |  |  |  |  | | **¿Cuál?** |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | |
| **Apartado E.5 Constancia de Lectura de derechos , solo en caso de victima u ofendido.** | | | | | | | | | | | | | | | | |
| **Artículo 20 apartado “C” de la Constitución Política de los Estados Unidos Mexicanos y artículo 109 del Código Nacional de Procedimientos Penales y 7 de la Ley General de Victimas.** | | | | | | | | | | | | | | | | |
| *Indique a la víctima u ofendido que tiene derecho a:*   1. Recibir asesoría jurídica; ser informado de los derechos que en su favor establece la Constitución y, cuando lo solicite, ser informado del desarrollo del procedimiento penal. 2. Recibir desde la comisión del delito, atención médica y psicológica de urgencia. 3. Comunicarse inmediatamente después de haberse cometido el delito con un familiar, incluso con su asesor jurídico. 4. Ser tratado con respeto y dignidad. 5. Contar con un asesor jurídico gratuito en cualquier etapa del procedimiento, en los términos de la legislación aplicable. 6. Acceder a la justicia de manera pronta, gratuita e imparcial respecto de sus denuncias o querellas. 7. Recibir gratuitamente la asistencia de un intérprete o traductor. 8. Que se le proporcione asistencia migratoria cuando tenga otra nacionalidad. 9. Que se resguarde su identidad y datos personales, en los términos que establece la ley.   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Firma / Huella de la persona entrevistada:** | | | | | | | | | | | | | | | | |
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| **Apartado E. 6 Datos del primer respondiente que realizó la entrevista, sólo si es diferente a quien firmó la puesta a disposición.** | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | |  |  | **Segundo Apellido** | |  | |  | **Nombre (s)** | | | | | |  |
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| **Adscripción:** | |  | | **Cargo / grado:** | |  | | | **Firma:** | | | |  | | | |
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**ANEXO F. ENTREGA – RECEPCIÓN DEL LUGAR DE LA INTERVENCIÓN**

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| **Apartado F.1 Preservación del lugar de la intervención.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Explique brevemente las acciones realizadas para la preservación del lugar de la intervención (delimitación, acordonamiento, clausura en lugar cerrado, etc.)***   |  |  |  |  | | --- | --- | --- | --- | | **Si** |  | **No** |  |   **¿Solicito apoyo de alguna autoridad o servicios especializados en el lugar de la intervención?**  **¿Cuál?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado F.2 Acciones realizadas después de la preservación** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Después de la preservación del lugar de la intervención, ¿Ingresó alguna persona al lugar?**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Si** |  | **No** |  |  |   **Motivo del ingreso:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Datos del personal que ingreso al lugar de la intervención** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | | |  | | **Segundo Apellido** | | | | | |  |  | | **Nombre (s)** | | | | | | |  |
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| **Adscripción:** | | |  | | | | | | | **Cargo / grado:** | | | | | |  | | | **Firma:** | | | | |  | | | | |
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|  | **Primer Apellido** | | | | | |  | | |  | | **Segundo Apellido** | | | | | |  |  | | **Nombre (s)** | | | | | | |  |
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| **Adscripción:** | | |  | | | | | | | **Cargo / grado:** | | | | | |  | | | **Firma:** | | | | |  | | | | |
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| **Apartado F.3 Entrega del lugar de la intervención.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Datos de la persona que Entrega el lugar de la intervención** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | | |  | | **Segundo Apellido** | | | | | |  |  | | **Nombre (s)** | | | | | | |  |
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| **Adscripción:** | | |  | | | | | | | **Cargo / grado:** | | | | | |  | | | **Firma:** | | | | |  | | | | |
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| **Datos de la persona que Recibe el lugar de la intervención** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primer Apellido** | | | | | |  | | |  | | **Segundo Apellido** | | | | | |  |  | | **Nombre (s)** | | | | | | |  |
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| **Adscripción:** | | |  | | | | | | | **Cargo / grado:** | | | | | |  | | | **Firma:** | | | | |  | | | | |
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| **Observaciones:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartado F.4 Fecha y hora de la entrega – recepción del lugar de la intervención.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Fecha:** | |  |  |  | |  |  | |  | |  |  |  | | **Hora de entrega:** | | |  | |  | **:** |  |  | *(24 horas)* |  | |
|  | |  | | **D** | **D** | **M** | | **M** | **A** | | **A** | | **A** | **A** |  | |  | | | **H** | | **H** |  | **M** | **M** |  |  | |
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**ANEXO G. CONTINUACION DE LA NARRATIVA DE LOS HECHOS Y/O ENTREVISTA**

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Continuación de la narrativa de:** | **Hechos** |  | **Entrevista** |  | | | | | | | | | | | | |
| **Datos del primer respondiente que realizó la narración de los hechos y/o entrevista, sólo si es diferente a quien firmó la puesta.** | | | | | | | | | | | |
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|  | **Primer Apellido** | |  |  | **Segundo Apellido** | |  |  | **Nombre (s)** | |  |
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| **Adscripción:** | |  | | **Cargo / grado:** | |  | | **Firma:** | |  | |
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