



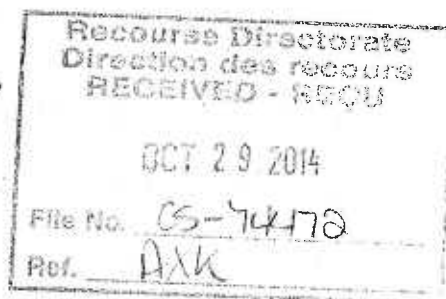
Agence des services
frontaliers du Canada

Canada Border
Services Agency

4273-14-0724

SEIZURE NO.

SUBJECT	LOCATION	DATE	TYPE	PRIMARY OFFICER	SECONDARY OFFICER	ASSISTING OFFICER	ASSISTING OFFICER	SUPERINTENDENT	Bring Forward (BF) Record	
									To	Date
<u>HOCIUNG</u>										
<u>QBT</u>										
<u>21 OCT 2014</u>										
<u>PERSONAL</u>										
<u>STEWART</u>										
<u>DEBSKI</u>										
<u>KROEKER</u>										



NOTICE OF CLAIM/ADJUDICATIONS			
DATE CLAIM RECEIVED	FURTHER REPORT		RESULTS & DATE OF FINAL DECISION
	DATE ASKED	DATE RECEIVED	
			DATE CLOSED

- Refused to
pay TOR may
come back to
pay later

Do not close

BORDER SERVICES OFFICER SEIZURE CHECKLIST			
SEIZURE #: 4273-14-0724		DATE: yyyy/mm/dd 2014/10/21	
<input checked="" type="checkbox"/> PERSONAL GOODS		<input type="checkbox"/> COMMERCIAL GOODS	
SEIZURE DETAILS			
PRIMARY OFFICER: STEWART		BADGE#: 17188	
SEIZING OFFICER: DEBSKI		BADGE#: 11276	
SUPERINTENDENT:		BADGE#:	
ASSISTING OFFICER: (IF APPLICABLE)		BADGE#:	
ASSISTING OFFICER: (IF APPLICABLE)		BADGE#:	
RELATED DOCUMENTATION			
RELATED DOCUMENTATION (E350/CCIR REPORT/FOSS I.D, ETC.)			
<input checked="" type="checkbox"/> PERSONAL COINS of PRECIOUS METALS (PLEASE SPECIFY)	<input type="checkbox"/> NARCOTICS	<input type="checkbox"/> FIREARMS	<input type="checkbox"/> CURRENCY
<input checked="" type="checkbox"/> COPY OF IDENTIFICATION <input checked="" type="checkbox"/> E-67 REFERRAL SLIP <input checked="" type="checkbox"/> COPY OF VEHICLE INFORMATION (IF APPLICABLE) <input checked="" type="checkbox"/> K19 SEIZURE RECEIPT <input checked="" type="checkbox"/> SEIZURE SYNOPSIS <input checked="" type="checkbox"/> NARRATIVE REPORT <input type="checkbox"/> K21 GENERAL RECEIPT <input checked="" type="checkbox"/> ADDITIONAL PAPERWORK RECIEPTS/ INVOICES/ WRITTEN STATEMENTS (IF APPLICABLE) <input type="checkbox"/> E44 CUSTOMS NOTICE FOR UNCLAIMED GOODS (IF NECESSARY) <input type="checkbox"/> E352 EVIDENCE SEIZURE RECEIPT (IF NECESSARY) <input checked="" type="checkbox"/> OTHER PAPERWORK (IF NECESSARY) (PLEASE SPECIFY)	<input type="checkbox"/> COPY OF IDENTIFICATION <input type="checkbox"/> E-67 REFERRAL SLIP <input type="checkbox"/> COPY OF VEHICLE INFORMATION (IF APPLICABLE) <input type="checkbox"/> K19 SEIZURE RECEIPT <input type="checkbox"/> SEIZURE SYNOPSIS <input type="checkbox"/> NARRATIVE REPORT <input type="checkbox"/> HC SC 3515 DRUG OFFENCE AND DISPOS. REPORT <input type="checkbox"/> K129 EXHIBIT CONTROL (IF NECESSARY) <input type="checkbox"/> E44 CUSTOMS NOTICE FOR UNCLAIMED GOODS (IF NECESSARY) <input type="checkbox"/> E352 EVIDENCE SEIZURE RECEIPT (IF NECESSARY) <input type="checkbox"/> K21 GENERAL RECEIPT (IF NECESSARY) <input type="checkbox"/> OTHER PAPERWORK (IF NECESSARY) (PLEASE SPECIFY)	<input type="checkbox"/> COPY OF IDENTIFICATION <input type="checkbox"/> E-67 REFERRAL SLIP <input type="checkbox"/> COPY OF VEHICLE INFORMATION (IF APPLICABLE) <input type="checkbox"/> K19 SEIZURE RECEIPT <input type="checkbox"/> SEIZURE SYNOPSIS <input type="checkbox"/> NARRATIVE REPORT <input type="checkbox"/> FIREARMS TRACE FORM <input type="checkbox"/> K129 EXHIBIT CONTROL (IF NECESSARY) <input type="checkbox"/> E352 EVIDENCE SEIZURE RECEIPT (IF NECESSARY) <input type="checkbox"/> E44 CUSTOMS NOTICE FOR UNCLAIMED GOODS (IF NECESSARY) <input type="checkbox"/> K21 GENERAL RECEIPT (IF NECESSARY) <input type="checkbox"/> CCIR <input type="checkbox"/> OTHER PAPERWORK (IF NECESSARY) (PLEASE SPECIFY)	<input type="checkbox"/> COPY OF IDENTIFICATION <input type="checkbox"/> E-67 REFERRAL SLIP <input type="checkbox"/> COPY OF VEHICLE INFORMATION (IF APPLICABLE) <input type="checkbox"/> K19C CURRENCY SEIZURE RECEIPT <input type="checkbox"/> SEIZURE SYNOPSIS <input type="checkbox"/> NARRATIVE REPORT <input type="checkbox"/> K129 EXHIBIT CONTROL (IF NECESSARY) <input type="checkbox"/> E352 EVIDENCE SEIZURE RECEIPT (IF NECESSARY) <input type="checkbox"/> E44 CUSTOMS NOTICE FOR UNCLAIMED GOODS (IF NECESSARY) <input type="checkbox"/> K21 GENERAL RECEIPT (IF NECESSARY) <input type="checkbox"/> OTHER PAPERWORK (IF NECESSARY) (PLEASE SPECIFY)
OFFICER COMMENTS			
HELD FOR APPRAISAL		<input type="checkbox"/> YES	
HELD FOR PROSECUTION		<input type="checkbox"/> YES	
HELD FOR DETERMINATION		<input type="checkbox"/> YES	
REVIEW		INCOMPLETE	
SUPERINTENDENT COMMENTS/CONCERNS			

7118.90.00.10 GOLD COINS

7118.90.00.99 SILVER







Government
of Canada

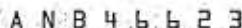
Gouvernement
du Canada



RADU SEBASTIAN
HOCUNG

DATE OF BIRTH	1973 12 06	SEX	M	HEIGHT	183
WEIGHT	2000	HAIR	BROWN	SCARS	7377279

Handwritten signature



ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise endorsed (subject to any visa or other entry regulations of countries to be visited).

MENTIONS ET RESTRICTIONS

Il double doit également se charger aux formalités d'entrée des pays où il a l'intention de se rendre.)

(Signature of bearer - Signature du titulaire)

PASSPORT

PASSEPORT



Type/Type	Issuing Country/Pays émetteur	Passport No./N° de passeport
P	CAN	QE536778

Full Name

HOCIUNG

Given names: Polono

RADU

Nationality/Nationalité

CANADIAN/CAN

Date of birth/Dats de naissance
01/03/1954 12:54 3306 DEC / DEC 73
 Condition: Date of birth/leu de naissance

Place et lieu de naissance
BUCHAREST ROU

Date of issue/Date de délivrance Issuing Authority/Autorité de délivrance

18 AUG /A00T 11 KITCHENER

Date of expiry/Date d'expiration

Date of expiry/Date d'expiration

[illegible]

QE536778<8CAN7312069M1608182<<<<<<<<<<<<<04

☒ Canada Border Services Agency

☒ Resident

☐ Non-resident

☐ Other (specify)

Agence des services frontaliers du Canada

Length of absence
Durée de l'absence TD

Length of stay
Durée du séjour

	Value - Montant	No - Non
Goods declared Marchandises déclarées	\$ <u>500</u>	<input type="checkbox"/>
Currency / Monetary instruments Espèces / Effets		<input type="checkbox"/>
Commercial goods Marchandises commerciales		<input type="checkbox"/>
Cadeaux		<input type="checkbox"/>
Firearms/weapons Armes à feu/armes		<input type="checkbox"/>
Food, Plants and Animals Produits alimentaires, végétaux et animaux		<input type="checkbox"/>
Duty free shop purchase Achats d'une boutique hors-taxes		<input type="checkbox"/>

Yes - Oui

☐

☐

☐

T/T

E/E

L/S

O/A

Remarks - Observations

\$ 500 VAT

☒ MAN
☒ SEL
☒ SEL

Province/State
Province/Etat ON

Time of referral
Temps de renvoi 1748

Province/State
Province/Etat ON

Licence DR MREG

17188

Border Services Officer - Agent des services frontaliers

Lane - Voie 6

Released
Déclaré ☐

Documentation ☐

Enforcement action
Exécution ☐

Returned to the U.S.
Retourné aux E.-U. ☐

E57 (08) 89F235 (See reverse - Voir au verso)

Bailey Tire Inc.
536 ENGLEWOOD AVE
Buffalo, NY, 14223
Phone - 716-834-4434 Fax - 716-834-4435
SERVING WESTERN N.Y. FOR OVER 40 YEARS

INVOICE

41660

Org. Est. # 063437
5150208
FED ID# 16-0972850

INVOICE

Work Completed Date: 10/16/2014

Print Date: 10/21/2014

HOCIUNJ, RADU

Lic # :

Odometer In : 102916

Unit # :

Odometer Out : 102916

Vin # :

Hat # :

Ref # :

Cust ID : 8943

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
TIRE STEMS				DISMOUNT AND MOUNT TIRES	0.00
TS123	2.00	2.50	5.00	COMPUTER SPIN BALANCE TIRES	16.00
CONTINENTAL EXTREAM				NYS. WASTE TIRE MANAGEMENT FEE	5.00
CONTACT DW TIRE				MADE IN USA	
275/35/18	2.00	214.95	429.90		
Shop Supplies		4.00	4.00		

Org. Estimate \$ 499.70 Revisions \$ 0.00 Current Estimate \$ 499.70

Labor: 21.00
Parts: 438.90
Sublet: \$0.00
Sub: 459.90
Tax: 39.80
Total: 499.70
Bal Due: \$499.70

[Payments -]

FIND US ON FACEBOOK

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

Signature

Date

Time

JACK HUNT - COIN BROKER INC.

2746 Delaware Ave.
P.O. Box 194
KENNEMORE, NY 14217
(716) 874-7777

CUSTOMER'S ORDER NO.		NAME		PHONE		DATE	
OTC		Galt				10/21/14	
ADDRESS		Bill Leonard Ave Buffalo NY 14202					
COIN BY	CASH	C.O.D.	CHANGE ON ACCT.	INVOICE	PAID	DATE	
4	<input checked="" type="checkbox"/>						
20							
DESCRIPTION		PRICE		AMOUNT			
1710 Gold Buffalo		5300.		31			
Silver Eagles		20		400		31	
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Plain Fuel w/ coal </div>		TAX					
		TOTAL		5700.		21	

RECEIVED BY

PRODUCT AND

All items and returned goods must be accompanied by this bill.

CH. 001

COINS INVOICE

[illegible]

Ontario law requires that this permit or a true copy be carried in the vehicle for which it was issued while the vehicle is being operated on a highway.



thePersonal

The Personal Insurance Company
P.O. Box 7065, Miss. ON L5A 4K7
1 888 277-6461

POLICY NO. / POLICE N°

INSURED / ASSURÉ(e)

K1206657

HOCIUNG RADU

EXPIRY DATE / DATE D'ÉCHÉANCE
2013-09-01

226, WILLOWDALE AVE
WATERLOO ON N2J 3M1

EXPIRY DATE / DATE D'ÉCHÉANCE
2014-09-01

VEHICLE YEAR, MAKE, MODEL, SERIAL NO. / VÉHICULE ANNÉE, MARQUE, MODÈLE, N° DE SÉRIE

1 2004 BMW 545i 4D

WBANB33584B088408

This certificate is subject to the terms and conditions of the insurer's standard automobile policy.

The certificate states that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements in any area of Canada.

WARNING - Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his licence may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

Le présent certificat est soumis aux dispositions et conditions de la police d'assurance automobile de l'Assureur.

Ce certificat atteste que la personne susnommée est assurée contre la responsabilité pour blessures et dommages aux biens découlant de l'usage du véhicule décrit dans les présentes, conformément aux limites minimales exigées par les lois d'assurance en vigueur partout au Canada.

AVERTISSEMENT - Quiconque émet ou présente un tel certificat comme preuve d'une police d'assurance responsabilité qui effectivement n'est pas en vigueur, est coupable d'une infraction passible d'une forte amende ainsi qu'empêchement et suspension de son permis.

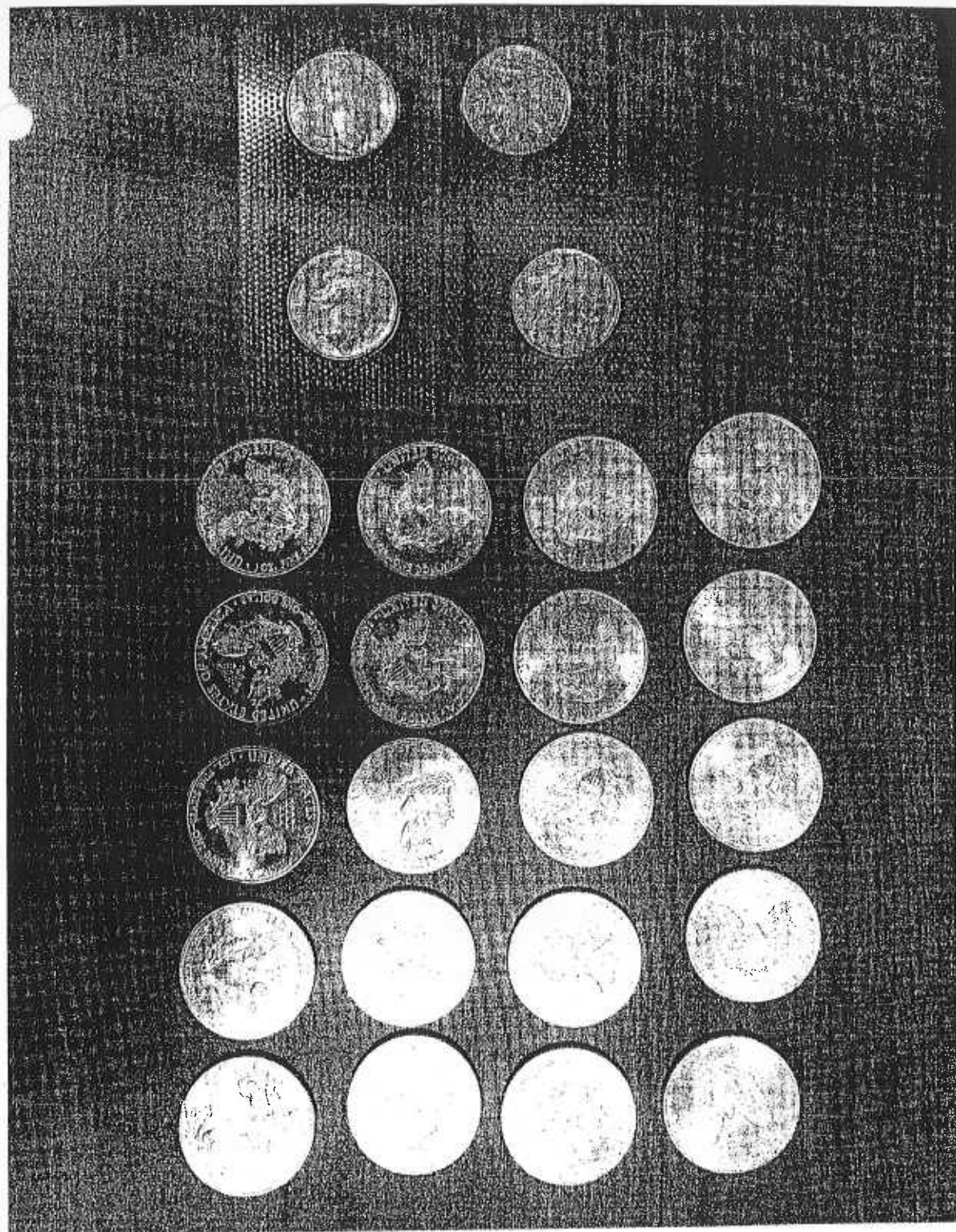
Ce certificat doit être transporté dans le véhicule assuré afin d'être présenté comme preuve d'assurance lorsque la police l'exige.

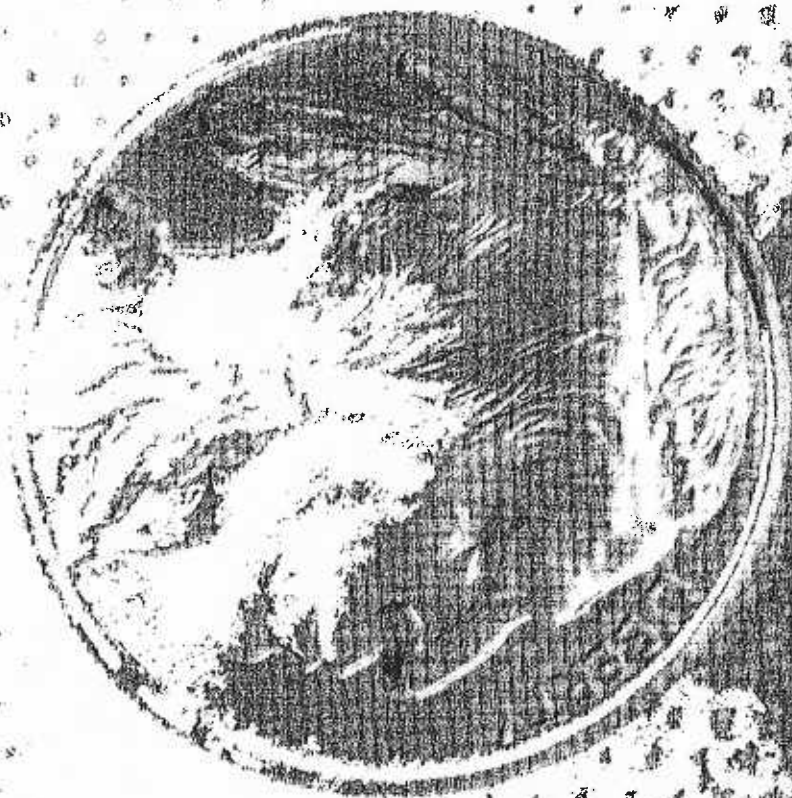
CANADA INTER PROVINCE MOTOR VEHICLE LIABILITY INSURANCE
CARD APPLICABLE WITHIN CANADA AND THE UNITED STATES OF AMERICA
CERTIFICAT D'ASSURANCE-AUTOMOBILE RESPONSABILITÉ EN VIGUEUR
AU CANADA ET AUX ÉTATS-UNIS D'AMÉRIQUE

735 101 (2002 09)



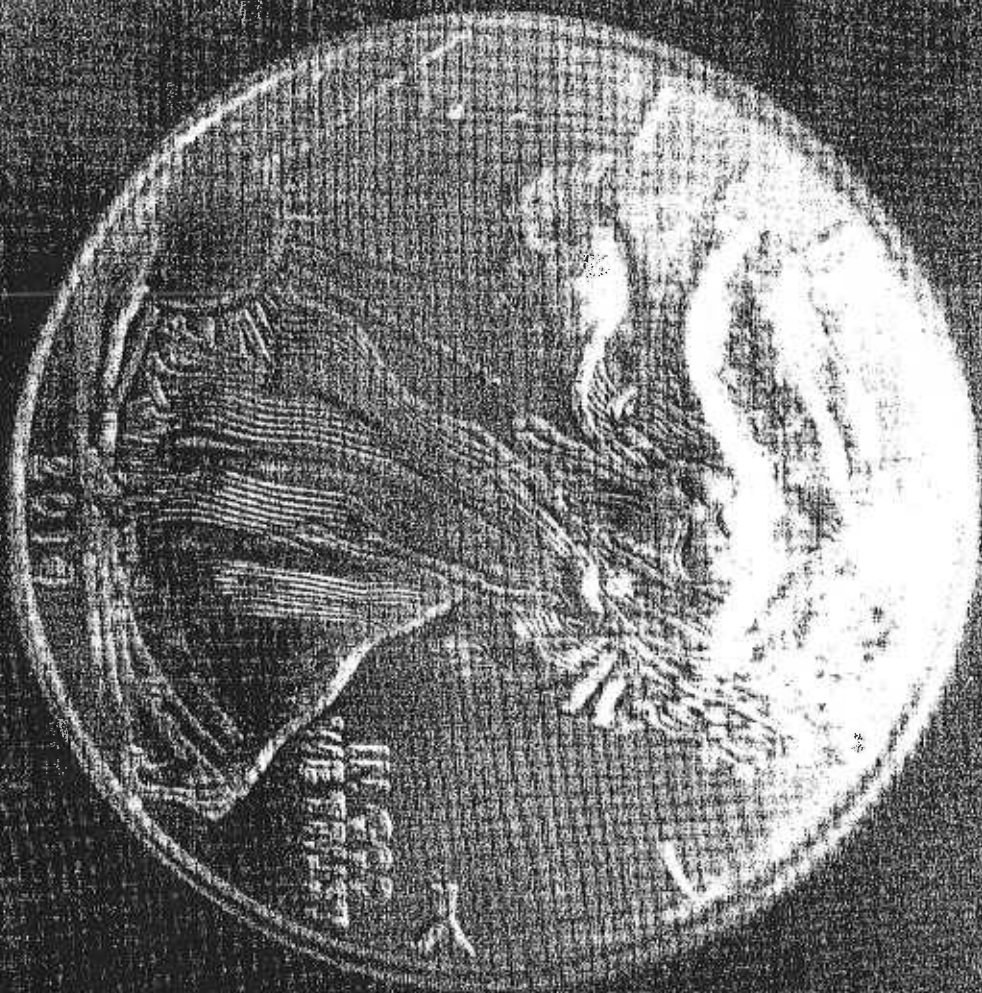












Valley Tire Inc
536 Englewood Ave
Suffalo NY, 14223
716 834-4434

1256
S. 17.77

Jack Hunt
2742 Delaware Ave
Suffalo NY, 14217
(716) 574-7777

The Corn Shop
495 Mason St.
Johnson City NY 13790
The Corn is Hope Shop
~~107 - Mason~~
The Gold Mine
31 Fremont St
East Aurora NY
East Aurora NY, 14052

QUEENSTON TRAFFIC
14154 NIAGARA PARKWAY RD
NIAGARAFALLS ON L0S1J0
9052621043

MERCHANT ID: 17322731944 TERM ID: 001

SALE

XXXXXXXXXXXXXXXXXXXX2619
DEBIT/CHK ENTRY METHOD: CHIP

10/21/14 17:53:36
INV #: 000041 APPR CODE: 175861
RET REF: 00000011 BATCH #: 000037
TRACE: 00515108 REF #: 041
CUST REF #: 61276

AMOUNT

\$73.30

PIN VERIFIED BY CARD ISSUER
ACCOUNT WILL BE DEBITED WITH THE
ABOVE AMOUNT
(OR CREDITED IF CREDIT VOUCHER)
RETAIN THIS COPY FOR STATEMENT
VERIFICATION

CARDHOLDER COPY

APPROVED

APPLICATION LABEL: INTERAC
AID: A0000002771010
TUR: 00 00 00 00 00
TS1: FB 00