



**Chicago HIDTA Deconfliction Submission**  
**Watch Center: 312-448-5700 Fax: 312-448-5701**  
**Email: watchcenter@chicago-hidta.org**

**User Information**

User Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Agency: \_\_\_\_\_ PIN# \_\_\_\_\_  
Case Number **(Required)**: \_\_\_\_\_  
Office # \_\_\_\_\_ Cell# \_\_\_\_\_ Fax# \_\_\_\_\_

**Target Details** (check appropriate box)

☐ Person: Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Alias: \_\_\_\_\_ Nickname \_\_\_\_\_  
DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Gang \_\_\_\_\_  
SSN: \_\_\_\_\_ DLN \_\_\_\_\_ DL State \_\_\_\_\_  
☐ Business Name \_\_\_\_\_  
☐ Telephone # \_\_\_\_\_  
☐ License Plate # \_\_\_\_\_

**Event Location Entry Details**

Address \_\_\_\_\_ Apt/FI \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Type of Activity **(Required)** e.g. search warrant, buy, narcotic investigation, surveillance...  
\_\_\_\_\_  
Start Date **(Required)** \_\_\_\_\_ End Date **(Required-1 year max)** \_\_\_\_\_

**Watch Center Use Only**

Decon#	Date	Time	Person Notified	VM Y/N	Name	Star#

**For Official Use Only**

Revised June 2013