

FEDERAL BUREAU OF INVESTIGATION

FOI/PA

DELETED PAGE INFORMATION SHEET

FOI/PA// 1:16-cv-01790-02

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X No Duplication Fee X

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b6  
b7C

(588)

File No. 164-81-17

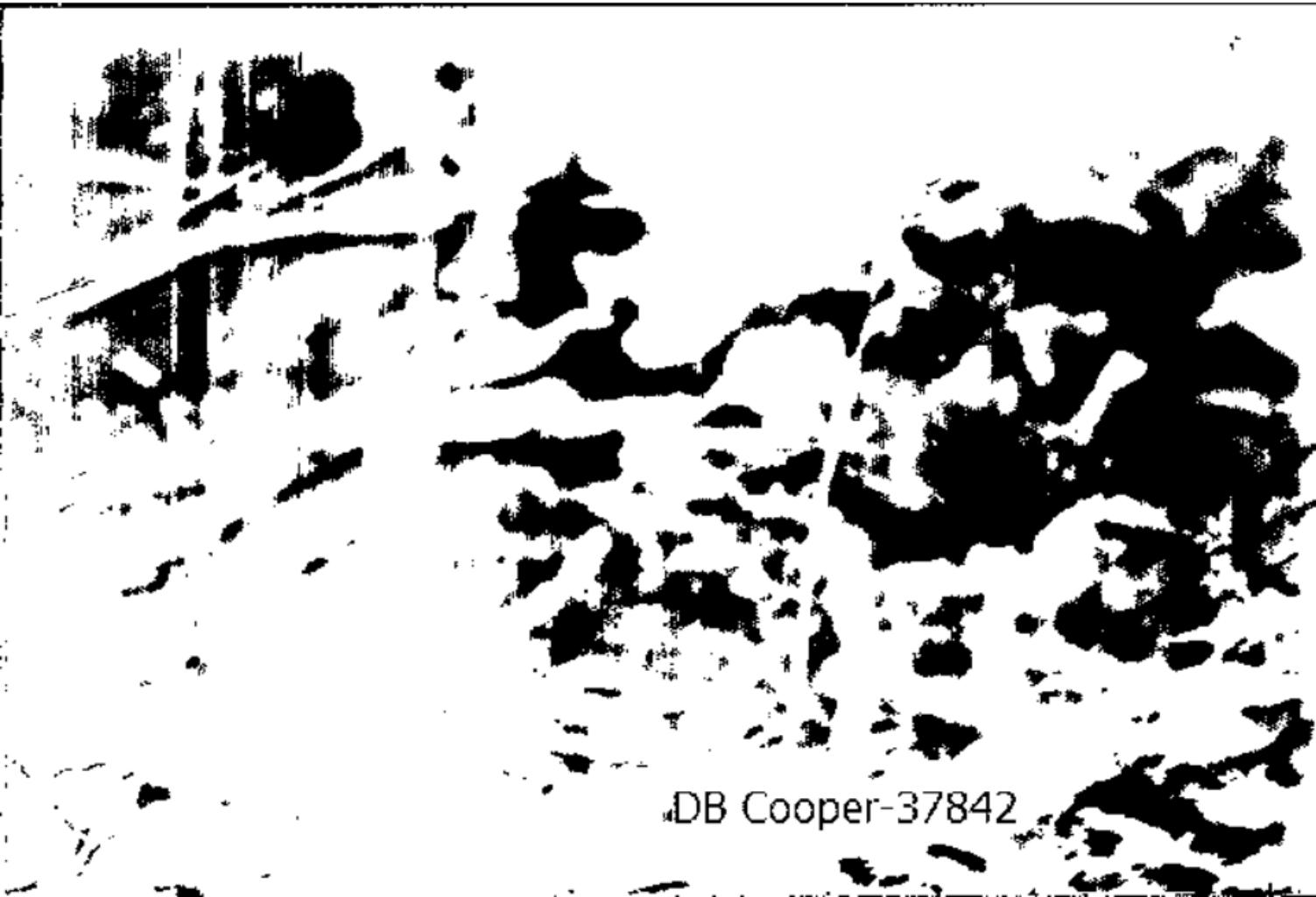
Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)\_\_\_\_\_  
(CITY AND STATE)\_\_\_\_\_  
(NAME OF SPECIAL AGENT)To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description :

*photos taken in  
Cascade Mountains*

See Ser. 1358 DB Cooper-37841



DB Cooper-37842

164 81-1A (S88)



b6  
b7C

DB Cooper-37843



JAN 77

DB Cooper-37844

164-81-1A

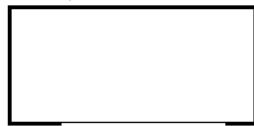
588



b6

b7C

DB Cooper-37845

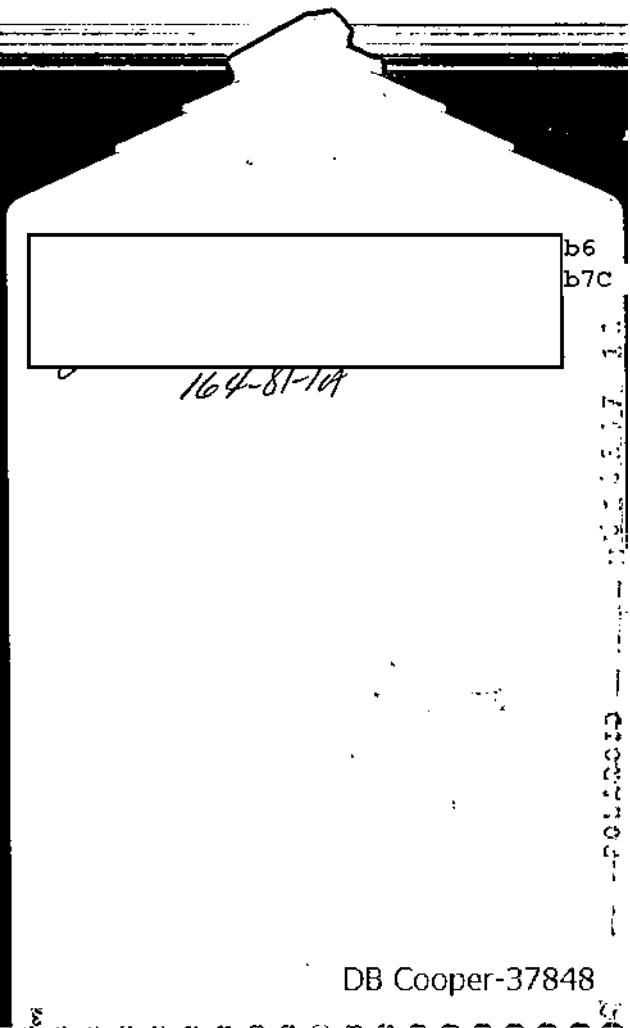
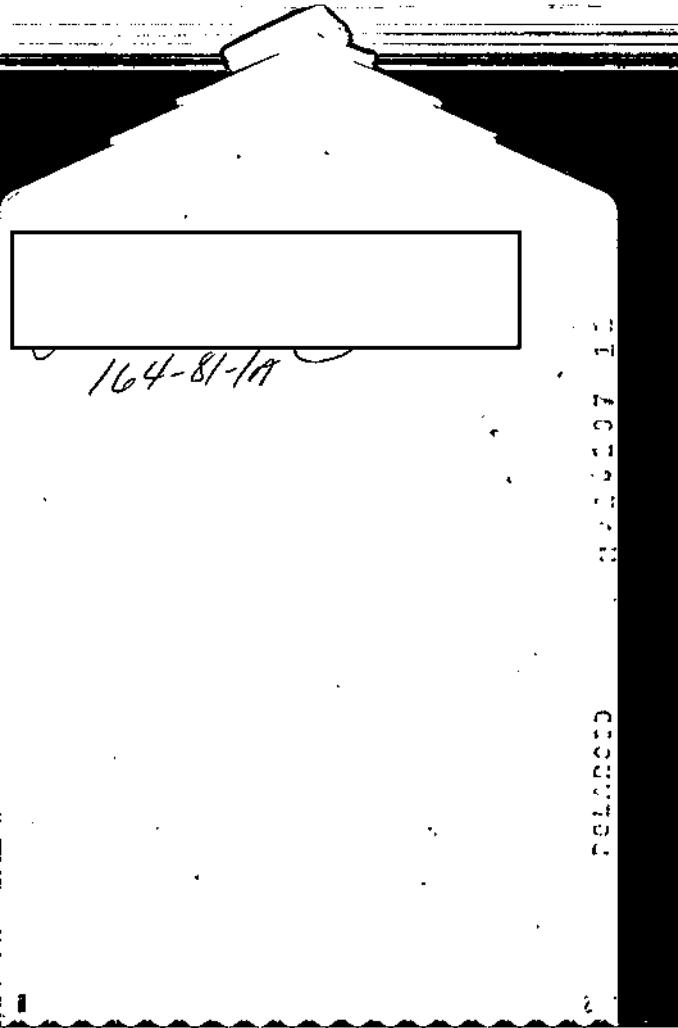
b6  
b7CFile No. NORJAK 164-81-1A 589

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)\_\_\_\_\_  
(CITY AND STATE)\_\_\_\_\_  
(NAME OF SPECIAL AGENT)To Be Returned  Yes      Receipt Given  Yes  
 No       No

## Description:

Two photos of b6  
b7Cb6  
b7Csee Ser. 7373



DB Cooper-37848

File No. 164-81 TA  
Date Received 1/12/77  
From LITTON RECEIVED  
(NAME OF CONTRIBUTOR)

b6

b7C

**From** Lillian Kach Davis, Jr.  
**(NAME OF CONTRIBUTOR)**

(NAME OF CONTRIBUTOR)

b6

b7c

**(NAME OF SPECIAL AGENT)**

To Be Returned  Yes Receipt Given  Yes  
 No  No

**Description :**

ONE COLOR PHOTOGRAPH OF

WITH AN  
UNKNOWN WHITE AREA.

b6

b7C

164-81-1A (550)

164-81-1A (560)

164-81-1A (650)

164-81-1A (550)

DB Cooper-37851

164-81-11 (550)

DB Cooper-37853

[Redacted] b6  
b7C

File No. SE 164-81  
LR 164-22 1A8

Date Received 12/13/76

From [Redacted] b6  
[Redacted] b7C

(ADDRESS OF CON) Hope, Arkansas [Redacted]

SA [Redacted]

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description :

One color photograph of [Redacted]  
with unknown white male

b6  
b7C

1-10-77  
via LR airtel to Bu, 1-10-77

b6  
b7C

File No. 164-81-1A (591)

Date Received 3/17/77

From CIA CAGW DIVISION  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

b6  
b7C

To Be Returned  Yes Receipt Given  Yes

No

No

Description :

11 PLATE OF    
 

b6  
b7C

see ser 7466

DB Cooper-37855

164-81-1A

(59)

b6  
b7C

DB Cooper-37857

Norjack  
Aircraft - Hijacking  
OO: Seattle

b6  
b7C

File No. Seattle 164-81-1A 592

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_  
(CITY AND STATE)

\_\_\_\_\_  
(NAME OF SPECIAL AGENT)

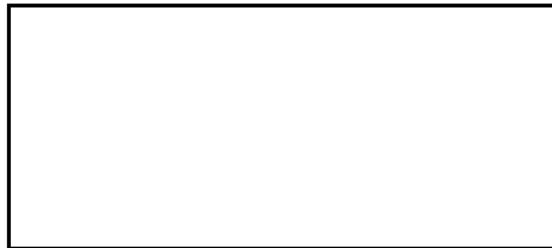
To Be Returned  Yes Receipt Given  Yes

No

Yes  
 No

Description:

One photo of

b6  
b7C

See Ser 7427

DB Cooper-37858

b6

b7C

164-81-1A 552

DB Cooper-37860

Re: Gph. airtel to AX,  
3/15/77.

NORJAK

164-81-1A

(593)

File No. PG 164-93

Date Received 2/19/77

From Miami  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

[Redacted]

b6  
b7C

To Be Returned  Yes Receipt Given  Yes

No

Yes

No

Description:

Photo of [Redacted]



b6  
b7C

See Ser 7428 DB Cooper-37861

b6  
b7c

164 81-14 (593)

DB Cooper-37862

Sub 853

(594)

File No. 164-81-1n

Date Received \_\_\_\_\_

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned  Yes      Receipt Given  Yes  
 No  No

Description :

Copies of  
medical ~~treatment~~  
records of the Eastern  
Virginia Doctors Hosp.  
re: Coffelt.

see ser 74626

DB Cooper-37863

SE 164-81-1A (594)  
KEEP ATTACHED TO EXHIBIT

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Poy Ending 02/13/72

Regular Hours 80 Overtime Hours 5

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	01/31/72	D		
Tues.	02/01/72	7:00	5:30	8
Wed.	02/02/72	9:00	5:30	8
Thur.	02/03/72	9:00	7:00	8+1½
Fri.	02/04/72	9:00	5:30	8
Sat.	02/05/72	7:30	4:30	8 40+1½
Sun.	02/06/72	D		
Mon.	02/07/72	8:30	6:00	8+1½
Tues.	02/08/72	9:00	6:30	8+1
Wed.	02/09/72	9:00	7:00	8+1½
Thur.	02/10/72	9:00	5:30	8
Fri.	02/11/72	7:30	4	8 40+1½
Sat.	02/12/72	D		
Sun.	02/13/72	D		

FORM 90

Authorized Signature \_\_\_\_\_

80+540T

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Poy Ending 01/30/72

Regular Hours 50 Overtime Hours 1½

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	01/17/72	8	6	8+1½
Tues.	01/18/72	9	5:30	8
Wed.	01/19/72	9	6:00	8+1½
Thur.	01/20/72	9	6:00	8+1½
Fri.	01/21/72	9	4:30	7
Sat.	01/22/72	D		40+1½
Sun.	01/23/72	D		
Mon.	01/24/72	8:30	7:00	8+1½
Tues.	01/25/72	8:30	7:00	8+1½
Wed.	01/26/72	SL		
Thur.	01/27/72	SL		
Fri.	01/28/72	SL		
Sat.	01/29/72	D		
Sun.	01/30/72	D		

FORM 90

Authorized Signature \_\_\_\_\_

50+540T

b6  
b7C

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 03/12/72

Regular Hours 28 Overtime Hours \_\_\_\_\_

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Coll. \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	<u>02/20/72</u>	<u>9<sup>00</sup></u>	<u>5<sup>30</sup></u>	
Tues.	<u>02/21/72</u>	<u>9<sup>00</sup></u>	<u>5<sup>30</sup></u>	<u>8</u>
Wed.	<u>02/22/72</u>	<u>9<sup>00</sup></u>	<u>6<sup>30</sup></u>	<u>8+1</u>
Thur.	<u>02/23/72</u>	<u>9<sup>00</sup></u>	<u>5<sup>30</sup></u>	<u>8</u>
Fri.	<u>02/24/72</u>	<u>9<sup>00</sup></u>	<u>12<sup>00</sup></u>	<u>3</u>
Sat.	<u>02/25/72</u>	<u>D</u>		
Sun.	<u>02/26/72</u>	<u>D</u>		
Mon.	<u>02/27/72</u>	<u>10<sup>00</sup></u>		
Tues.	<u>02/28/72</u>			<u>40 7000</u>
Wed.	<u>02/29/72</u>			
Thur.	<u>03/01/72</u>			
Fri.	<u>03/02/72</u>	<u>D</u>		
Sat.	<u>03/03/72</u>	<u>D</u>		
Sun.	<u>03/04/72</u>	<u>D</u>		
Mon.	<u>03/05/72</u>	<u>10<sup>00</sup></u>		
Tues.	<u>03/06/72</u>			
Wed.	<u>03/07/72</u>			
Thur.	<u>03/08/72</u>			
Fri.	<u>03/09/72</u>			
Sat.	<u>03/10/72</u>	<u>D</u>		
Sun.	<u>03/11/72</u>	<u>D</u>		
Mon.	<u>03/12/72</u>	<u>D</u>		

FORM 90

Authorized Signature

28H + 52 1WOP

Emp. Name J CCFELT

Emp. No. 014052 Dept. 0009

Pay Ending 02/27/72

Regular Hours 83 Overtime Hours 1

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Coll. \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	<u>02/14/72</u>	<u>7<sup>30</sup></u>	<u>4<sup>00</sup></u>	<u>8</u>
Tues.	<u>02/15/72</u>	<u>9<sup>00</sup></u>	<u>6<sup>30</sup></u>	<u>8+1</u>
Wed.	<u>02/16/72</u>	<u>9<sup>00</sup></u>	<u>5<sup>30</sup></u>	<u>8</u>
Thur.	<u>02/17/72</u>	<u>9<sup>00</sup></u>	<u>5<sup>30</sup></u>	<u>8</u>
Fri.	<u>02/18/72</u>	<u>9<sup>00</sup></u>	<u>5<sup>30</sup></u>	<u>8</u>
Sat.	<u>02/19/72</u>	<u>D</u>		
Sun.	<u>02/20/72</u>	<u>D</u>		
Mon.	<u>02/21/72</u>	<u>H</u>		
Tues.	<u>02/22/72</u>	<u>9<sup>00</sup></u>	<u>9<sup>00</sup></u>	<u>8</u>
Wed.	<u>02/23/72</u>	<u>9<sup>00</sup></u>	<u>6<sup>30</sup></u>	<u>8+1</u>
Thur.	<u>02/24/72</u>	<u>9<sup>00</sup></u>	<u>6<sup>30</sup></u>	<u>8+1</u>
Fri.	<u>02/25/72</u>	<u>9<sup>00</sup></u>	<u>6<sup>30</sup></u>	<u>8+1</u>
Sat.	<u>02/26/72</u>	<u>10<sup>00</sup></u>		<u>3 1/2 Hrs</u>
Sun.	<u>02/27/72</u>			<u>3 2 1/2 Hrs</u>

FORM 90

Authorized Signature

72 New  
4 New 07

b6

b7C

Emp. Name COFFELT, JACK  
 Emp. No. 14052 Dept. 0009  
 Pay Ending 05/07/72  
 Regular Hours 80 Overtime Hours 17 1/2  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
 Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	04/24/72	9	6	8+1/2
Tues.	04/25/72	9 <sup>30</sup>	8 <sup>30</sup>	8+3
Wed.	04/26/72	9 <sup>30</sup>	7	8+1 1/2
Thurs.	04/27/72	9 <sup>30</sup>	5 <sup>30</sup>	8
Fri.	04/28/72	9 <sup>00</sup>	6 <sup>00</sup>	8+1/2
Sat.	04/29/72	1)		
Sun.	04/30/72	1)		
Mon.	05/01/72	1)		
Tues.	05/02/72	9 <sup>00</sup>	7 <sup>00</sup>	8+2
Wed.	05/03/72	9 <sup>00</sup>	7 <sup>00</sup>	8+1
Thurs.	05/04/72	9 <sup>00</sup>	6 <sup>00</sup>	8+1
Fri.	05/05/72	9 <sup>00</sup>	8 <sup>30</sup>	8+3 1/2
Sat.	05/06/72	7 <sup>30</sup>	7 <sup>30</sup>	8+4 1/2
Sun.	05/07/72	1)		

FORM 90

Authorized Signature 80 hrs + 17 1/2 OT

Emp. Name J. COFFELT  
 Emp. No. C14052 Dept. 0009

Pay Ending 03/26/72  
 Regular Hours \_\_\_\_\_ Overtime Hours \_\_\_\_\_  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	03/13/72	9	6	8+1/2
Tues.	03/14/72			
Wed.	03/15/72			
Thurs.	03/16/72			
Fri.	03/17/72			
Sat.	03/18/72	1)		
Sun.	03/19/72	1)		
Mon.	03/20/72	9 <sup>00</sup>	7 <sup>00</sup>	8+2
Tues.	03/21/72			
Wed.	03/22/72			
Thurs.	03/23/72			
Fri.	03/24/72			
Sat.	03/25/72			
Sun.	03/26/72			

FORM 90

Authorized Signature 80 hrs + 1w08

b6  
b7C

**J COFFELT**

Emp. Name J COFFELT  
Emp. No. 014052 Dept. 0009

Pov Ending 06/04/72

Regular Hours 70 Overtime Hours \_\_\_\_\_

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential S \_\_\_\_\_

On Call S \_\_\_\_\_

Other S \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	05/22/72	7:00	17:00	8+ $\frac{1}{2}$
Tues.	05/23/72	9:30	17:30	8+2
Wed.	05/24/72	SL		
Thur.	05/25/72	9:30	3:00	5 $\frac{1}{2}$
Fri.	05/26/72	9:30	5:30	8 3/4
Sat.	05/27/72	D		7:30
Sun.	05/28/72	D		
Mon.	05/29/72	H		
Tues.	05/30/72	D		
Wed.	05/31/72	9:30	6:00	8+ $\frac{1}{2}$
Thur.	06/01/72	9:30	7:00	8+1 $\frac{1}{2}$
Fri.	06/02/72	9:30	5	7 $\frac{1}{2}$
Sat.	06/03/72	7:30	12	4 $\frac{1}{2}$
Sun.	06/04/72			3:00

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Authorized Signature 6211 8NT 851 10LWOP

**COFFELT, JACK**

Emp. No. 14052 Dept. 0009

Pov Ending 05/21/72

Regular Hours 80 Overtime Hours 5 $\frac{1}{2}$

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential S \_\_\_\_\_

On Call S \_\_\_\_\_

Other S \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	05/08/72	9:30	6:30	8+1
Tues.	05/09/72	9:30	6:00	8+ $\frac{1}{2}$
Wed.	05/10/72	9:30	6:00	8+1
Thur.	05/11/72	9:30	6:00	8+ $\frac{1}{2}$
Fri.	05/12/72	7:00	6:00	8+ $\frac{1}{2}$
Sat.	05/13/72			40-7 $\frac{1}{2}$
Sun.	05/14/72			
Mon.	05/15/72	9:30	7:00	8+1 $\frac{1}{2}$
Tues.	05/16/72	9:30	5:30	8
Wed.	05/17/72	7:00	7:00	8+1
Thur.	05/18/72	10:00	5:30	7 $\frac{1}{2}$
Fri.	05/19/72	9:30	5:30	8
Sat.	05/20/72			40-7 $\frac{1}{2}$
Sun.	05/21/72			

FORM 90

Authorized Signature

80H + 5 $\frac{1}{2}$ HOT

b6  
b7C

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 07/02/72

Regular Hours 63 Overtime Hours 3 1/2

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential S \_\_\_\_\_

On Call S \_\_\_\_\_

Other S \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	06/19/72	9:30	6:30	8+1
Tues.	06/20/72	9:30	6:00	8+1/2
Wed.	06/21/72	9:30	6:00	8+1/2
Thur.	06/22/72	10:00	6:00	8
Fri.	06/23/72	9:30	11:30	8+1 1/2
Sat.	06/24/72	D		4 1/2
Sun.	06/25/72	D		
Mon.	06/26/72	D		
Tues.	06/27/72	9:30	6:30	8+1
Wed.	06/28/72	9:30	5:30	8
Thur.	06/29/72	5:1		
Fri.	06/30/72	5:1		
Sat.	07/01/72	7:30	1:30	6 1/2
Sun.	07/02/72	D		

FORM 90

Authorized Signature

6/26/72 J. COFFELT 3205

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 06/18/72

Regular Hours 57 1/2 Overtime Hours 6 1/2

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential S \_\_\_\_\_

On Call S \_\_\_\_\_

Other S \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	06/05/72	9:30	8:00	8+2 1/2
Tues.	06/06/72	9:30	6:00	8+1 1/2
Wed.	06/07/72	9:30	6:30	8+1
Thur.	06/08/72	7:30	7:00	8+1 1/2
Fri.	06/09/72	9:30	6:30	8+1
Sat.	06/10/72	D		4 1/2
Sun.	06/11/72	D		
Mon.	06/12/72	LWOP		
Tues.	06/13/72	LWOP		
Wed.	06/14/72	LWOP		
Thur.	06/15/72	9:30	5:30	8 1/2
Fri.	06/16/72	7:00	6:30	8+1 1/2
Sat.	06/17/72	D		
Sun.	06/18/72	D		

FORM 90

Authorized Signature

57 1/2 + 6 1/2 OT + 16 LWOP

b6

b7C

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

Pay Ending 7-30-72 09  
 Regular Hours 76 Overtime Hours 1  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
 Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	<u>7/17/72</u>	<u>9:30</u>	<u>11:30</u>	<u>2</u>
Tues.	<u>18</u>	<u>9:30</u>	<u>6:30</u>	<u>8+1</u>
Wed.	<u>19</u>	<u>9:30</u>	<u>7:00</u>	<u>8+</u>
Thur.	<u>20</u>	<u>9:30</u>	<u>1:30</u>	<u>8+1</u>
Fri.	<u>21</u>	<u>9:30</u>	<u>5:30</u>	<u>8 1/2</u>
Sat.	<u>22</u>	<u>D</u>		
Sun.	<u>23</u>	<u>D</u>		
Mon.	<u>24</u>	<u>D</u>		
Tues.	<u>25</u>	<u>9:30</u>	<u>6:00</u>	<u>8+1/2</u>
Wed.	<u>26</u>	<u>9:30</u>	<u>6:10</u>	<u>8+1/2</u>
Thur.	<u>27</u>	<u>9:30</u>	<u>5:20</u>	<u>8</u>
Fri.	<u>28</u>	<u>9:30</u>	<u>5:30</u>	<u>8</u>
Sat.	<u>29</u>	<u>7:30</u>	<u>3:30</u>	<u>8 1/2</u>
Sun.	<u>7/30</u>			

FORM 90

Authorized Signature \_\_\_\_\_

76 H+1 Not + 4 H 1 wwp

J COFFELT \_\_\_\_\_

Emp. Name C14052 \_\_\_\_\_

Emp. No. 0009 \_\_\_\_\_

Pay Ending 07/16/72 \_\_\_\_\_

Regular Hours \$5.5 Overtime Hours 1/21

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	<u>07/03/72</u>	<u>7:30</u>	<u>5:30</u>	<u>8+2</u>
Tues.	<u>07/04/72</u>	<u>H</u>		
Wed.	<u>07/05/72</u>	<u>5:1</u>		
Thur.	<u>07/06/72</u>	<u>5:30</u>	<u>6:00</u>	<u>8+1/2</u>
Fri.	<u>07/07/72</u>	<u>9:30</u>	<u>6:30</u>	<u>8+1</u>
Sat.	<u>07/08/72</u>	<u>D</u>		
Sun.	<u>07/09/72</u>	<u>D</u>		
Mon.	<u>07/10/72</u>	<u>9:30</u>	<u>5:30</u>	<u>8</u>
Tues.	<u>07/11/72</u>	<u>9:30</u>	<u>5:30</u>	<u>8</u>
Wed.	<u>07/12/72</u>	<u>9:30</u>	<u>5:30</u>	<u>8</u>
Thur.	<u>07/13/72</u>	<u>9:30</u>	<u>6:30</u>	<u>8+1</u>
Fri.	<u>07/14/72</u>	<u>9:30</u>	<u>6:00</u>	<u>8+1/2</u>
Sat.	<u>07/15/72</u>			
Sun.	<u>07/16/72</u>			

FORM 90

Authorized Signature \_\_\_\_\_

67 1/2 - 8 hrs wwp 4 1/2 hrs wwp 1 1/2 Not

b6  
b7C

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

AUG 27 1972

Pay Ending \_\_\_\_\_  
 Regular Hours 80 Overtime Hours 4  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
 Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	8-14-72	9 <sup>00</sup>	5 <sup>30</sup>	8+1
Tues.	8-15-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Wed.	8-16-72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Thur.	8-17-72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Fri.	8-18-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat.	8-19-72	D		
Sun.	8-20-72	D		
Mon.	8-21-72	7 <sup>30</sup>	5 <sup>30</sup>	8+2
Tues.	8-22-72	9 <sup>30</sup>	6 <sup>00</sup>	8+1
Wed.	8-23-72	9 <sup>30</sup>	4 <sup>30</sup>	7
Thur.	8-24-72	off	off	
Fri.	8-25-72	7 <sup>30</sup>	5 <sup>30</sup>	8
Sat.	8-26-72	7 <sup>30</sup>	3 <sup>00</sup>	7 1/2
Sun.	8-27-72			

FORM 90

Authorized Signature \_\_\_\_\_

80H + 4HOT

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

Pay Ending 8-13-72  
 Regular Hours 80 Overtime Hours 2  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
 Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	7/31	9 <sup>30</sup>	5 <sup>30</sup>	8
Tues.	8/1	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Wed.	2	9 <sup>30</sup>	5 <sup>30</sup>	8
Thur.	3	9 <sup>30</sup>	5 <sup>30</sup>	8
Fri.	4	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat.	5			4+1
Sun.	6			
Mon.	7	9 <sup>00</sup>	5 <sup>30</sup>	8
Tues.	8	9 <sup>30</sup>	5 <sup>30</sup>	8
Wed.	9	9 <sup>30</sup>	5 <sup>30</sup>	8
Thur.	10	9 <sup>30</sup>	7 <sup>30</sup>	8+1
Fri.	11	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat.	12			4+1
Sun.	13			

FORM 90

Authorized Signature \_\_\_\_\_

80H + 2HOT

b6

b7C

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

SEP 24 1972

Pay Ending \_\_\_\_\_  
 Regular Hours 71 Overtime Hours 14.5  
 Annual Leave \_\_\_\_\_ Sick Leave 6  
 Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	9/11	8 <sup>00</sup>	6 <sup>30</sup>	10 <sup>15</sup>
Tues.	9/12	9 <sup>30</sup>	6 <sup>30</sup>	9
Wed.	9/13	9 <sup>30</sup>	9 <sup>00</sup>	11 <sup>15</sup>
Thur.	9/14	9 <sup>30</sup>	6 <sup>30</sup>	9
Fri.	9/15	9 <sup>30</sup>	6 <sup>00</sup>	8 <sup>15</sup>
Sat.	9/16	7 <sup>30</sup>	1 <sup>30</sup>	6
Sun.	9/17			1 <sup>15</sup> 4 <sup>15</sup>
Mon.	9/18	7 <sup>45</sup>	5 <sup>30</sup>	1
Tues.	9/19	7 <sup>45</sup>	5 <sup>30</sup>	1
Wed.	9/20	SL		
Thur.	9/21	9 <sup>30</sup>	6 <sup>30</sup>	8
Fri.	9/22	9 <sup>30</sup>	4 <sup>30</sup>	7
Sat.	9/23			
Sun.				

FORM 90

Authorized Signature \_\_\_\_\_

71 H + 14<sup>1</sup>/<sub>2</sub> OT + 6 SL + 3 WEP

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

SEP 10 1972

Pay Ending \_\_\_\_\_  
 Regular Hours 87<sup>1</sup>/<sub>2</sub> Overtime Hours 2.5  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	8/21/72	4 <sup>30</sup>	3 <sup>00</sup>	8 <sup>1</sup> / <sub>2</sub>
Tues.	8/22/72	7 <sup>30</sup>	5 <sup>30</sup>	8
Wed.	8/23/72	1 <sup>30</sup>	1 <sup>30</sup>	8hr
Thur.	8/24/72	10 <sup>00</sup>	6 <sup>30</sup>	8 <sup>1</sup> / <sub>2</sub>
Fri.	8/25/72	9 <sup>30</sup>	6 <sup>30</sup>	9
Sat.				4 <sup>1</sup> / <sub>2</sub>
Sun.				
Mon.	9/4/72	H		
Tues.	9/5	7 <sup>30</sup>	7 <sup>00</sup>	11 <sup>1</sup> / <sub>2</sub>
Wed.	9/6	7 <sup>30</sup>	6 <sup>00</sup>	10 <sup>1</sup> / <sub>2</sub>
Thur.	9/7	7 <sup>30</sup>	4 <sup>30</sup>	9 <sup>1</sup> / <sub>2</sub>
Fri.	9/8	7 <sup>30</sup>	3 <sup>30</sup>	8 <sup>1</sup> / <sub>2</sub>
Sat.	9/9			
Sun.	9/10			

FORM 90

Authorized Signature \_\_\_\_\_

79 H + 2<sup>1</sup>/<sub>2</sub> OT + 8 NLb6  
b7C

DB Cooper-37871

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

OCT 8 1972

Pay Ending

Regular Hours 40 Overtime Hours 10

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	9/25	7:30	7:30	12
Tues.	9/26	7:30	3:30	8
Wed.	9/27	7:30	6:30	11
Thur.	9/28	7:30	6:30	11
Fri.	9/29	7:30	3:30	8
Sat.		D		
Sun.		D		
Mon.		LWOP		
Tues.				
Wed.				
Thur.				
Fri.				
Sat.		D		
Sun.		D		

FORM 90

Authorized Signature \_\_\_\_\_

\$50 H + 10 OT + 40 LWOP

b6  
b7C

Coffelt, Jack  
4208 S. 12th Road  
Arlington, Va.

DATE	SALARY	DIFF.	POSITION	SHIFT
12-8-71	\$410/mo.	OT	OR Orderly	FT 9-5:30
4-2-72				

DATE TERMINATED: 3-3-72 9-29-72  
NVDH No. 8

*Jack Coffey*

8-25-72



DB Cooper-37874

## TERMINATION

Date: 10/19/72Employee's Name Tork COFFEIT  
First Middle LastDepartment UR Position OfficeReason for Termination: (Check One) Remarks: (Briefly indicate nature  
of action.)

Voluntary Resignation \_\_\_\_\_

End Temp. Assignment \_\_\_\_\_

Discharge ✓ EXCESSIVE TUES

Other \_\_\_\_\_

Employee's Rating:	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Performance	_____	_____	✓	_____	_____
Attendance	_____	_____	_____	✓ UNTIL RECENTLY	_____
Attitude	_____	_____	✓	_____	_____
Appearance	_____	_____	✓	_____	_____
Personality	_____	_____	✓	_____	_____

Remarks: MR. COFFEIT has resigned several mo. ago due to exten<sup>o</sup> business concerning family death. His rehire due to the vacant position. He has been off again for 3 wk tues on personal business. I talked with him by phone 10/12/72. He promised he would be to work regular 10/13/72. He has not worked since. I told him to report for work 10/13  
Last Day Actually Worked: FRI 9/29, 19 72

Day

Date

Would you rehire? ✓  
Yes      NoSubject To: See Above - Would Grade  
INCREASE  
MORALE PROBLEM.b6  
b7c

NOTED AND APPROVED:

--	--

Administrator

Northern Virginia Doctors Hospital

Termination record received: ✓

(Date)

Earnings record filed: ✓Leave slip filed: ✓Time card filed: ✓Record card filed: ✓Hospitalization cancelled: ✓Switchboard: ✓

NVDH Form # 126

Term w. Comp #  
SW.

NO. 1ERN VIRGINIA DOCTORS HOSP. AL  
EMPLOYEE EVALUATION - JOB PERFORMANCE REPORT

Name: COFFIT JACK  
Last First Initial

Date: 10/19/72

Department: O.R.

3 Mos. Probationary Period

Annual

Station: O.R.

Termination

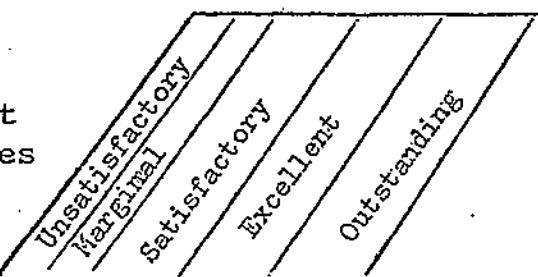
Full Time:  Part Time:

Position: ORDINARY

Temporary:  Permanent:

Shift: 9<sup>30</sup>-5<sup>30</sup>

Grading from left  
to right indicates  
lowest to  
highest



NOTE: If employee is graded unsatisfactory in any category, this report must be shown, discussed, and signed by employee as an acknowledgement of contents.

Remarks

Attendance							
Job Performance							
Ability							
Industry							
Dependability							<u>until Recently</u>
Cooperation							
Appearance							
Personality							
Health							

GENERAL

REMARKS Mr. COFFIT had Resignation served on 9/20 due necessity to have

extended leave was released as position was vacant. No S. Against EXIT NEED

FOR EXTENDED LEAVE - 3 Wk + 3<sup>1/2</sup>. WAS TOLD TO REPORT FOR WORK 10/13/72 OR  
HE WOULD BE REPLACED. HAS NOT WORKED YET.

Employee's  
Signature

Department  
Signature

Approved   
Disapproved

Remarks \_\_\_\_\_ b6  
\_\_\_\_\_ b7C

Date \_\_\_\_\_

Administr. \_\_\_\_\_

August 30, 1972

Jack Coffelt

In a recent letter from one of our patients,  
you were singled out for special commendation.

We wish to let you know how proud we are to  
have an efficient and competent employee such  
as you on our staff.

[REDACTED]  
Administrator

b6  
b7C

me

VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE  
Print full name Collet J. S. Student Social Security No. 513-46-2480  
Print home address 4208 3. 12th Rd City Arlington State VA ZIP Code 22204

EMPLOYEE:  
File this exemption certificate with your employer.

EMPLOYER:  
Keep exemption certificates with your records. Certificates may be on this form, or a similar form. If the employee is believed to have claimed too many exemptions, notify the Virginia Department of Taxation.

#### HOW TO CLAIM WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1" . . . . .
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
  - (a) If you claim both of these exemptions, write the figure "2" . . . . .
  - (b) If you claim one of these exemptions, write the figure "1" . . . . .
  - (c) If you claim neither of these exemptions, write "0" . . . . .
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
  - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older; and you claim both of these exemptions, write the figure "2" . . . . .
  - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" . . . . .
4. If you claim exemptions for one or more dependents, write the number of such exemptions . . . . .
5. Add the number of exemptions which you have claimed above and write the total . . . . .
6. Additional withholding per pay period under agreement with employer . . . . . \$ . . . . .

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Aug. 4, 1978

(Signed) Jack Coffield

**A. IF YOU FAIL** to file this certificate with your employer, he must withhold Virginia income tax from your wages without exemption. If an employer believes that an employee is claiming an excessive number of exemptions, he will advise the Department of Taxation.

**B. NUMBER OF EXEMPTIONS.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the taxable year than will be withheld if you claim every exemption to which you are entitled, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld.

**C. EMPLOYEES WITH TWO OR MORE EMPLOYERS.**—If you have more than one employer and wish to increase your withholding to an amount nearer your correct income tax you should claim a smaller number or no exemptions on each Form Va.—4 filed with all employers other than your principal employer.

**D. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

(1) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(2) The support of a dependent for whom you claimed exemption is

taken over by someone so that you no longer expect to furnish more than half the support for the year.

(3) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the taxable year.

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**E. DEPENDENTS.**—Do not claim any dependent in Line 4 (on other side) unless he or she meets all four of the following tests: (1) He or she is receiving over one-half of his or her support from you for the taxable year, and (2) he or she is "closely related" to you, and (3) he or she will not have as much as \$600 gross income of his or her own during the taxable year (if a son, daughter, stepson, or stepdaughter is a full time student at an educational institution, this limitation does not apply), and (4) if married, her or his exemption is not claimed by her husband or his wife. "Closely related" means your children (including stepchildren and legally adopted children) and grandchildren; your parents and grandparents; your brothers and sisters; your immediate "in-laws" (mother-, father-, son-, daughter-, brother-, sister-in-law); your blood related uncles, aunts, nieces, and nephews.

**F. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

Coffelt, Jack  
Employee NVDH

7-10-72 Personnel  
NORTHERN VIRGINIA DOCTORS HOSPITAL  
DEPARTMENT OF RADIOLOGY

REQUISITION FOR ROENTGEN EXAMINATION b6

b7C

Insurance: GHI  No GHI   
(Check one)

Transport to X-ray department by  walk  chair  stretcher.  
(Check one)

Part to be examined

① Chest

② RT. Shoulder

Clinical Diagnosis

trauma - due to accident at work

b6  
b7C

Nurses Signature

Report of Roentgenologist

Date of Examination

X-Ray No.

66674 ✓

Roentgen Findings

July 10, 1972

b6  
b7C

RE: Jack Coffelt, # 66674

Dear [redacted]

X-ray examination of the chest reveals the previously described blunting of the left costophrenic angle secondary to scarring. Old healed rib fractures are noted on the right. The lung fields are clear. The heart is unremarkable. The aorta is elongated calcified at the knob and tortuous. The lateral view reveals degenerative changes of the thoracic spine.

X-ray examination of the right shoulder girdle reveals no evidence of fracture or subluxation. Minimal degenerative changes are noted.

b6  
b7C

N. B.—The Radiologist will be pleased to confer with the Attending Physician with respect to all cases referred to this department.

NORTHERN VIRGINIA DOCTORS HOSPITAL  
EMPLOYEE ACCIDENT REPORT

NOTE: This form to be completed in duplicate and sent immediately to Administrator.

NAME OF EMPLOYEE INJURED Coffelt, Jack

DEPARTMENT CR

A.M.

DATE OF INJURY 7-9-72 DAY OF WEEK Friday TIME 4:30 P.M.

PHYSICIAN NOTIFIED: (Name) No

WAS EMPLOYEE DOING REGULAR WORK? Yes WAS EMPLOYEE INSTRUCTED REGARDING DANGERS OF JOB BEING DONE? When first hired, he was instructed in the dangers

BRIEF DESCRIPTION OF INJURY Priused rib on the R. side around diafragm and R. shoulder

HOW DID INJURY HAPPEN? He was helping to move patient from CR table to gta. stretcher

WHAT DO YOU BELIEVE CAUSED THE ACCIDENT? (DESCRIBED (a) any unsafe act of the injured employee or fellow employee (b) faulty machine or equipment (c) unsafe condition of area (d) other unsafe conditions) He was moving a new draw sheet on it was placed under the pt. The sheet from the case was too long and as the orderly on the R. of the pt. pulled, he slipped, the stretcher came away from the pt. and the pt. landed on the floor.  
What should be done to prevent repetition? Make sure floor is not slick.

HAS THIS BEEN DONE? No - impossible IF NOT, GIVE REASON.

Because it was a dirty case and the floor cannot be mopped until the pt. is out of the room. He is because of the floor is not mopped.

Date this report completed by supervisor 7-9-72

SIGNED

b6  
b7C

PHYSICIAN'S REPORT: (DESCRIBE TREATMENT AND/OR MEDICATIONS)

P. X: negative

Chest: Rt shoulder & chest : negative

SIGNED

M.D.

b6  
b7C

DATE OF THIS REPORT 7-9-72

SIGNED

b6  
b7C

well either. Jack the other orderly was left holding the pt. in mid-air with the 2 RN's.

b  
Term 3-3-72

NORTHERN VIRGINIA DOCTORS HOSPITAL  
PERSONNEL ACTION

DATE: 4/24/72

NAME: Coffelt Tack  
last first initial

PRESENT STATUS Station O.R.

POSITION O.R. Deputy DEPARTMENT O.R.

Part time full time temporary permanent

SHIFT: 9-5 8-4 4-12 12-8

THE FOLLOWING PERSONNEL ACTIONS TO BE APPROVED:

EFFECTIVE: Current Pay Period or 4-24-72

Transfer to position department

Change status to: Part time full time

Change station to North South

Change shift to 8-4 4-12 12-8

INCREASE rate of pay to \$ per day/month

differential

Grant Leave without Pay until:

Returning to duty. Resume on payroll as follows:

Position O.R. Deputy Dept. O.R.

\$ 410.00 per day/month. Differential + O.T.

OTHER ACTION: (Specify)

b6  
b7c

Approved \_\_\_\_\_

Disa \_\_\_\_\_

Date \_\_\_\_\_

Administrator

SUMMARY SHEET A: NO 8: YES

NORTHERN VIRGINIA  
DOCTORS HOSPITAL

79835

NAME COFFELT, JACK -		TELEPHONE 521-4665	PREVIOUS ADMISSION TO NVDH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TIME OF ADMISSION 2:15pm	ADMISSION DATE 7/19/73	
ADDRESS 4208 S. 12th RD. ARL. VA. 22204		AGE 48	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> C	MARITAL STATUS <input checked="" type="checkbox"/> S <del>T</del> M <input type="checkbox"/> W <input type="checkbox"/> DIV. <input type="checkbox"/> SEP. <input type="checkbox"/>	
DATE OF BIRTH 2/20/25	BIRTH PLACE MISSOURI	RELIGION PROT.	OCCUPATION PHYSICIST	ACCOMODATION PRIV. <input type="checkbox"/> SEMI PRIV. <input checked="" type="checkbox"/> CANDIAC <input type="checkbox"/>		
DISEASE [ ]	ADMITTING DIAGNOSIS THROMBOPHLEBITIS				ROOM NO. 374B	ROOM RATE 66.00
NOTIFY IN EMERGENCY [ ]		RELATIONSHIP <input checked="" type="checkbox"/> X	OFF. PHONE	HOME PHONE	DEPOSIT	ADM. BY
INSURANCE GHI		CONTRACT NO 159-1727			CODE NO 1110-B	EFB: 6/1/72
INSURED THROUGH SELF		EMPLOYER IBM CORP. (UNABLE TO GIVE PHONE#)			BUS. PHONE b7C	

CAUSE FOR ADMISSION:

Thrombophlebitis  
swell & tender left leg

LABORATORY FINDINGS:

by CBC & CO.

OPERATIVE PROCEDURES  
AND DATES:

CODE

OPERATIVE FINDINGS:

SUMMARY OF  
HOSPITAL COURSE:

Treated with bedrest & heat

discharged on going home 7/21/73

FINAL DIAGNOSIS:

Thrombophlebitis left upper thigh

CODE

4510

COMPLICATIONS:

CONSULTATION WITH:

DISCHARGE  
DATE:

7-21-73

ITION ON DISCHARGE: RECOVERED  IMPROVED   
DIED  NOT TREATED  D.X. ONLY   
AUTOPSY  COPY TO PHYSICIAN - YES  NO

b6  
b7C

28887

PATIENT NUMBER

PGY:2 QSA

10/13/73 10:17

## NORTHERN VIRGINIA DOCTORS HOSPITAL

IN THE CASE OF MINOR CHILDREN THIS SECTION MUST BE COMPLETED BY THE PARENTS, GUARDIAN OR OTHER RESPONSIBLE PERSON.

I HEREBY AUTHORIZE THE PERFORMANCE OF ANY MEDICAL PROCEDURE WHICH MAY BE ADVISED AND RECOMMENDED BY MY ATTENDING PHYSICIAN OF MYSELF, JACK COFFELT. A PATIENT AT NORTHERN VIRGINIA DOCTORS HOSPITAL.

HOSPITAL. FURTHERMORE, I RESPECTFULLY REQUEST THE USE OF ANY WHICH IS NECESSARY FOR BENEFICIAL IN THE PERFORMANCE

WITNESS

DATE


## RELEASE FORM RESPONSIBILITY FOR ABORTION

b6  
b7C

I, THE UNDERSIGNED, A PATIENT APPLYING FOR ADMISSION TO NORTHERN VIRGINIA DOCTORS HOSPITAL, BELIEVE THAT I AM IN A CONDITION TO HAVE AN ABORTION. I HEREBY DECLARE THAT NEITHER THE ATTENDING PHYSICIAN NOR ANY PERSON EMPLOYED BY OR CONNECTED WITH THE SAID HOSPITAL HAS KNOWNLY PERFORMED ANY ACT WHICH MAY HAVE CONTRIBUTED TO THE INDUCTION OF THE ABORTION.

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_ SIGNED \_\_\_\_\_ PATIENT  
WITNESS \_\_\_\_\_

## RELEASE FROM RESPONSIBILITY FOR DISCHARGE

I, THE UNDERSIGNED, DEMAND THE RELEASE OF NORTHERN VIRGINIA DOCTORS HOSPITAL AND ASSUME FULL RESPONSIBILITY FOR HIS OR HER DISCHARGE AGAINST THE ADVICE OF THE ATTENDING PHYSICIAN AND OF THE HOSPITAL ADMINISTRATION. I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE RISKS INVOLVED AND HEREBY RELEASE THE ATTENDING PHYSICIAN AND THE HOSPITAL FROM ALL RESPONSIBILITY FOR ANY IL EFFECTS WHICH MAY RESULT FROM SUCH DISCHARGE.

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_ SIGNED \_\_\_\_\_  
WITNESS \_\_\_\_\_ RELATIONSHIP TO PATIENT

## ABSENCE PERMIT

I, THE UNDERSIGNED, A PATIENT IN NORTHERN VIRGINIA DOCTORS HOSPITAL, DO HEREBY STATE THAT IF IT IS NECESSARY TO LEAVE THE HOSPITAL TEMPORARILY, I AM FULLY AWARE THAT WHATEVER ILLNESSES AND OR INJURIES WHICH MAY DEVELOP ME DURING MY ABSENCE SHALL NOT BE THE RESPONSIBILITY OF THE PHYSICIAN IN CHARGE, THE HOSPITAL, OR ANYONE CONNECTED WITH THE HOSPITAL.

I REALIZE FURTHER THAT EMERGENCY ADMISSIONS TO THE HOSPITAL MIGHT NECESSITATE THE USE OF MY HOSPITAL BED.

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_ SIGNED \_\_\_\_\_  
WITNESS \_\_\_\_\_

## NORTHERN VIRGINIA DOCTORS HOSPITAL

COFFELT JACK  
D 7-19-73 19995

## HISTORY

b6  
b7C

INFORMANT

DATE 7/19/73

CHIEF COMPLAINT I have pain in my L leg.PRESENT ILLNESS This is pt NVDH admission for the # 4540.041 former employee who complains of acute calf tenderness in L leg. Pt has had varicose veins for 3-4 yrs PTA and was once hospitalized for wk. for idioma 2° to these varicities. 1-3 days PTA pt when lifted heavy object and felt burning sensation in lower medial L leg - a local swelling developed at this time later became tender, eloquently so at 10 AM today 7/19/73 when pt. stood and noticed hot, flaming sensation in this very localized region below the knee. Pt has been sensitive to standing ever since this time. Pt can't stand to walk but is very susceptible to edematus & bleeding. Maintaining muscle cramps.PAST MEDICAL ILLNESS Allergic - to surgery - 3K for inguinal hernia.  
Rear - meniscus replaced - 3 yrs. P.D.  
Good general health otherwise.FAMILY HISTORY N.C. - orphan.SOCIAL HISTORY Smoking Ht - 1-2 pack/day x 30 yrs.  
ETOH - heavy - calls self borderline alcoholic.REVIEW OF SYSTEMS N.C.b6  
b7C

Signed

7-19-73

COFFELT JACK  
D#444 3743 79005

NORTHERN VIRGINIA DOCTORS HOSPITAL

PHYSICAL EXAMINATION

GENERAL CONDITION: B.P. 150/90 P. 100 RESP. 22 WT. 152

General: A/G - WNL, upright, in mild discomfort, oriented & 3, anxious,  
good ty.

Skin: reddened due to sun exposure.

Eyes: fundi: not visible due to constriction. PERRLA, EOMR - WNL

Ears: Clear to vision, good sound R/L.

Nostril: WNL

Oral: Hypersensitive, liver edge - nonglobular

Thyroid: None palpable

Neck: Soft S muscles, tender ness

Heart: NSR, Clear S<sub>1</sub> + S<sub>2</sub>, no T or C<sub>2</sub> CH: Good pulses.

Lung: Clear to S+L.

S.L.: Abdomen: No masses, organomegaly, palpable.

GU: OLVH tender ness.

Prect: WNL

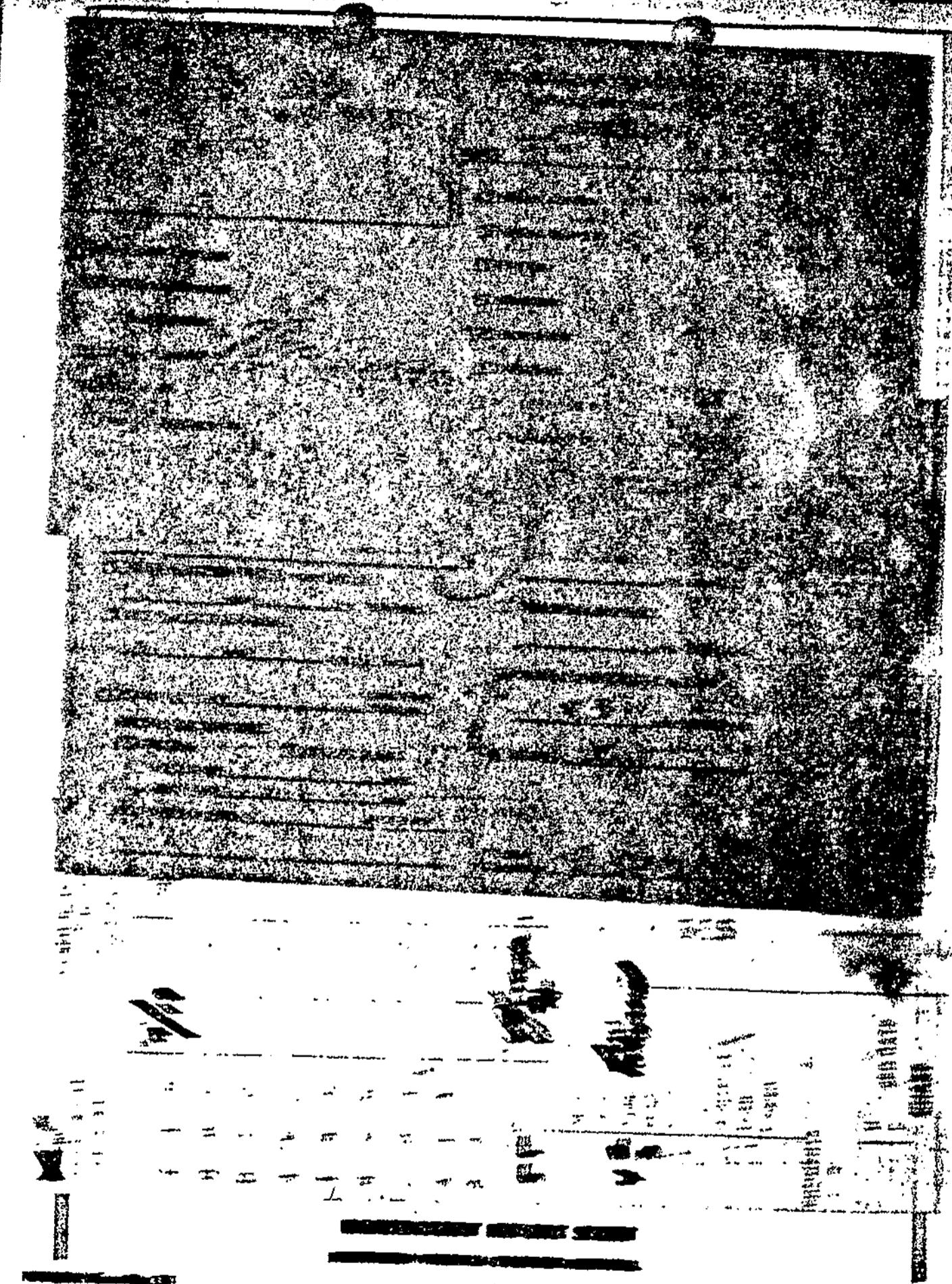
Extremities: Superficial varicosities R + L. L leg & large edematous  
reddened area 3-6 cm diam. on medial aspect of left calf 6 inches  
above medial malleolus. Similar non reddened swelling on R  
leg. Homans sign: R non tender L extremely so. Path enlarges on  
standing.

PROVISIONAL DIAGNOSES:

1. Acute thrombophlebitis.
- 2.
- 3.

b6  
b7C

EXAMINED BY:



Sheet 1  
 COFFELT JACK  
 P.M.U. 374.B 79895  
 P.M.S.

NORTHERN VIRGINIA DOCTORS HOSPITAL  
 DEPARTMENT OF PATHOLOGY  
 URINALYSIS

DATE: 7/19

CHART

Specimen taken by	<input type="checkbox"/> Cath. <input checked="" type="checkbox"/> Void <input type="checkbox"/> Clean Catch
ADMISSION URINALYSIS	
<input type="checkbox"/> Repeat Urinalysis	Appearance yellow-clear
<input type="checkbox"/> Reaction	Acid
<input type="checkbox"/> Specific Gravity	1.022
<input type="checkbox"/> Albumin	—
<input type="checkbox"/> Sugar	—
<input type="checkbox"/> Acetone	—
<input type="checkbox"/> Bicarbonate Acid	—
<input type="checkbox"/> Bilirubin	—
<input type="checkbox"/> Urobilinogen	—

Leukocytes	0-2/
Erythrocytes	—
Casts: Hyaline	—
Finely Granular	—
Coarsely Granular	—
Cellular	—
Waxy	—
Epithelium	—
Crystals	Mucus moderate
Miscel.: <input type="checkbox"/> Occult Blood	—
<input type="checkbox"/> Glitter Cell	—
24 HOUR SPECIMENS:	
<input type="checkbox"/> VMA	
<input type="checkbox"/> 17 Ketosteroids	
<input type="checkbox"/> Catecholamines	
17 Ketogenic Steroids	
TE	
Nurses Signature	
DATE 7/20	

b6  
 b7C

Sheet 3

LABORATORY REPORT SHEET  
 NORTHERN VIRGINIA DOCTORS HOSPITAL

N.V.D.H. Form No. 31

DB Cooper-37888

COFFELT JACK  
7-19-73

NORTHERN VIRGINIA DOCTORS HOSPITAL  
ELECTROCARDIOGRAPH READINGS

SERVICE	Medical	PREVIOUS EKG'S	No
DIGITALIS:		BODY BUILD	Large
QUINIDINE:		HEART MURMURS	
OTHER DRUGS:		BLOOD PRESSURE	150/90
HISTORY:			

CLINICAL DIAGNOSIS:

REQUESTED BY: \_\_\_\_\_ b6  
DATE TAKEN 7/19/73 ELECTROCARDIOGRAPH NUMBER \_\_\_\_\_ b7C

FINDINGS

RATE:	ELECTRICAL AXIS:	0
VENTRICULAR	EKG POSITION:	Semi-Horizontal
AURICULAR	Q. T. INTERVALE	.32
RHYTHM:	NORMAL SINUS RHYTHM	
PR INTERVAL:	.19	
QRS INTERVAL:	.06	

INTERPRETATION:

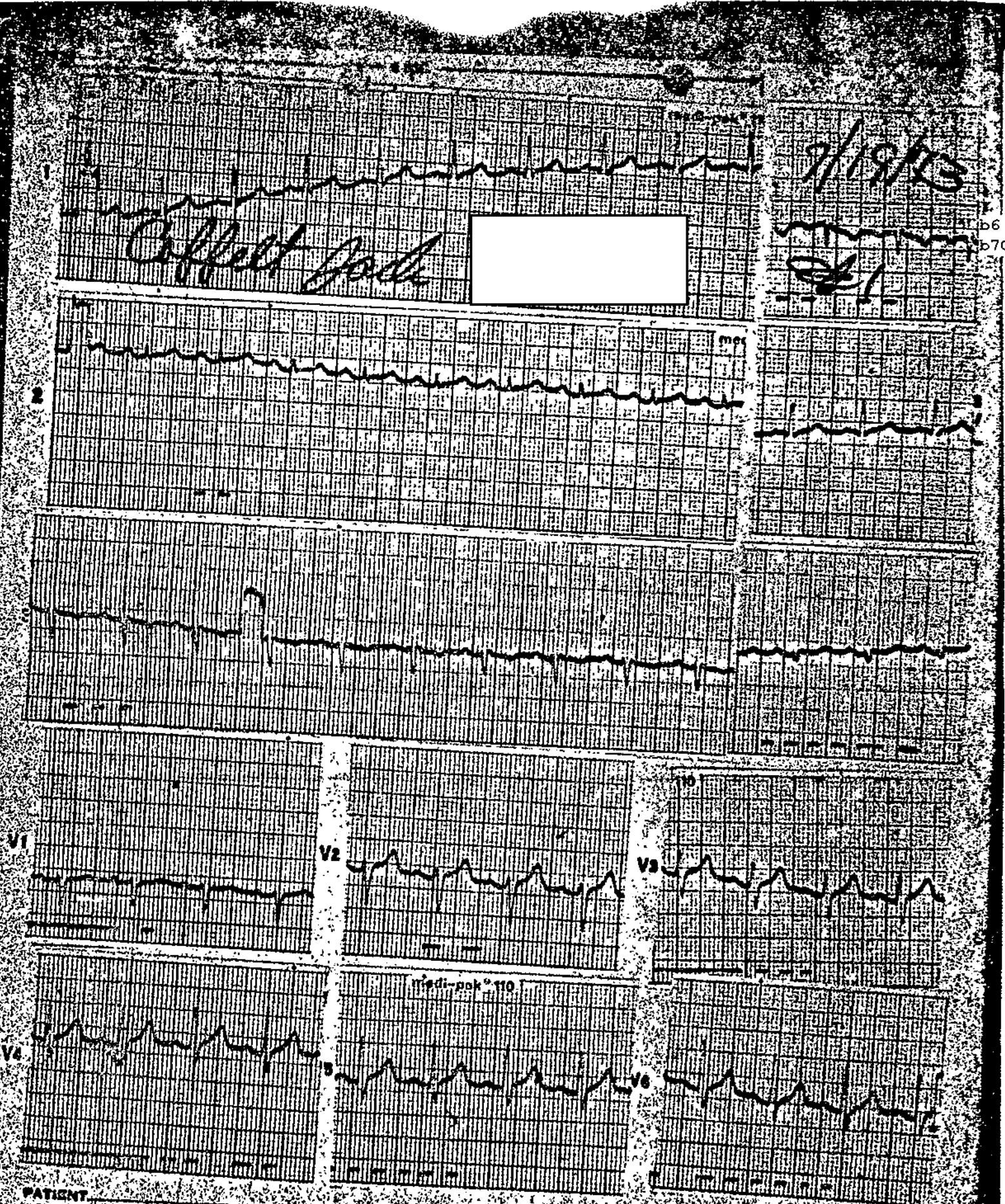
WITHIN NORMAL LIMITS.

SIGNED BY: \_\_\_\_\_

M.D. \_\_\_\_\_

7/19/68

b6  
b7c



PATIENT

A.U. RATE

V.E. RATE

REMARKS

RHYTHM

P WAVES

T WAVES

P.R. INT.

Q.R.S. INT.

S-T SEG.

MEDICATION

PATIENT POSITION

ELEC. AXIS

171873  
NADON FORM NO 32

NORTHERN VIRGINIA DOCTORS HOSPITAL

PROGRESS NOTES

GREFELT JACK  
P.M. 3742 79295

Date

NOTES

18 yr man - only notable left calf  
swelling - see Dr. [redacted]

b6  
b7c

2/20/73 Rx taken - no breakthrough

2/21/73 Pain today

D.D.S.

11-11

Signed \_\_\_\_\_

N.V.D.H. Form No. 25

PROGRESS NOTES (cont'd)  
NORTHERN VIRGINIA DOCTORS HOSPITAL

b6  
b7c

WADDELL, JACK

0414 27 1973

DOCTORS ORDER SHEET

NORTHERN VIRGINIA DOCTORS HOSPITAL

DOCTOR'S ORDER SHEET

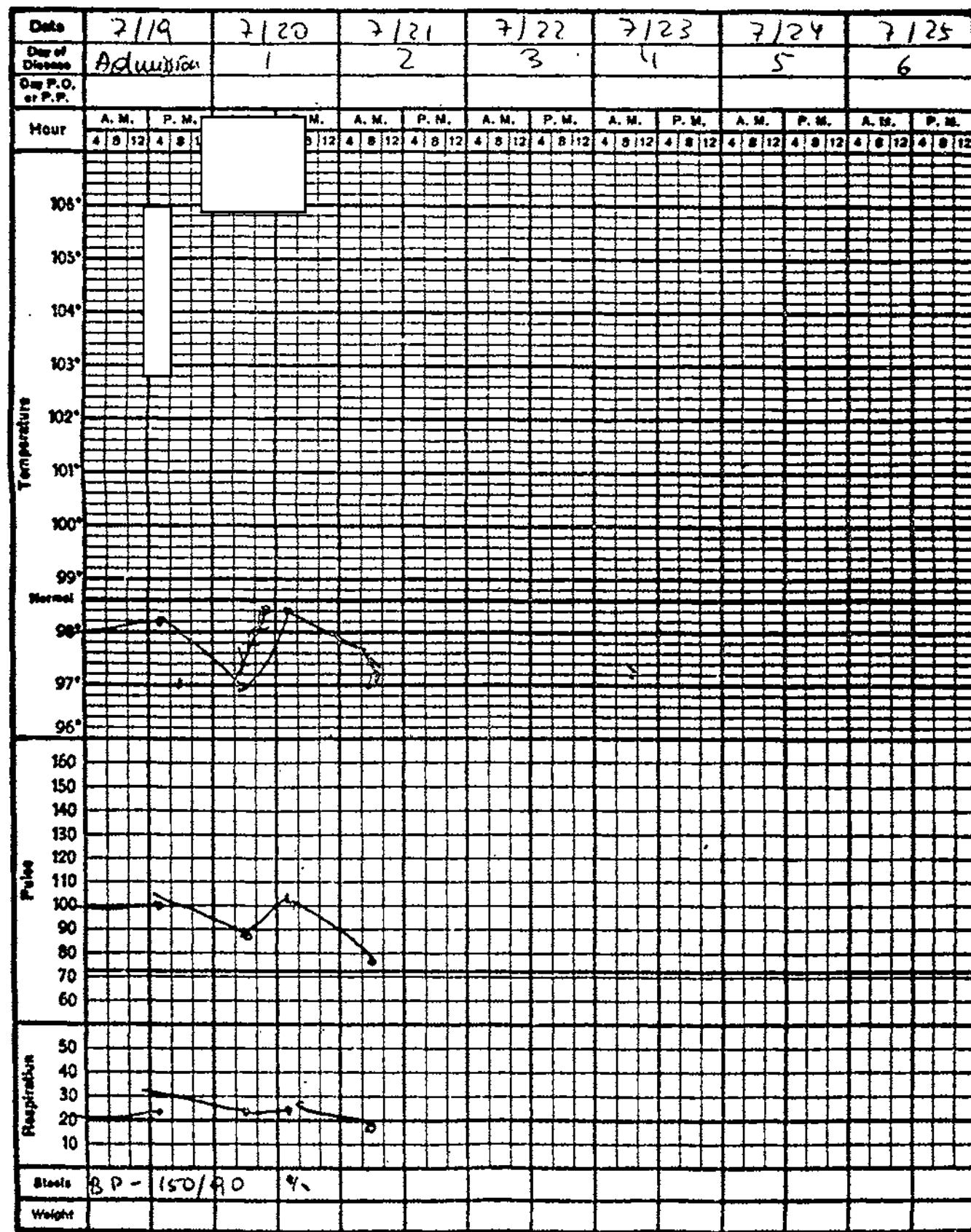
ORDERED

Date	Hour	Noted
7/19/73	3:00	1) Fugilar 600 mg 2) Liqua gelat. 600 mg 3) Celestazidime Reba 20 mg every 4 hours then give 100 mg 4) Alceral gr 1/2 ms w repeat if necessary 5) Tegrenal 50 mg po q30 min 6) Valium 10 mg po stat & q4 h per. 1/2 hour 7) Klon this afternoon 8) Post chl. " " " " 9) C3C - urine this afternoon 10) Merchant "
7/20/73	5:00 AM	APTT is 20 min.
7/20/73		Ampicillin 500 mg q8 daily 1/2 a day increase per doctor's to 100 mg
7/21/73		Vikor 10 mg
7/21/73		Home today

COFFELT JACK  
PN444 374A 79895  
DR FUSE

NORTHERN VIRGINIA DOCTORS HOSPITAL

GRAPHIC CHART



7-19-73

NORTHERN CALIFORNIA HOSPITAL  
DAILY REPORT - NURSES' NOTES

COFFELT JACK  
PWH 44-174 79705  
F: 1 S: 5

NURSES' SIGNATURES:			Total Units To Be Charged For	Total Charges  b6 b7C
8-4	1	412		
4-12	1	412		
12-8	1	412		

MEDICATIONS:	DATE: 7/19	TIME ADMINISTERED		b6 b7C
		12 AM to 12 PM	12 PM to 12 AM	
Siccoral 9:30				
Alka Butazolidin po 30mg now				
Demerol 50mg stat (pc)				
Valium 10 mg po stat				
PARENTERAL FLUIDS				
OXYGEN				
TREATMENT				
ENEMA (SI)				
DIET		LAB	X-RAY	EKG
			PT	BMR
NURSES' NOTES				
2:30 Pt is tracheobronchitis, sedus to be in a severe pain (lyme) see antermission nurses notes)				
G.D.				
3:00 Refused chest x-ray				
4-8 gasestite pain				
med 1x for pain				
Visitors in				
8-10 P.M. pain severe				
med 1x for pain				
IPU				

b6  
b7Cb6  
b7Cb6  
b7C

COFFELT JACK  
P# 1748 79895

ADMISSION NURSES NOTES

TIME: 2:30 P.M.

DATE: 7/19/73

PATIENT ADMITTED: WALKING CHAIR STRETCHER

SERVICES OF DOCTOR:

VITAL SIGNS: TEMPERATURE 98<sup>2</sup> PULSE 100 RESPIRATION 22

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE 130/90

ADMISSION DIAGNOSIS: Troublesome

HISTORY OF: DIABETES  IF SO, WHEN?

HEART DISEASE  IF SO, WHEN?

EPILEPSY  IF SO, WHEN?

TUBERCULOSIS  IF SO, WHEN?

ALLERGIES: Pork, seafood

USUAL DIET: Regular

MEDICATIONS PRESENTLY BEING TAKEN:

Name	Dosage	Times a Day

MEDICATIONS SENT: HOME \_\_\_\_\_ NURSING OFFICE \_\_\_\_\_

VALUABLES SENT: HOME \_\_\_\_\_ HOSPITAL SAFE

LIST VALUABLES KEPT WITH PATIENT:

DENTURES: YES  NO \_\_\_\_\_ GLASSES: YES  NO \_\_\_\_\_

URINATION: FREQUENCY normal NOCTURIA no TIMES PER NIGHT \_\_\_\_\_

BOWELS: CONSTIPATION? no LAXATIVES REQUIRED \_\_\_\_\_

CONDITION OF PATIENT (BRUISES, RASH, SKIN CONDITION AND/OR ANY OTHER PERTINENT INFORMATION):

Pt is Troublesome seems to be in a severe pain in the @ leg. Crying and asking something for pain.

72073

NORTHERN DOCTORS HOSPITAL  
DAILY REPORT - NURSES' NOTES

COFFELT JACK  
P 111-174 79895

8-4							
4-1							
12							

Total Charges

Business Office Use Only

MEDICATIONS:	DATE: 7-2	12 AM TO 12 PM					
<i>Nalium 10 mg po bid Amoxicillin 500 mg po qid Butazolidin Alkalized 250 mg po tid</i>							
<i>Promethazine 10 mg po qid for pain</i>							
PARENTERAL FLUIDS							
OXYGEN							
TREATMENT							
4/2 went to lab.							
ENEMA (S)							
DIET	REGULAR	LAB	X-RAY	EKG	PT	BMR	
12-8	NURSES NOTES						
<i>4-8 Bedtime quietly in bed 8-9 AM Movie in Room - 8-4 Still AM movie took out well BP maintained. Aches back in both legs, more most of the time. C/o of pain in the R leg, medicated x2 for app relief. Pt seems to be very nervous. Posture anxiety this P.t.</i>				<i>4-8 Bedtime quietly in bed 8-9 AM movie in Room - 8-4 Still AM movie took out well BP maintained. Aches back in both legs, more most of the time. C/o of pain in the R leg, medicated x2 for app relief. Pt seems to be very nervous. Posture anxiety this P.t.</i>			
6N							

b6  
b7Cb6  
b7Cb6  
b7C

**NORTHERN VIRGINIA DOCTORS HOSPITAL**  
**DAILY REPORT - NURSES' NOTES**

COFFELT JACK  
P-474 2742 79895

ADDITIONAL SIGNATURES:		Total Units	Total Charges
8-4			
4-12	4-12		
12-8	4-12	.	

*Disebayer*

## NORTHERN VIRGINIA DOCTORS HOSPITAL

No. 2799

Unithed 3246

## EMERGENCY ROOM RECORD

 Medicare Patient

U.S. or H.I.M.L No.

Last Name Coffett	First Name Jack	Middle Name	Home Phone 734-4645	Admission Date 7-19-73 2 PM	Age 47	Sex M	Civil Service M S W G 200	Handicap
Address 1226 Columbia Pike, Arlington, Va.	City Arlington	State VA	Age 47	Date of Birth 02/20/05	Sex M	Civil Service M S W G 200	Religion	
Employee FBI			Address 7101 20				Compensation Yes <input type="checkbox"/> No <input type="checkbox"/>	
							Phone	
Name of Blue Cross and/or Blue Shield Plan Other DC # 1227	Group No. 68-2820	Contract No. 441110-6	Effective Date 6-1-72	Subscriber Discharged	<input type="checkbox"/> Cancerous			
Other hospitalization (Insurance)	Name None	Address	Cert. or Policy No.	Group No.	Effective Date			
Family Doctor	Notified Yes <input type="checkbox"/>	Brought By Self <input type="checkbox"/> Father <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>		Type of Service: X <input type="checkbox"/> P <input type="checkbox"/> PT <input type="checkbox"/> O <input type="checkbox"/> D <input type="checkbox"/> Other <input type="checkbox"/>				

AUTORIZATIONS on Reverse Side Must be Signed by Patient or Authorized Person

EMERGENCY ROOM CHARGES Does Not Include Fee of Attending Physician				OTHER SERVICES RENDERED			
ITEM	CHARGE	ITEM	CHARGE	X-ray	b6		
Emergency Room		Sutures		Laboratory	b7C		
Anesthetic		Tetanus Antitoxin		Physical Therapy			
Central Supply		Cast		EKG			
Dressings		R.O.U.					
Drugs							
Oxygen							

No known allergies to drugs. BRIEF HISTORY

In accident state where, when and how injured; If illness describe:

Pt. having acute pain in both lower legs, especially  
 Pt. over which begins this morning has become  
 increasingly worse

NOTIFIED	
Relative <input type="checkbox"/>	Concierge <input type="checkbox"/>
Police <input type="checkbox"/>	By Wheel <input type="checkbox"/>

Name: [REDACTED]	Officer's Signature: [REDACTED]	Badge: [REDACTED]	Division: [REDACTED]	Time: [REDACTED]
				b6
				b7C

## PHYSICIAN'S REPORT

CONDITION: ON ADMISSION: Good  Fair  Poor  Shock  Hypotension  Coma  Temp. 98.6  Del.  Heart 100  R.B. 24  P.S. 150   
 Treatment: Tetanus Toxoid \_\_\_\_\_ Tetrus Antitoxin \_\_\_\_\_ Tetanus Antitoxin \_\_\_\_\_

Diagnosis: Thrombo-phlebitis

Disposition: To be admitted. Referred to Dr. [REDACTED] Date 7/19/73

## INSTRUCTIONS TO PATIENT:

[REDACTED]

7/19/73

## EMERGENCY ROOM RECORD

## NORTHERN VIRGINIA DOCTORS HOSPITAL

No. 2799

4/3748

S.S. or H.I.D. No.

b6  
b7C

Last Name	First Name	Middle Name	Home Phone	Admission Date	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Hosp. No.
Plaggit	W.	K.	501-4665	2-19-72		
Address	City	State	Age	Date of Birth	Sex	Civil Status
Employer			48	12-27-30	F	M S W D Sep.
Ref.		Address				Religion
No.	Group No.	Contract No.	Insurance	Dependent	Family Member	<input type="checkbox"/>
Other hospitalization insurance	Name	Address	Cert. or Policy No.	Group No.	Effective Date	Compensation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Family Doctor	Notified Year <input type="checkbox"/> No <input checked="" type="checkbox"/>	Brought By S.M. / Police <input type="checkbox"/> Fire <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>	Type of Service XR <input type="checkbox"/> PH <input type="checkbox"/> PT <input type="checkbox"/> Lab <input type="checkbox"/> Other <input type="checkbox"/>			

## Authorizations on Reverse Side Must be Signed by Patient or Authorized Person

EMERGENCY ROOM CHARGES Does Not Include Fee of Attending Physician				OTHER SERVICES RENDERED		
ITEM	CHARGE	ITEM	CHARGE	X-ray	<input type="checkbox"/>	
Emergency Room		Sutures		Laboratory	<input type="checkbox"/>	
Anesthetic		Tetanus Antitoxin		Physical Therapy	<input type="checkbox"/>	
Central Supply		Cast		EKG	<input type="checkbox"/>	
Dressings		E.D.U.			<input type="checkbox"/>	
Drugs					<input type="checkbox"/>	
Oxygen					<input type="checkbox"/>	

## BRIEF HISTORY

If accident state where, when and how injured; If illness describe

		NOTIFIED	
		Relatives <input type="checkbox"/>	Coroner <input type="checkbox"/>
		Police <input type="checkbox"/>	By Whom:
Nurse's Signature R.N.	Officer's Signature	Badge	District
		Time	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>

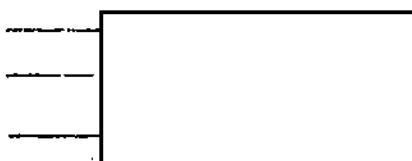
## PHYSICIAN'S REPORT

CONDITION ON ADMISSION	Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma <input type="checkbox"/>	Temp. 98.6	Oral <input type="checkbox"/> Rectal <input type="checkbox"/> P.C.T. <input type="checkbox"/> R.T. <input type="checkbox"/> BP 120/80
Treatment:	Tetanus Toxoid _____ cc.	Tetanus Antitoxin Test _____	Tetanus Antitoxin _____ units

Diagnosis: Thrombo phlebitis

Disposition of Case: To be admitted Referred to Dr. \_\_\_\_\_ Date 7/18/72  b6  
b7C

INSTRUCTIONS TO PATIENT: \_\_\_\_\_

7/16/72 2:15 P.M.  
(Date)

(Patient's Signature)

NVDH #105

DISCHARGE OFFICE

b6  
b7C

No. 79895

This receipt MUST BE SIGNED IN THE PRESENCE OF  
THE CUSTODIAN when the valuables which have been  
deposited are taken from him and whose signature  
on the return will be his deposit of the envelope.

Signature of  
Depositor: *John P. Gage*

Date:	2/19/73	Line
Initials:		10

B

NORTHERN VIRGINIA DOCTORS HOSPITAL  
Pre-Employment Interview

NAME Coffelt, Jack

DATE 12/6/71

POSITION APPLIED FOR Orderly

Type of work: Full Time / Part Time No. Days per Week 5

FOR NURSING PERSONNEL: Shift: 8-4 ~~4-12~~ 12-8 What days MON-FRI  
Weekends ROTATING  
Other O.T.

DATE AVAILABLE MM

TRANSPORTATION PROVIDED

HOW REFERRED N.V. SAN

PHYSICAL IMPAIRMENTS None

LAST EMPLOYMENT (TYPE OF WORK AND DATE) PRIVATE DUTY

FAMILY: Husband's (or Wife's) Occupation \_\_\_\_\_

Children \_\_\_\_\_ Their ages \_\_\_\_\_ Care Provided \_\_\_\_\_

IMPRESSIONS:

	EXCELLENT	GOOD	FAIR	POOR
Appearance	✓			
Personality		✓		
Health		✓		
Qualifications	✓			
Knowledge of skills		✓		
Interest		✓		

RECOMMEND FOR EMPLOYMENT YES

going NVCC for Nursing Degree - has SCRUBBED on SURG. + ASSISTED  
much experience in hospitals - very talkative - good Salesman

REMARKS: 2nd choice

Employment to Commence 12/8/71

Department O.R

Shift 9-3

(FT)

PT

SALARY \$ 410

APPROVAL Administrator

DIFF. + O.T.



NORTHERN VIRGINIA DOCTORS HOSPITAL  
Arlington, Virginia

TERMINATION

b6  
b7c

Date: 3-29-72

Employee's Name JACK First Middle Last

Department \_\_\_\_\_ Position \_\_\_\_\_

Reason For Termination: (Check One) Remarks: (Briefly indicate nature of action.)

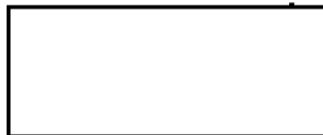
Voluntary Resignation  Sudden death in family - prolonged legal matters to settle concerning

February 29, 1972

This is to certify that

Coffelt, Jack

attended the Orientation Program held on this date.



b6  
b7c

NO. HERN VIRGINIA DOCTORS HOS. PAL  
EMPLOYEE EVALUATION AND JOB PERFORMANCE REPORT

Name: Coffelt, Jack  
Last      First      Initial

Date: 1/6/72

Department: OR

3 Mos. Probationary Period

Annual ✓

Termination \_\_\_\_\_

Station: O.R.

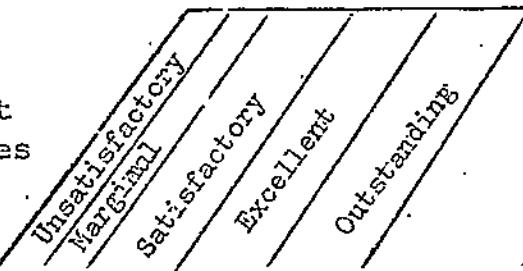
Position: properly

Full Time:  Part Time:

Shift: 9-5<sup>30</sup>

Temporary: \_\_\_\_\_ Permanent:

Grading from left to right indicates lowest to highest.



NOTE: If employee is graded unsatisfactory in any category, this report must be shown, discussed, and signed by employee as an acknowledgement of contents.

### Remarks

GENERAL

REMARKS A new employee - has potential of becoming a very good worker  
takes criticism well: tries almost too hard to please - hard working  
tries work to do. Learns quickly.

Employee's  
Signature \_\_\_\_\_

Department Head  
Signature

Approved  Disapproved

Remarks \_\_\_\_\_

### Data

Administrator

Date \_\_\_\_\_ Administrator \_\_\_\_\_ b7C

Administrator \_\_\_\_\_ b7C

b6  
b7c

COFFEIT, JACK EMP.

## NORTHERN VIRGINIA DOCTOR'S HOSPITAL

## DEPARTMENT OF PATHOLOGY

## SEROLOGY I

DATE: 12-13-71

- Admission Serology  
 Pre Marital Serology  
 VDRL Slide Test  
 VDRL Quantitative  
 FTA - ABS  
 Febrile Agglutinations

- Direct Coombs  
 Indirect Coombs  
 Rh Titer  
 Monospot  
 Heterophile  
 ASO-Titer  
 R. A. Test (Latex)  
 C-Reactive Protein

CHART

S12-71

COFFEIT, JACK EMP.

NORTHERN VIRGINIA DOCTOR'S HOSPITAL  
DEPARTMENT OF PATHOLOGY

DATE: 12-13-71

## SPECIMEN TAKEN BY

- Cath  Void  
 ADMISSION URINALYSIS  
 Repeat Urinalysis  
 Appearance \_\_\_\_\_  
 Reaction \_\_\_\_\_  
 Specific Gravity \_\_\_\_\_  
 Albumin \_\_\_\_\_  
 Sugar \_\_\_\_\_  
 Acetone \_\_\_\_\_  
 Diacetic Acid \_\_\_\_\_  
 Bilirubin \_\_\_\_\_  
 Urobilinogen \_\_\_\_\_

Clean  
Catch

Leukocytes \_\_\_\_\_

Erythrocytes \_\_\_\_\_

Cast: Hyaline \_\_\_\_\_

Finely Granular \_\_\_\_\_

Coarsely Granular \_\_\_\_\_

Cellular \_\_\_\_\_

Waxy \_\_\_\_\_

Epithelium \_\_\_\_\_

Crystals \_\_\_\_\_

Mucus \_\_\_\_\_

Miscel: \_\_\_\_\_

 Occult Blood \_\_\_\_\_ Glitter Cell \_\_\_\_\_ Bence Jones \_\_\_\_\_  
 Protein \_\_\_\_\_ Sulkowitch \_\_\_\_\_  
 (urinary calcium) Porphobilinogen \_\_\_\_\_ Phenylpyruvic Acid \_\_\_\_\_  
 Serotonin (5HIAA) \_\_\_\_\_

## 24 HOUR SPECIMENS:

- VMA \_\_\_\_\_  
 17 Ketosteroids \_\_\_\_\_  
 Catecholamines \_\_\_\_\_  
 17 Ketogenicsteroids \_\_\_\_\_

TECH  
DATA

Nurses Signature

12-13-71

CHART

#9

RE TEST FOR BLOOD TEST AND URINALYSIS

Employee's Name COFFLET, JACK

Date of Request 12-13-71

New Employee X

Annual Follow-up \_\_\_\_\_

Semi-Annual Follow-up \_\_\_\_\_

Please send copy of report to the Personnel Office to be filed in employee's personnel folder.

NVDH Form #F-201

Personnel Office

b6  
b7c

NORTHERN VIRGINIA DOCTORS HOSPITAL CORP.

601 S. CARYLN SPRINGS ROAD  
ARLINGTON, VIRGINIA 22204

To:

December 8, 1971

Hutchinson, Kansas

b6  
b7C

Regarding: Jack Coffelt

We would greatly appreciate your opinion of the above named applicant for the position of:

O.R. Orderly

in this hospital

Employed by you from:

I can't identify this boy

Student in your hospital from:

for sure to if he is the

Graduated: Yes \_\_\_\_\_ No \_\_\_\_\_

Position held:

Some time thinking of, he was

Reason for leaving your employment:

excellent in all his work

Would you re-employ? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, would you comment under Remarks?

	*GOOD	*SATISFACTORY	*NEEDS IMPROVEMENT
Attendance:			
Job Performance:			
Ability:			
Industry:			
Dependability:			
Cooperation:			
Appearance:			
Personality:			
Health:			

REMARKS:

Sign:

By:

Title:

b6  
b7C

R.N./E

R.N.

Operating Room Supervisor

\*(Please Check (X) or comment if indicated.)

N.V.D.H. Form 57

Social Secu( Number 513-26-2480

NORTHERN VIRGINIA DOCTORS HOSPITAL CORP.

601 S. CARLYN SPRINGS ROAD  
ARLINGTON, VIRGINIA

APPLICATION FOR APPOINTMENT

NAME: (Miss, Mrs., Mr.) Jackie Coffelt Telephone: 521-4665

ADDRESS: (Permanent) 4208 La. 4th Rd (Local) Arlington, Va.

Date of Birth 1924 Height 62 Weight 125 Date of last Physical Examination: Mar 1970

Date and diagnosis of any recent illness: None Marital Status - M..... S/✓ Other..... No. of Dependents 0

Position for which Application is made: D.R. Doctor Date Available: Never Minimum Salary Expected: \_\_\_\_\_

REGISTRATION:

By examination in which state: \_\_\_\_\_ Year: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Virginia: \_\_\_\_\_ Year: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Other States: \_\_\_\_\_

MEMBERSHIP: Alumnae \_\_\_\_\_ A.N.A. \_\_\_\_\_ L.N.E. \_\_\_\_\_ A.R.C. \_\_\_\_\_ Other \_\_\_\_\_

ACADEMIC AND PROFESSIONAL QUALIFICATIONS:

Name	City and State	Dates	Diploma Degree Credits	Course
------	----------------	-------	------------------------	--------

High School: Yes

School of Nursing: Yes

College or University: University of Kansas 3 years

Clinical Post-grad. Courses: \_\_\_\_\_

EMPLOYMENT EXPERIENCE:

Position title: \_\_\_\_\_ Institution or Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Dates: \_\_\_\_\_ (Duties describe briefly)

Kaufman Hospital, Mission, California

DR. I. F. Liers, 3 years

J.R. Hospital in Lancaster, California

3 years Hartshilligan, Kansas

Hoffman Hospital of Lawrence, 1824-18th Street

2000 Washington, Va CO 5-7300 (3 yrs)

CO 5-5116

PROFESSIONAL REFERENCES: Name Position Address

1. College of Life & Sciences, University of Kansas, Lawrence

2. [Redacted], Kansas

Date: \_\_\_\_\_ Signature: Jackie P. Coffelt

N.V.D.H. #54 REV. 10/63

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Please Attach  
Recent Photograph

(Please use this space for additional information  
regarding education, experience, etc.)

.....  
.....  
.....  
.....  
.....

In case of emergency,  
Person to be notified

Relationship

Address

Phone..

(Please do not write below this line)

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Date application received:..... References received:.....

Date of employment:..... Position title:.....

Initial Salary:.....

CHANGES IN POSITION STATUS

SALARY INCREASE

Date:

Change:

Date:

New Salary:

RESIGNATION: Date:..... Letter of notification received:.....

Summary of Professional progress submitted:.....

DISMISSAL FROM HOSPITAL EMPLOYMENT:

Date:.....

Remarks:.....

.....

.....

Signed:.....

Title:.....

Date:.....

REQUEST FOR CHEST X-RAYEmployee's Name COFFLET, JACK Date of Request 12-13-71Date of Last Chest X-Ray \_\_\_\_\_ New Employee XAnnual \_\_\_\_\_  
Follow-up \_\_\_\_\_Semi-Annual \_\_\_\_\_  
Follow-up \_\_\_\_\_Please send copy of report to the Personnel Office to be filed in  
employee's personnel folder.

Personnel Office

NVDH F#200

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# 59558 December 14, 1971 Chest shows pleural scarring at the left base. Otherwise the lungs are clear. The heart, mediastinum, and bony thorax appear normal.

[redacted] M.D.

b6  
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FORM W-4 (Rev. Jan. 1967)  
U.S. Treasury Department  
Internal Revenue Service

Type or print full name JACK COFFELT Social Security Number 513-26-2480  
Home address 4206 - 8a. 12th Rd. City ANNE ARUNDEL State Md. ZIP code 22254

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold U.S. Income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE (or if married and wish withholding as single person), write "1." If you claim no exemptions, write "0". . . . .
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
  - (a) If you claim both of these exemptions, write "2"; (b) If you claim one of these exemptions, write "1"; (c) If you claim neither of these exemptions, write "0". . . . .
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents).
  - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2".
  - (b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2".
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under Instruction 4 on other side.)
5. If you claim additional withholding allowances for itemized deductions fill out and attach Schedule A (Form W-4), and enter the number of allowances claimed (if claimed file new Form W-4 each year)
6. Add the exemptions and allowances (if any) which you have claimed above and write total . . . . . \$ . . . . .
7. Additional withholding per pay period under agreement with employer. (See Instruction 1) . . . . . \$ . . . . .

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Dec. 13, 1971

(Signed) Jack Coffelt

648-10-70061-1

Form VA-4 (Rev. 1-1-68)  
Department of Taxation

VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

EMPLOYEE: File this form with your employer.

Print full name JACK COFFELT

Social Security Number 513-26-2480

Print home address in full detail 4206 - 8a. 12th Rd., Annapolis, Md., Va.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you are neither 65 nor blind, enter \$1,000 for yourself; if either 65 or blind, enter \$1,600; if both 65 and blind, enter \$2,200 . . . . . \$ . . . . .
2. If you are married and your wife (or husband) has no gross income, or if you and your wife (or husband) intend to file a joint return, and if your wife (or husband) is neither 65 nor blind, enter \$1,000 for her (or him); if either 65 or blind, enter \$1,600; if both 65 and blind, enter \$2,200. If your wife (or husband) has income subject to Virginia income tax withholding and claims own exemption on own withholding exemption certificate, do not make any entry here. . . . . \$ . . . . .
3. If for the year you will provide more than one-half of the support of a dependent relative (see Instruction 5 on back), enter the number here . . . , multiply the number by \$300, and enter result here . . . . . \$ . . . . .
4. If you are an UNMARRIED person, and among the dependents claimed in Line 3 above, there is your father, mother, son, daughter, sister or brother, enter here \$700 for only one such dependent. . . . . \$ . . . . .
5. Add the amounts of exemptions which you have claimed above and enter the total here. . . . . \$ . . . . .

I CERTIFY that the amount of withholding exemptions claimed on this certificate does not exceed the amount to which I am entitled.

(Date) Dec. 13, 1971

(Signed) Jack Coffelt

**1. NUMBER OF EXEMPTIONS.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax than will be withheld, a smaller number of exemptions may be claimed or you may enter into an agreement with your employer to have additional amounts withheld. Note this if you have more than one employer, or if both husband and wife are employed.

**2. ITEMIZED DEDUCTIONS.**—See Schedule A (Form W-4) for instructions on claiming additional allowances based on large itemized deductions.

**3. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES because:

(a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the year (except your child who is a student or who is under 19 years of age).

The death of a wife or a dependent, does not affect your withholding until the next year, but requires the filing of a new certificate. If pos-

sible, file a new certificate by December 1 of the year in which the death occurs.

For further information contact your local District Director of Internal Revenue or your employer.

**4. DEPENDENTS.**—To qualify as your dependent (line 4 on other side), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).

**5. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemptions.

U.S. GOVERNMENT PRINTING OFFICE 648-16-70061-1

**1. IF YOU FAIL** to file this certificate with your employer, he must withhold Virginia income tax from your wages without exemption. If an employer believes that an employee is claiming an excessive amount of exemptions, he will advise the Department of Taxation.

**2. AMOUNT OF EXEMPTIONS.**—Do not claim more than the correct amount of exemptions. However, if you expect to owe more income tax for the taxable year than will be withheld if you claim every exemption to which you are entitled, you may increase the withholding by claiming a smaller amount of exemptions or you may enter into an agreement with your employer to have additional amounts withheld.

**3. EMPLOYEES WITH TWO OR MORE EMPLOYERS.**—If you have more than one employer and wish to increase your withholding to an amount nearer your correct income tax you should claim a smaller amount or no exemptions on each Form Va-4 filed with all employers other than your principal employer.

**4. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the amount of your exemptions INCREASES.

You must file a new certificate within 10 days if the amount of exemptions previously claimed by you DECREASES for any of the following reasons:

(a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is

taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the taxable year.

**OTHER DECREASES.**—Exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**5. DEPENDENTS.**—Do not claim any dependent in Line 3 (on other side) unless he or she meets all four of the following tests: (a) He or she is receiving over one-half of his or her support from you for the taxable year, and (b) he or she is "closely related" to you, and (c) he or she will not have as much as \$600 gross income of his or her own during the taxable year (if a son, daughter, stepson, or stepdaughter is a full time student at an educational institution, this limitation does not apply), and (d) if married, her or his exemption is not claimed by her husband or his wife. "Closely related" means your children (including stepchildren and legally adopted children) and grandchildren; your parents and grandparents; your brothers and sisters; your immediate "in-laws" (mother-, father-, son-, daughter-, brother-, sister-in-law); your blood related uncles, aunts, nieces, and nephews.

If you are a married person, do not make any entry whatsoever in Line 4 (on other side).

**6. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

EMPLOYER.—KEEP THIS CERTIFICATE WITH YOUR RECORDS.

TO THE ADMINISTRATOR  
NORTHERN VIRGINIA DOCTORS HOSPITAL

I hereby acknowledge receipt of a copy of *PERSONNEL POLICIES*  
of NORTHERN VIRGINIA DOCTORS HOSPITAL.

I have read, thoroughly understand, and hereby agree to carry out the  
policies outlined to the best of my ability.

*Jack Caffelt*  
Name

*Dec 13, 1971*  
Date

*O R*  
Position

To be signed and submitted to the Administrator before receiving first pay.

Northern Virginia Doctors Hospital  
Approval of Employment and Payroll Authorization

NAME Jack COFFELT  
First Middle Last

DEPARTMENT O.R. SHIFT 9-5 30

FORMS COMPLETED BY EMPLOYEE:

State Tax Withholding Statement ✓

Federal Tax Withholding Statement ✓

Hospitalization: None       

Individual IND

Family       

PHYSICAL REQUIREMENTS: (To be initialed by Departments)

X-RAY       

LABORATORY 

FORMS COMPLETED BY BUSINESS OFFICE:

Payroll Record ✓

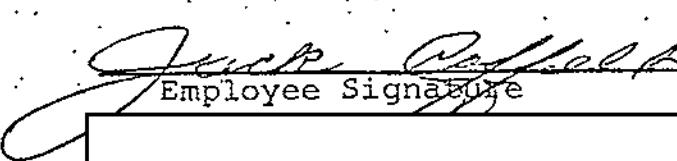
Leave Record       

Switchboard Tab ✓

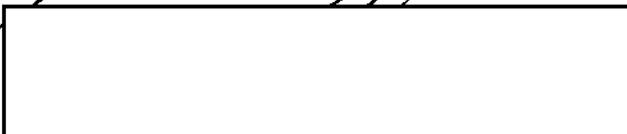
Per       

THIS FORM IS TO BE RETURNED TO THE BUSINESS OFFICE. NO SALARY CHECKS WILL BE ISSUED WITHOUT THIS FORM.

Car Tag # 1630

  
Employee Signature

F#104  
Revised 2-24-69

 Payroll Department

14052

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(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	(Title)	(File No.)	Disposition
595	5/4/77	Photo of		
596	5/4/77	Photo of		
597	5/4/77	Photo of		
598	5/4/77	Photo of		
599	5/4/77	Photo of		sub 3
600	5/4/77	Photo of John East for		
601	5/5/77	Copy of Sparks separation form - AD-214 Sub 845		
602	5/5/77	Handwriting specimen of		
603	5/5/77	Postcard received by Courtney (in 8/17/76)		
604	5/25/77	Photo of Richard Wm. F. Nathan (Sub 904)		
605	6/25/77	WFO from US Postal Service		
606	6/29/77	Photos of b. and take place with pilots		
607	6/29/77	Photo of		
608	7/5/77	FBI-395 or interview log		
609	7/5/77	Agents notes		
610	7/25/77	Photo of		
611	7/25/77	Quotable notes from		
612	7/25/77	Letter from		

104-81-1A

SEARCHED	INDEXED
SERIALIZED	FILED
MAY 4 1977	
FBI - SEATTLE	
[Redacted]	

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b7Cb6  
b7Cb6  
b7C  
b7Db6  
b7C

164-81-119

(593-)

File No. Se 164-81-7430

Date Received 4/4/77

From   b6  
  b7C

DMV Driver License  
(ADDRESS OF CONTRIBUTOR)

Clyburne  
DRIVER AND STAFF

SC   (NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes

No  No

Description :

copy of I Log

b6  
b7C

b6  
b7C

164-81-1A

596

**File No.** 167-81-1163

**Date Received** 4/26/77

**From:** [REDACTED] b6  
[REDACTED] b7C

2011 (NAME OR CONTRAPOSITION)

DMV Drivers license  
ADDRESS OF CONTRIBUTOR

(ADDRESS OF CONTRIBUTOR)

*Oliver W.A.*

Chrysanthemum luteum

*Sla*

(NAME OF SPECIAL AGENT)

(NAME OF SPECIAL AGENT)

To Be Returned  Yes      Receipt Given  Yes

No

**Receipt Given**

Yes

No

**Description :**

copy of DL of

b6  
b7c

164-81-1A

---

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 7-26-77

The attached photostatic copy of the Washington State Driver's  
License/Identification Card/Instruction Permit was issued

on 5-26-74

DR-552-6 B/W Photo Issue Date (R/9/75)

DB Cooper-37921

164-81-1A 597

File No. 164-81  b6  
b7c

Date Received 4/18/77

From S O EVERETT  
(NAME OF CONTRIBUTOR)

EVERETT, WASH  
(ADDRESS OF CONTRIBUTOR)

b6  
 b7c  
(NAME OF SPECIAL AGENT)

To Be Returned  Yes      Receipt Given  Yes  
 No  No

## Description :

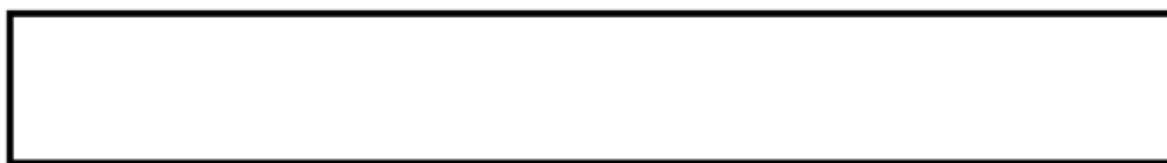
(1) photo of  b6  
 b7c

Q35

6'

BAN - ESS

bnn. his



164-81-14 (597)

DB Cooper-37924

b6  
b7C

File No. 164-8111 (398)

Date Received 4/6/77

From

(NAME OF CONTRIBUTOR)  
DMV

(ADDRESS OF CONTRIBUTOR)  
Olympia, Wash.

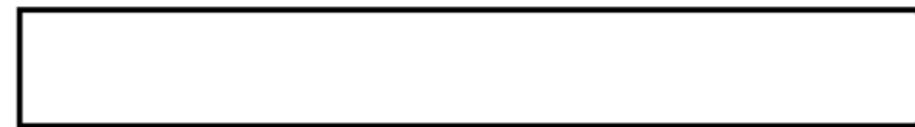
To Be Returned  Yes Receipt Given  Yes  
 No  No

Description: COPY OF  
Drivers License

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b6  
b7C



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b7c

SE 164-81-14 <sup>598</sup>  
DB Cooper-37927

(599)

164-81-1A

**File No.** 164-81 SUS J

**Date Received** 4/13/72

**From** WASH DC DMV  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)  
OLYMPIA WASH

	b6 b7c
--	-----------

(NAME OF SPECIAL AGENT)

To Be Returned  Yes      Receipt Given  Yes  
 No       No

**Description :**

COPY OF   
 WASH. STATE

DOJ: S LC.

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169-8118

DB Cooper-37930

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b7C

Narjah

(600)

File No. 164-81-1A

Date Received 4/21/77

From P.D.  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Somerset, MA

  
(NAME OF SPECIAL AGENT)b6  
b7CTo Be Returned  Yes Receipt Given  Yes No Yes No

Description:

Photo &amp; prints for

b6  
b7C

FORT TIEPIN 04/21/77 09:09:03 02

NAME- [REDACTED] : RACE-W:SEX-M:DOB- [REDACTED] (b6  
b7C

WANT STATUS-NO WANT : JAIL STATUS-NOT IN CUST : TEMPERAMENT-TEMP UNKNOWN.

HEIGHT-510; WEIGHT-158; HAIR-BLACK; EYE-BROWN; LIC#-[REDACTED] LIC. ST-WA.

ADDRESS-[REDACTED] : SPOKANE : WA: IDENT#-[REDACTED] FBI#-

PURGED- MIS-C-REPORTS [REDACTED]

END OF RECORD

DB Cooper-37932

b6  
b7C

164-81-111

DB Cooper-37934

Part 845

File No. 164-81-1A (601)

Date Received 4/9/77

From Anchorage  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

Description:

Copy of Sparks  
separation form  
from Air force. DD-214

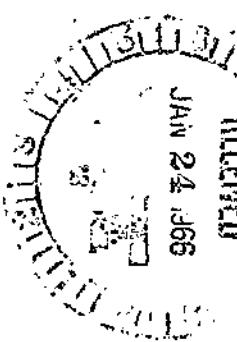
see ser 7481

SE 164-81-1A (60)  
KEEP ATTACHED TO EXHIBIT

FOR COMPLETION  
ISSUED BY THE VETERANS ADMINISTRATION TO BE USED FOR THE  
PURCHASE OF AN INSURANCE POLICY.  
SUCH CERTIFICATE IS NOT A CERTIFICATE OF ELIGIBILITY NO.  
THEREFORE, IT IS NOT A BENEFIT UNDER TITLE III OF THE  
JOHNSON READJUSTMENT ACT OF 1948 AS AMENDED THAT MAY BE  
SEPARATION PAYMENT.

APR 11 1966

RECEIVED  
JAN 24 1966



SEPARATION DATA		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES				DISPENSING DATA	
1. LAST NAME — FIRST NAME — MIDDLE NAME <b>JONES MARY ANN</b>		2. SERVICE NUMBER <b>AF 19 432 637</b>		3. GRADE — RATE — RANK AND DATE OF APPROVEMENT <b>CPT 1951 Jan 51 USAF</b>		4. COUNTRY AND BRANCH <b>USA</b>	
5. CALIF. NUMBER <b>70270 Admin Supply</b>		6. EFFECTIVE DATE OF SEPARATION <b>11 Feb 1951</b>		7. PLACE OF SEPARATION <b>Davis-Monthan AFB Tucson Ariz</b>		8. TYPE OF SEPARATION <b>Vol from AF</b>	
8. REASONS AND AUTHORITY FOR SEPARATION <b>AFR 9-10</b>		9. PLACE OF BIRTH <b>1928 Clayton NC</b>		10. DESCRIPTION <b>Male E-5 1 1947-51</b>		11. HEIGHT <b>5'11</b>	
12. DATE OF BIRTH <b>1928</b>		13. PLACE OF BIRTH (City and State) <b>1928 Clayton NC</b>		14. GRADE MAIN <b>E-5</b>		15. WEIGHT <b>155</b>	
16. REGISTERED <b>NO</b>		17. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) <b>414-11 Centro Imperial Jo Calif</b>		18. GRADE — RATE OR RANK AT TIME OF ENTRANCE INTO ACTIVE SERVICE <b>Captain USAF</b>		19. DATE <b>1951</b>	
20. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT <b>NO</b>		21. COGNIZANT DISTRICT OR AREA COMMAND <b>U.S. AIR FORCE Denver Colo</b>		22. GRADE — RATE OR RANK AT TIME OF EXIT FROM ACTIVE SERVICE <b>Captain USAF</b>		23. YEAR <b>1951</b>	
24. GRADE OF ENTRY OTHER THAN BY INDUCTION <b>Enlisted FC 4 Yrs Re-enlisted</b>		25. COMMISSIONED		26. DATES FROM INACTIVE DUTY <b>1951-1951</b>		27. PAYMENT ALLOWANCE PAID ON EXTENSION <b>Day Month Year Amount</b>	
28. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE <b>1951 Nov 1951 AF 1928 Calif</b>		29. DATES OF SERVICE <b>1951 Nov 1951 AF 1928 Calif</b>		30. DATES OF SERVICE <b>1951 Nov 1951 AF 1928 Calif</b>		31. PAYMENT ALLOWANCE PAID ON EXTENSION <b>Day Month Year Amount</b>	
32. STATEMENT OF SERVICE FOR PAY PURPOSES <b>1. SERVICE COMPLETED FOR PAY PURPOSES RECEIVED THIS PERIOD</b>		33. DATES OF SERVICE <b>1951 Nov 1951 AF 1928 Calif</b>		34. DATES OF SERVICE <b>1951 Nov 1951 AF 1928 Calif</b>		35. PAYMENT ALLOWANCE PAID ON EXTENSION <b>Day Month Year Amount</b>	
36. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD <b>4</b>		37. OTHER SERVICE (AS OF 30 JUNE 1951 OR DWARDED) COMPLETED FOR PAY PURPOSES <b>0</b>		38. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES <b>4</b>		39. PAYMENT ALLOWANCE PAID ON EXTENSION <b>3</b>	
40. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>HAT-O-RIM 40-01</b>		41. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (If Yes and date, if known) <b>No</b>					
42. MOST SIGNIFICANT DUTY ASSIGNMENT <b>HQ 3031CAG (SAC)</b>		43. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>None</b>					
44. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>None</b>		45. DATES <b>(From-To)</b>		46. MAJOR COURSES <b>N/A</b>		47. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>None</b>	
48. GOVERNMENT INSURANCE INFORMATION: (A) Permanent plus premium mini testime to be paid when due, or within 30 days thereafter, or leave time will begin. (B) Term Insurance and other cover under which you are covered under will be paid when due, or within 30 days thereafter, or leave time will begin. Contact nearest VA Office having jurisdiction. Or write them in 1000 4th Street SW Washington 25, D. C. (See VA Pamphlet 8-3). When paying premiums plus full Name, address, Service Number, Policy Number(s), Branch of Service, date of separation.		49. ACTIVE SERVICE PRIOR TO 26 APRIL 1948					
50. SCA KING AMT. OF INSURANCE & MINLY PREMIUM <b>None Indefinite</b>		51. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		52. 33 MONTH ALLOTMENTS DISCONTINUED <b>N/A</b>		53. MONTH NEXT PREMIUM DUE <b>N/A</b>	
54. TOTAL PAYMENT UPON SEPARATION <b>N/A</b>		55. TRAVEL OR BILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT <b>N/A</b>		56. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER <b>N/A</b>		57. NAME, GRADE AND TITLE (If USAF) <b>Separation Officer USAF</b>	
58. REMARKS (CONTINUE ON REVERSE)							
59. TEL Sec 6a App 2b 202 51 60 days lv paid for Blood Group "O-Neg" FCSO 12 Mar 42ACB TC-9 U-9 K-8 E-9 A/13 (P) DCR: 1 Jun 53 <i>Mrs. Jones 6/2/51</i>							
60. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify Extra) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. <b>None</b>							
61. CLAIM NUMBER <b>N/A</b>							
62. DATES OF LAST CIVILIAN EMPLOYMENT <b>FROM 1950 TO 1952</b>		63. MAIN CIVILIAN OCCUPATION <b>Ist Office Clerk</b>		64. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER <b>Calipatria Calif</b>			
65. UNITED STATES CITIZEN <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>		66. MARITAL STATUS <b>Married</b>		67. HIGH SCHOOL <b>8</b>		68. NON-SERVICE EDUCATION <b>4</b>	
69. GRADE <b>None</b>		70. COLLEGE <b>2</b>		71. DEGREE <b>None</b>		72. MAJOR COURSE OR FIELD <b>USAFI Cert</b>	
73. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (SC, R.F.U., CITY, COUNTY AND STATE) <b>Box 6023 Calipatria Calif</b>		74. SIGNATURE OF PERSON BEING SEPARATED <i>Mrs. Jones</i>					

DD FORM 214 EDITION OF 1 JAN  
1968 OBSOLETE

**INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)**

1

DB Cooper-37937

DOCUMENT NO. 1  
RECORDED REQUEST OF  
Mr. Ostrander

1956 EEE 13 PM 4:47

870K 929 PK501

OFFICIAL RECORDS

**IMPERIAL COURT OF GRANADA  
EVALYN B. WESTERFIELD**

TO RE: COURT RECONCILIATION

SUPERIOR COPY OF THE

OFFICIAL RECORD

COUNTY OF IMPERIA

**DEPIT**

15

57

I HEREBY CERTIFY THAT THIS IS A FULL TRUE AND CORRECT COPY OF THE  
DOCUMENT RECORDED IN THIS OFFICE, BOOK 9d PAGE 50 OFFICIAL RECORDS.

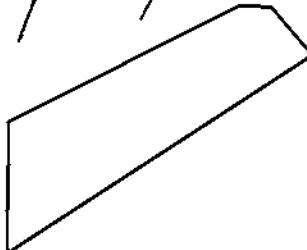
164-81-1A *(602)*File No. NH 164-77-1A<sup>2</sup>

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)\_\_\_\_\_  
(CITY AND STATE)By SA   b6  
b7CTo Be Returned  Yes NoReceipt given  Yes No

## Description:

*Handwriting specimen*  
*of*  

b6  
b7C

DB Cooper-37938

*see per 7483*

SE 164-81-14 (602)  
KEEP ATTACHED TO EXHIBIT



b6  
b7c

164-81-1A (603)

File No. 164-77-1A-5Date Received 6/10/76

From \_\_\_\_\_

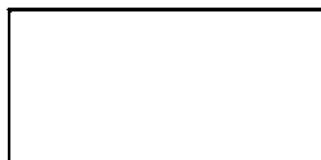
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Sa

b6  
b7CTo Be Returned  Yes Receipt Given  Yes No Yes  
 No

## Description:

Postcard received by  
Danbury R.A. 6/9/76b6  
b7C

see per 7483

DB Cooper-37940

SE 164-81-1A (603)  
KEEP ATTACHED TO EXHIBIT

Charles Thomson

Patriot



Federal Bureau of Investigation  
342 Main St.  
Danbury, Ct. 06810

AMERICAN CANCER SOCIETY

GIVE

STRIKE BACK AT CANCER



b6

b7c

DB Cooper-37941



47119

I.E. SKYJACKING Northwest Boeing 727 several years ago by passenger D.B.COOPER. I believe [REDACTED] b6  
[REDACTED] b7C

[REDACTED] New Fairfield, CT  
may be the infamous D.B.Cooper. [REDACTED] matches the discription, he has flown the 727 as a crewman and knowns the operation of the airstairs and has parachute training having been a USAF pilot. He has financial holdings in Mexico unreported. His expenditures far exceed his income. In recent years he has purchased

[REDACTED] \$ 65,000 [REDACTED] \$112,000 [REDACTED] \$7,000 auto \$4, b6

[REDACTED] snowmobiles [REDACTED] b7C

Also he has had much expensive work done [REDACTED]  
[REDACTED]. He has made some statments about the NW incident about the exact date the statue of limitations occurs that only a person in the know would know. [REDACTED]  
one night made the statement that she knew something about him which would put him away for good if she told. Danbury News Times personnel if you want more inf

DB Cooper-37942

*Sub 902**604*

SE 164-81-1A

SL 164-63 1A

**File No.****Date Received** 5/2/77**From** \_\_\_\_\_

b6

b7C

(ADDRESS OF CONTRIBUTOR)

Mexico, Mo.

(CITY AND STATE)

To Be Returned	<input type="checkbox"/>	Yes	Receipt Given	<input type="checkbox"/>	Yes
	<input checked="" type="checkbox"/>	No		<input checked="" type="checkbox"/>	No

**Description:**

1 photo of RICHARD VINCENT CHATHAM

Re St. Louis airtel to Seattle,  
5/9/77*per ser 7497*

DB Cooper-37943



CCY • 17

DB Cooper-37944

SL 164-63

Richard Vincent Chatham  
taken with his mother  
in 10/67

164-81-1A b04

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

DATE 7/20/2013 BY SP/DB

DB Cooper-37945

[Redacted]

b6  
b7C

File No. 164-81-1A *(605)*

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_  
(CITY AND STATE)

\_\_\_\_\_  
(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description:

[Redacted] WF from  
US Postal Service

[Redacted]  
see Ser 1527

b7D

**PLEASE POST**

Case No. 242-90434-F  
FBI-No. J42 798-H  
CII No. 3 908 182  
May 18, 1973

**U.S. POSTAL SERVICE**

Office of Inspector in Charge  
San Francisco, CA 94101

**PLEASE POST**

Fingerprint Classification  
19 M 9 R 100 16  
L 1 R 100 16

# **WANTED FOR MAIL FRAUD**

## **ROBERT LEWIS ROSE**



SIGNATURE OF PERSON FINGERPRINTED

**DESCRIPTION:** Male, Caucasian, DOB: 01-30-47 at Modesto, CA, 5' 11", 170 lbs., brown hair, blue eyes.

**OCCUPATION:** Pilot, Crop Duster

**VIOLATION:** ROBERT LEWIS ROSE was indicted by a Federal Grand Jury at Sacramento, CA on 04-18-73 for violation of 18 USC 1341.

**UNITED STATES MARSHAL AT SACRAMENTO, CA HOLDS WARRANT FOR THE ARREST OF ROSE.** Rose is known to frequently travel between CA and Vancouver, Canada. If located please cause his immediate arrest and notify the undersigned for the nearest Postal Inspector COLLECT by telephone or telegraph.

**POSTAL INSPECTOR IN CHARGE**

San Francisco, CA 94101

Tel: 415-556-2098

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT INDEX



7. LEFT MIDDLE



8. LEFT RING



9. LEFT LITTLE



DB Cooper-37949

U. S. POSTAL SERVICE  
CHIEF INSPECTOR'S DEPARTMENT  

---

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300



DB Cooper-37950

b6  
b7CFile No. SEATTLE 164-81-1A *(606)*

Date Received 5/29/77

From MINN. STATE  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description:

Two photographs of [redacted]  
[redacted] and list of  
furloughed NWA pilots (2).

b6  
b7Cb6  
b7C*See Ser 7548*

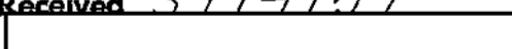
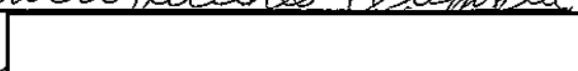
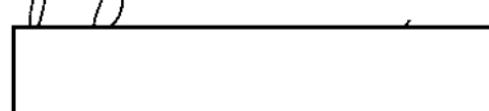
1770150-14

164-81-1A (606)

1730160-14

164-81-1A (606)

b6  
b7c

		b6 b7C		
<span style="font-size: 2em;">1A</span> <span style="font-size: 3em; border: 1px solid black; padding: 2px;">602</span>				
<b>File No.</b>	<u>164-81-7479</u>			
<b>Date Received</b>	<u>5/17/77</u>			
<b>From</b>				
<small>(NAME OF CONTRIBUTOR)</small>				
<u>DMV</u>				
<small>(ADDRESS OF CONTRIBUTOR)</small>				
<u>Drivers Licenses Clemmie</u>				
	<small>(NAME OF SPECIAL AGENT)</small>			
<b>To Be Returned</b>		<input type="checkbox"/> Yes	<b>Receipt Given</b>	<input type="checkbox"/> Yes
		<input type="checkbox"/> No		<input type="checkbox"/> No
<b>Description:</b>				
<u>copy of Drivers Licens</u> <u>of</u> 				
<small>b6 b7C</small>				

DB Cooper-37958

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 5-11-77

The attached photostatic copy of the Washington State Driver's

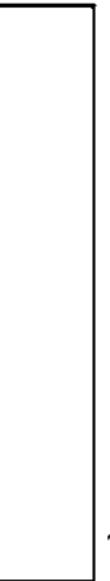
License/Identification Card/Instruction Permit was issued

on 8-8-75

DR-552-6 B/W Photo Issue Date (R/9/75)



\_\_\_\_\_



b6

b7C

LO 611-187-1001

DB Cooper-37960

ENCLOSURE TO SEATTLE

SE 164-81-1A (608)

b6  
b7CFile No. 164-111Date Received 6/8/77From b6  
b7C

(ADDRESS OF CONTRIBUTOR)

San Diego, CalifTo Be Returned  Yes Receipt Given  Yes No Yes No

Description:

FD 395 +  
Interview Log.

rec'd 7563

DB Cooper-37961

SE 164-81-1A 605  
KEEP ATTACHED TO EXHIBIT

Person interviewed [redacted]

Place interviewed U.S. MARSHALS' OFFICE

Date interviewed 6/8/77

Time interview began 8:33 AM

Time waiver presented 9:34 AM

Time waiver signed Not Signed 9:36 AM

Time statement commenced H/A

Time statement ended H/A

Time interviewee read statement H/A

Date and time arrested Not arrested.

Place arrested "

Arresting officers "

Requests-complaints-action taken:

Time interview ended: 9:40 AM

Signed:	Name	Title	Date
[Redacted]	Special Agent, FBI, SATX	SA, FBI, San Antonio	6/8/77

b6  
b7C

b6  
b7C

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place San Antonio, Tx  
 Date 6/8/77  
 Time 9:34 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

by SA [redacted] <sup>advised of above</sup>  
~~stated he did not wish to be advised by SA.~~ <sup>electoral to read or waive rights.</sup>  
~~Signed [redacted]~~

Witness [redacted]

Special Agent, FBI, SATX 6/8/77

Witness [redacted]

A, FBI, San Antonio, Tex. 6/8/77.

Time: 9:36 AM.

b6  
b7c

ENCLOSURE TO SEATTLE  
SE 164-81-1A (609)b6  
b7CFile No. 164- 111Date Received 6/8/77From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

b6  
b7CTo Be Returned  Yes Receipt Given  Yes No Yes  
 NoDescription :  
  
*Agents Notes*

Rec All 7563

DB Cooper-37964

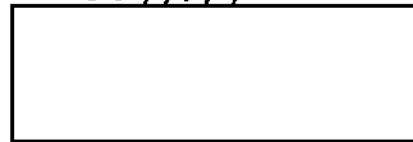
*9/23*

SE 164-81-1A  
KEEP ATTACHED TO EXHIBIT

(609)

b6  
b7C

[redacted]  
WIM.



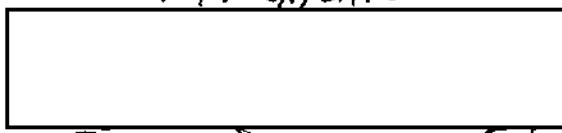
'6'2

225

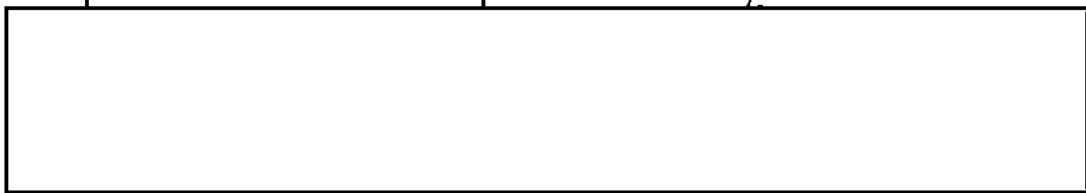
Cf. Brn.

Hazel eyes.

Moustache -



SAN Diego Calif.  
Usual activities -



Over 9<sup>th</sup>/A - Discreet interview

164-81-1A b10

File No. 164-81-7510 b6  
b7C

Date Received 6/27/77

From [redacted]

DMV, Drivers Licenses b6  
(ADDRESS OF CONTRIBUTOR) b7C

Olympia

SC [redacted]

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description :

copy of Log

[redacted]

b6  
b7C

Rev. Ser 7510 DB Cooper-37966

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 4-27-77

The attached photostatic copy of the Washington State Driver's  
License/Identification Card/Instruction Permit was issued

on 10-5-72

DR-552-6 B/W Photo Issue Date (R/9/75)

164-81-1A (611)

File No. 164-80-1ADate Received 11-29-71From 

(ADDRESS OF CONTRIBUTOR)

K. C., Mob6  
b7CBy To Be Returned  Yes NoReceipt given  Yes No

Description:

*Investigative  
notes from*

b6  
b7C  
b7D

DB Cooper-37969

*see per 7611*

KEEP ATTACHED TO EXHIBIT

KC 164-80-1A-4

DB Cooper-37970

164-81-14

(611)

DB Cooper-37971

164-81-1A

(b12)

File No. 164-80-1A8Date Received 12/27/71

From \_\_\_\_\_

b6  
b7C(ADDRESS OF CONTRIBUTOR)  
*KS*

By \_\_\_\_\_

(NAME OF SPECIAL AGENT)

To Be Returned  YesReceipt given  Yes No No

## Description:

~~2 letters from~~  
Suspect:

b6  
b7C(handwriting  
specimen)

See per 761 DB Cooper-37974

KEEP ATTACHED TO EXHIBIT  
KC 164-80-1A 8

DB Cooper-37975

164-81-1A (612)

DB Cooper-37976

# CU VUES

Volume XVII No. 6

The New York State Credit Union League

Jan.-Feb., 1973

## NCUA Final Regulation Governing Records Preservation Program Effective January 1, 1973



WE WELCOME  
OUR NEW  
MANAGING  
DIRECTOR  
DONALD K.  
COOPER

Donald Cooper was appointed Managing Director of the New York State Credit Union League, Inc., effective January 15, 1973.

Don comes to New York with twenty years of consumer finance experience, nine and a half years of which were spent in the small loan and discount fields where he received his basic training.

Realizing that a greater service could be rendered through credit unions, he started his credit union career with the East Moline Works Credit Union, East Moline, Illinois, as its first full-time Loan Officer.

Don was appointed as Assistant General Manager of the State Capitol Credit Union, St. Paul, Minnesota, to assist in the reconstruction of one of the country's largest credit unions to be taken over by a regulatory body because of prior mis-management.

After this credit union was well on its way to recovery, and once again taking its place as a multi-million dollar credit union, Don accepted the challenge of League work in North Dakota where he spent three and a half years as Managing Director.

Just prior to his arrival on the New York scene, Don completed a one-year tour in Uganda, East Africa,

(Continued on page 3)

The provisions of the new regulation are as follows:

1. The *Treasurer* of the credit union *must* develop and maintain a records preservation program (RPP) to include off-site storage for duplicate vital records at a place sufficiently removed from the location of the credit union. The responsibility for the RPP may be delegated to the person who manages the day-to-day operations of the credit union.

2. The *RPP* must be developed by May 1, 1973, or four months after date of credit union's share insurance certificate, whichever is later.

The initial set of duplicate records must be sent to the off-site Vital Records Center (VRC) by July 1, 1973, or six months after the effective date of the credit union's share insurance certificate, whichever is later.

3. *Thereafter*, credit unions using Electronic Data Processing (EDP) shall send duplicate records to the VRC on a quarterly basis and mailed no later than the 30th day of the following month.

Non-EDP credit unions shall also prepare and send duplicate vital records to the VRC on a quarterly basis to be mailed by the 30th day of the following month.

4. *Duplicates* of the following vital records must be stored:

- a. A listing of member's share and/or deposit and loan balances.
- b. Member's account number.
- c. A financial and statistical report as of the record date.
- d. Credit unions using EDP which maintains its members' share and/or deposit and loan ledgers on a data processing system shall be deemed to have met the requirements of this

(Continued on page 6)

164-80-171

DB Cooper-37992

FEDERAL BUREAU OF INVESTIGATION

FOI/PA

DELETED PAGE INFORMATION SHEET

FOI/PA# 1:16-cv-01790-02

Total Deleted Page(s) = 17

Page 11 ~ b6; b7C;

Page 17 ~ b6; b7C;

Page 19 ~ b6; b7C;

Page 20 ~ b6; b7C;

Page 21 ~ b6; b7C;

Page 23 ~ b6; b7C;

Page 25 ~ b6; b7C;

Page 33 ~ b6; b7C;

Page 34 ~ b6; b7C;

Page 35 ~ b6; b7C;

Page 36 ~ b6; b7C;

Page 45 ~ b6; b7C;

Page 73 ~ b6; b7C;

Page 95 ~ b6; b7C;

Page 98 ~ b6; b7C;

Page 101 ~ b6; b7C;

Page 111 ~ b6; b7C;

XXXXXXXXXXXXXXXXXXXXXX

X Deleted Page(s) X

X No Duplication Fee X

X For this Page X

XXXXXXXXXXXXXXXXXXXXXX

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	Disposition
6013	7/25/77	la state Div letter atd 4/6/77
6014	7/25/77	USPD, Phoenix letter atd 5/25/77
6015	8/18/77	Photo of [redacted] b6 b7C
6016	8/18/77	Utah Driver license photo of Herrera (Sub 882)
6017	8/18/77	Photos of [redacted] knife [redacted]
6118	9/20/77	3 copies of military identification [redacted]
6119	9/27/77	Photo of [redacted]
6220	10/1/m	Photos of [redacted] b6 b7C
6221	10/20/77	Interview notes RT interview [redacted]
6222	10/20/77	copy of list of [redacted] 17 dated 7/10/77
6223	" 11/1/77	Photos of [redacted]
6224	" 12/1/77	Interview notes w/ [redacted]
6225	" 12/1/77	Photo of [redacted]
6226	" 29/77	Waiver of rights & interview log for Vernice A. Hoffke
6227	" 29/77	Advice of rights & interview log for [redacted] b6 b7C
6228	12/2/m	Interview notes re: [redacted]
6229	" 16/78	Photos & Neg of Donald Elmore Tunnel
630	" 16/78	Interview log for [redacted]

DB Cooper-37993

164-81-1A

SEARCHED.....
SERIALIZED
JUL 25 1977
FBI
[Redacted]

b6  
b7C

164-81-1A (b3)

File No. 164-80-1A (b3)

Date Received 3/24/76

From

(NAME OF CONTRIBUTOR)

b6

FRC

b7C

(ADDRESS OF CONTRIBUTOR)

KCMO

SCB,

(IN)

To Be Returned  Yes Receipt Given  Yes No Yes No

## Description:

La State Pen. letter  
dated 4/6/72

per DSN 7611

LOUISIANA STATE PENITENTIARY  
UNIT OF THE DEPARTMENT OF CORRECTIONS

Angola, Louisiana 70712

LOUIS M. SOWERS  
Director of Corrections

C. MURRAY HENDERSON  
Warden



O-2 U/A  
O-2 6

b6  
b7C

JOHN J. McKEITHEN

Governor

April 6, 1972

Records Office  
Federal Correctional Institute  
Terminal Island  
Los Angeles, Calif. 90000

NO RECD

RE: [redacted]  
LSP: [redacted]  
RACE: White/Male  
YOUR: [redacted]  
YOUR NO: [redacted]

Dear Sir;

The above named man was received at this institution on [redacted] to serve a term of [redacted] for the crime of [redacted]

We have information that he was confined at your institution from [redacted]

So that we may effectively plan for this inmate from the standpoint of custody, discipline, work, and all other phases of training and treatment, we will appreciate your sending us copies of any classification, social history, medical conduct, or any other reports available to you, which will reflect his past history and adjustment at your institution. If complete reports are not available, please furnish information regarding the items specified on the reverse of this letter.

To be of maximum value to us, we need this information at the earliest possible date.

We appreciate your cooperation and will be glad to reciprocate upon request.

Sincerely yours,

164-81-14 (613)

[redacted]

by: [redacted]

CL-3A

WCC/ag-w

Clas Mutt

End Apr 19, 1972

SEARCHED INDEXED  
SERIALIZED FILED  
MAP26 FBI - KANSAS CITY

DB Cooper-37995

b6  
b7C

File No. 164-80-1A1(5)Date Received 3-6-71From [Redacted]FRC

(ADDRESS OF CONTRIBUTOR)

KCOM, 7

b6

b7C

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description:

U.S. P.O. Phoenix,  
letter dated 5/25/71

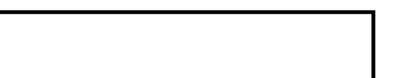
*Reeves 7611*

KEEP ATTACHED TO EXHIBIT  
XC 164-PO-1A1G

U.S. PROBATION OFFICE  
8443 U. S. COURTHOUSE  
PHOENIX, ARIZONA 85025

Phoenix

25 May 1971



U. S. Board of Parole  
101 Indiana Avenue NW  
Washington, D. C. 20537

RE:

ReMand # [redacted]  
Report of violation

On [redacted] was given authority to relocate from Long Beach, California to Glendale, Arizona, where he was promised a job with Air-Land, Inc., operated by [redacted]

Subject reported in as directed and advised he was the [redacted] for the mentioned company. We wish to report the following violations of his release:

1. [redacted]
2. [redacted]
3. [redacted]

DETAILS: [redacted] received a three-year A-type sentence on [redacted] for a [redacted]. He is also up for sentence in Denver, Colorado on a [redacted]

[redacted] was convicted by the State of California on [redacted]

[redacted] on or about [redacted] in Greeley, Colorado and El Monte, California. These [redacted] have been traced to [redacted]

[redacted], above case pending positive identification. The three subjects all left the Phoenix area on or about May 9 and their present whereabouts are unknown.

cont'd

DB Cooper-37997

b6  
b7C

par 7/25/71

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 26 1971	
FBI - KANSAS CITY	

b6  
b7C

b6  
b7C

b6  
b7C

b6  
b7C

b6  
b7C

b6  
b7C

Page 2

Ltr to [REDACTED] - Wash.  
25 May 71

RE: [REDACTED]

ReMand # [REDACTED]

b6  
b7C

According to the police department an all-points bulletin has been placed throughout the western states. Further, a police informant at Albuquerque, New Mexico stated that on [REDACTED]

[REDACTED] believed to be a [REDACTED] In Albuquerque, [REDACTED] were in possession of [REDACTED]  
[REDACTED]

On [REDACTED] advised she had seen [REDACTED]

She further advised that [REDACTED] was [REDACTED]  
at [REDACTED] in El Monte, California- [REDACTED]  
reportedly [REDACTED]

The police further advised that on [REDACTED] per the visitor's register at [REDACTED]  
visited [REDACTED] for 1-3/4 hours, signing in as employer.

The above information was furnished by the Phoenix Police Department - [REDACTED] and [REDACTED] of the El Monte Police Department, El Monte, California.

It is respectfully recommended that a Parole Violator's Warrant be issued immediately.

[REDACTED]  
U. S. Probation Officer

TSV:mb

cc: USPO [REDACTED] - Long Beach, California  
USPO [REDACTED] - Denver, Colo.  
USP - [REDACTED] ✓

b6  
b7C

b6  
b7C

b6  
b7C

b6  
b7C

b6  
b7C

b6  
b7CFile No. 164-81-75596-15  
IADate Rec'd 3/5/77From   b6

b7C

D.M.V. Drivers License

(ADDRESS OF CONTRIBUTOR)

000-000-0000SC   To Be Returned  Yes Receipt Given  Yes No No

## Description:

copy of drivers license b6  
b7C

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 7-1-77

The attached photostatic copy of the Washington State Driver's

License/Identification Card/Instruction Permit was issued

on 3-3-77

DR-552-6 B/W Photo Issue Date (R/9/75)

DB Cooper-38000

164-81-1A (616)

Sub 882

File No. 164-244-23

Date Received 2/8/77

From Licence Distr.

(NAME OF CONTRIBUTOR)

Driver's license

(ADDRESS OF CONTRIBUTOR)

Section 5 L C

b6

b7C

[REDACTED] (NAME OF OFFICIAL RECEIVING)

To Be Returned  Yes Receipt Given  Yes No No

## Description:

Utah driver license  
 photo of Michael  
 L. Hurren.

(With the letter to Seattle - 8/1/77)

see Ser 7621

UTAH OPERATOR'S LICENSE NO.

A314124

DB NIL C BROWN

P.O. BOX 391 35-5-3000-E  
MANTUA CITY UTAH 84302

Expires on Birthday  
1980

2-26-76		BIRTH DATE		8-26-49	
1	M	WEIGHT	6463		
160	lbs	BROWN			
MOTORCYCLE LICENCE		YES			
0					

DB Cooper-38003



Michael L. Cooper  
529-74-5319  
COMMISSIONER OF PUBLIC SAFETY

(801) 723-2951 Mantua, UT

File No. 1104-81-1A (617)Date Received 8/4/77From Las Vegas  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

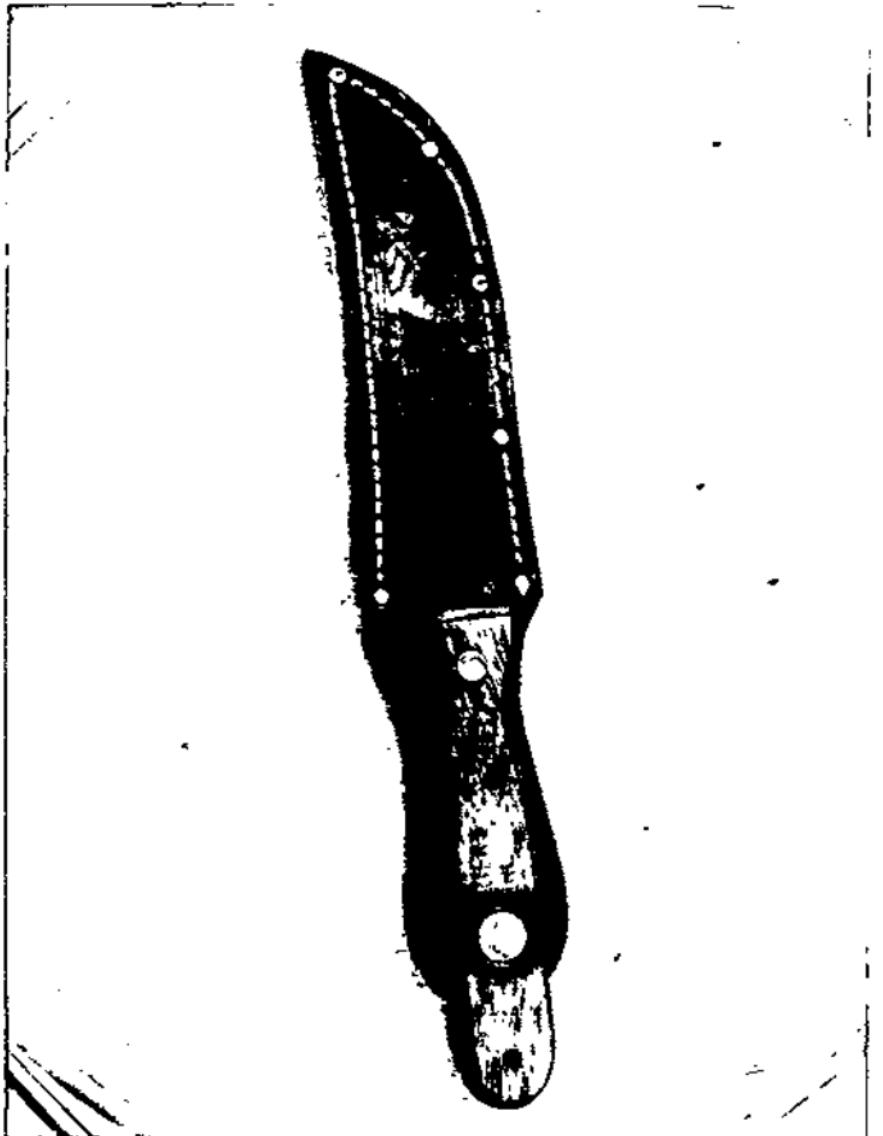
To Be Returned  Yes Receipt Given  Yes No No

Description:

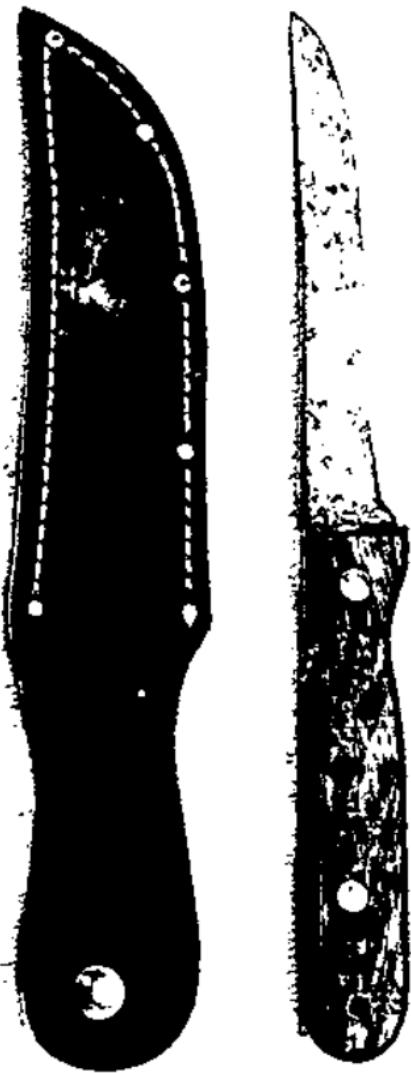
Dates of [redacted] ana  
[redacted]  
Photos of [redacted]  
Knife

Rever 7638

b6  
b7c



DB Cooper-38005



DB Cooper-38006

b6  
b7CFile No. 164-81-1A (618)Date Received 9/16/77

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Indianapolis  
(CITY AND STATE)

By \_\_\_\_\_

(NAME OF SPECIAL AGENT)

To Be Returned  YesReceipt given  Yes No No

## Description:

Three copies of  
military pay vouchers  
for  

b6  
b7C

See Ser 7667

b6  
b7C

SE 164-81-1A (619)

File No. 164-72Date Received 9/14/77From \_\_\_\_\_ b6  
\_\_\_\_\_  
NAME OF CONTRIBUTOR

FBI HQ

(ADDRESS OF CONTRIBUTOR)

WDC

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

Description:

photos of \_\_\_\_\_

b6  
b7CRe Alexandria airtel to the  
Bureau, 9/15/77.

see ser. 7671

File No. 164-81-1A (620) b6  
b7CDate Received 10/4/77From Miami

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

Description:

PHOTO OF

b6  
b7C

Dec. 22, 1978.

164-81-1A (620)

164-81-1A (620)

b6  
b7C

DB Cooper-38016

SE 164-81-1A (621)  
File No. ST. 164-26-1A (S5)  
Date Received 12-27-77  
From SAC

b6

b7C

## (ADDRESS OF CONTRIBUTOR)

SAC

--	--	--

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description:

b6

b7C

Investigative Notes re  
interviewed at Int. on 9/27/77.

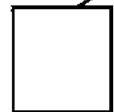
*See Ser. 7685*

b6

b7C

164-81-1A (62X)

164-76  
q-11-77

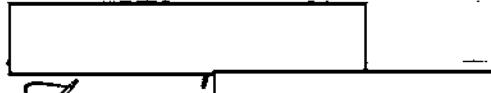


b6  
b7C

for my sequential time  
of talking to Crew - of NW.

b6  
b7C

don't recall if all conversations  
were tape recorded. - If there  
were any tapes they would have  
been obtained by the FBI.



b6  
b7C

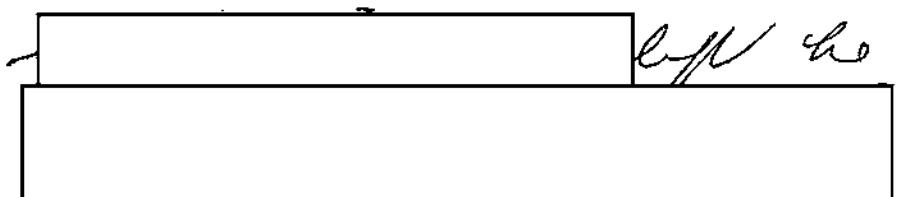
Several months

WWS is contact with him

- I was in Toledo, Ohio. - (May 16-17

1977 & 3/28 - 4/1/77 & 4/14-15/77  
Jan 3-5, 1977.

Unfiled Products  
Unfiled Oral  
Statement



left the area

b6  
b7C

He lied me astray and  
suggested that NWSt. - he  
had app't w/ Mr. Negotiator  
next day. & NW Admits to complicity  
with him

=2=

He asked a number of questions  
they were not so detailed  
& I was guarded.  
all the knowledge I had  
was furnished the FBI  
He told me he had talked to crew & they were  
cooperating - [redacted] no way conducted

b6  
b7c

Asked me if I would interested  
in being a technical adviser. —

Would not do so unless  
FBI or NASA Authority

— thought I did not tell  
him anything of a confidential  
nature or common knowledge

Have had no contact since  
from [redacted]

b6  
b7c

SG 164-81-4 (622)

File No. 164-26 1a(36)Date Received 10/13/77From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)\_\_\_\_\_  
(CITY AND STATE)SA \_\_\_\_\_  
(NAME OF SPECIAL AGENT)b6  
b7cTo Be Returned.  Yes Receipt Given  Yes No No

Description:

One copy of letter of \_\_\_\_\_  
to \_\_\_\_\_ dated 7/10/77b6  
b7c

see or 7685

\_\_\_\_\_

b6  
b7c  
b7d

July 10, 1977

[REDACTED]  
United Productions Ltd.  
3921 Deervale Dr.  
Sherman Oaks, CA 91403

b6  
b7C

Dear [REDACTED],

Several months ago you called me in Toledo, Ohio relative to the "D.B. Cooper" skyjacking case.

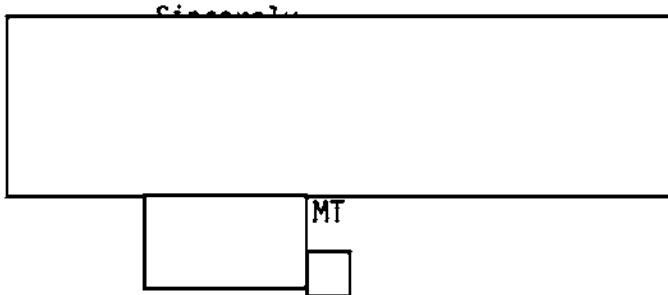
In response to your questions I gave you some limited information on the incident. It was my understanding from your conversation that you were soon to meet with Mr. Nyrop of NWA and that you had, or expected to receive, NWA's blessing and cooperation on the film you intended to produce.

I indicated, based on the above, that I would be interested, pending further information, on helping you with the intended project.

I have since learned that Northwest is not interested in the project and are in fact very much opposed to it. On that basis I could not participate in any way in the project and I further request that you do not use any of the information I gave you on the phone in connection with my name.

In view of Northwest's feeling about the project it could be very difficult for me if you were to use my name in any way in connection with furnishing of information or cooperating with you on the project.

I am sorry the circumstances are such but know you will respect my wishes.



b6  
b7C

1b6  
1b7C

DB Cooper-38021

IA

623

File No. 164-81b6  
b7C

Date Received \_\_\_\_\_

From MC NEIL IS PEN

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Tacoma, Wash.

(CITY AND STATE)

b6  
b7C AGENTTo Be Returned  Yes Receipt Given  Yes No Yes No

## Description:

PHOTOGRAPHS OF

 b6  
 b7C

See also 7701

164-81-1A (624)

File No. 164-91Date Received 10-31-77From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)b6  
b7COceanside, Ca  
(ADDRESS OF CONTRIBUTOR)  
\_\_\_\_\_  
(STATE)  
\_\_\_\_\_  
(FEDERAL AGENT)To Be Returned  Yes      Receipt Given  Yes No No

## Description:

Agents are interviewing  
with \_\_\_\_\_  
\_\_\_\_\_b6  
b7C

\_\_\_\_\_

b6  
b7C

all on 7/15

184-81-1A (624)

b6  
b7C

10-31-71



H



1906 F 058d

cont'd

(cont'd)

John McMillan (pk)

Braunich couple you

Jim Little - look for

Essex Int'l Activator Parts Div.

G 233 Concord Ave Distr Mich.

the division of auto technology

He Distr Mich. - See - C little

creative it

for the 2 yrs ago. County

law.

He is teach; Gm car

Des Moines Ia

Am per 4-5 tri.

Conley has wife in LA.

777 Mission, LA - (I helped at  
it ✓)

b6

b7C

face can sit. John's cold &  
hur. If get him other ask for  
outpatient Div.

I start he start / except  
etc  
1972 - or 1st 73. His ready

b6

b7C

div u/-

He left off to the tin. He  
telling why I not recall. He is it was a  
surprise him.

(2)

In week 2 - Oct (week)  
(prob 43)

Last day one line - not flat  
as com. Scattered at. Pos.  
does not exactly, up. Not Gr/ed  
Oct (pass 44).



b6  
b7c

Murray

He said the

b6  
b7c

[redacted] either self eff

in / listing or pass part of it

by other jobs

b6  
b7c

processes don't have to

if the output goes into

my short recall - been but

at spread 200-300 ft, <sup>Pass = 8 per</sup> ~~400,000~~

As stippling if they pending.

Type in even if he had a body

if he did not spend it. Scattered activity

eg - initial detection - coming in car,

Steps:

① Disease can

② number of cases

③ Hospitalized, (time of year  
considered)

He had thick secret - not let his  
out of Se. <sup>-/dr.</sup>

I don't know what -

January - cash \$:

3

~~East were  
people finds other  
well - the  
people photo body the  
green nest  
was created - all  
was used in  
set up at south  
set up south~~

Deser

170-185

b6  
b7c

seen not him

5'10 - 5'11 - the hair - black  
starting to thin and  
with a dark brown in front glasses

It was 50 yrs in 72 or 73.

He went back to age. Look 47-48

Then. Seen excellent play stage.

" Vicks Dornell is  
very close of slightly increasing in  
address.

~~did not smoke - Only 20  
+ 15 cigarettes a day.~~

Had a little in - Sd last M.C.  
said - for life.

Looked striking in - green

yellow - but for it is long - he  
looked.

Foot - is cr. and / he has

the hair off at the

Island caught.  
He Los <sup>guitar</sup> yesterday ~~face~~ the next.

Stress it.

Silken herring - John

found not quite as big as Li is now.

Bottom of nose yellow very

pale

Identify but it's a fossil

Microps -

Had lot of runs - you could see in his  
approach to anch.

File No. 164-81-1A (625)Date Received 11/3/27From  b6  
 b7C(NAME OF CONTRIBUTOR)  
DMV - Licenses(ADDRESS OF CONTRIBUTOR)  
Olympia, WASeb To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description :

copy of D book  
b6  
b7Cb6  
b7C

sab 788

164-81-VA (626) 12

File No. 164-81-VA

Date Received 10/19/76

From Vernice Hoffke  
(NAME OF CONTRIBUTOR)

1407 University  
(ADDRESS OF CONTRIBUTOR)  
Lafayette Pa

To Be Returned  Yes Receipt Given  Yes  
 No  No

Description:

*Waiver of Rights  
and Interview Log for  
Vernice A. Hoffke*

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

SE 164-81-1A 626  
 KEEP ATTACHED TO EXHIBIT

Place Lafayette La  
 Date 10/19/76  
 Time 11:01 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness: S.A.

Signed Zornice A Hoff  
FBI, Lafayette La 10/19/76

Witness: \_\_\_\_\_

Time: 11:05 AM

b6  
b7c

Inter of revenue about Hoffee

By [redacted]

b6  
b7c

at Lafayette, La.

on 10-19-36

[redacted] 10:01AM Identify agents & nature inter,  
11:04AM Rights by [redacted] - & furnished  
Form - [redacted] understood signed  
11:05AM inter commenced  
11:46 AM Inter. Terminated  
[redacted]

b6  
b7c

b6  
b7C

164-81-1A (627)  
File No. 164-136-1A<sup>10</sup>

Date Received 9-28-73  
From  b6  
(NAME OR CONTRIBUTOR) b7C

(ADDRESS OF CONTRIBUTOR)  
THE RIOT, L.A.  
(CITY AND STATE)

By  b6  
(NAME OF SPECIAL AGENT) b7C

To Be Returned  Yes      Receipt given  Yes  
 No       No

## Description:

ADVICE OF RIGHTS &amp; INTERVIEW

LOG OF b6  
b7C

VOLUNTARY APPEARANCE; ADVICE OF RIGHTSYOUR RIGHTS

Before we ask you any questions, you must understand your rights. You have the right to remain silent. Anything you say can be used against you in court. You have the right to talk to a lawyer for advice before we ask you any questions, and to have him with you during questioning. You have this right to the advice and presence of a lawyer even if you cannot afford to hire one. We have no way of giving you a lawyer, but one will be appointed for you, if you wish, if and when you go to court. If you wish to answer questions now without a lawyer present, you have the right to stop answering questions at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER

I, [redacted] have come to the NEW ORLEANS Office of the Federal Bureau of Investigation (FBI) of my own choice to talk with Special Agents of the FBI about a crime which they are investigating. I know that I am not under arrest and that I can leave this office if I wish to do so.

b6  
b7c

Prior to any questioning, I was furnished the above statement of my rights at 10:25 AM on 9-28-73 at NEW ORLEANS, LA.  
(time) (date) (place)

by Special Agent [redacted] of the FBI. I have (read)

b6  
b7c

(had read to me) this statement of my rights. I understand what my rights are. I am willing to answer questions and make a statement. I do not want a lawyer. I understand and know what I am doing. No promises or threats

have been made to me and no pressure ~~of any kind has been used against me~~

b6  
b7c

Signed [redacted]

SE 164-81-14 (627)  
KEEP ATTACHED TO EXHIBIT10:28 AM 9-28-73 NEW ORLEANS, LA.  
(time) (date) (place)

Witness [redacted]

Special Agent, F.B.I., New Orleans, La., 9-28-73

Witness [redacted]

Special Agent, F.B.I., New Orleans, La. 9-28-73.

INTERVIEW LOG

9-28-73  
NEW ORLEANS, LA.

[REDACTED] APPEARED AT THE NEW ORLEANS FBI OFFICE

TO BE INTERVIEWED BY AGENTS [REDACTED] AND [REDACTED]

b6  
b7c

10:20 AM [REDACTED] ARRIVED AT FBI OFFICE.

10:25 AM [REDACTED] ADVISED OF RIGHTS BY SA [REDACTED]

b6  
b7c

10:28 AM [REDACTED] WAIVED RIGHTS.

10:30 AM [REDACTED] PHOTOGRAPHED BY SA [REDACTED]

10:38 AM INTERVIEW BEGUN.

10:59 AM " ENDED

11:02 AM [REDACTED] FINGERPRINTED BY SA [REDACTED]

11:12 AM [REDACTED] DEPARTED F.B.I. OFFICE.

WITNESSED: SA, FBI, New Orleans, La. 9-28-73. b6  
[REDACTED] b7c

SA, F.B.I., New Orleans, La., 9/28/73

Seattle 164-81-VA (628)

File No. 164-81-1ADate Received 11/2/77

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

Address of Contributor	b6 b7C
------------------------	-----------

To Be Returned  Yes      Receipt Given  Yes No No

Description:

Letter and notes re

--

b6  
b7C

all

--

b6  
b7C

164-81-7733

11/17/77

LAUREL, Ms.

No current photo  
Viewed composites not  
similar to anyone known to her.  
Definitely not [redacted]

b6  
b7C

Viewed photos of [redacted] & positively  
ident them.

Cannot recall when she last saw  
[redacted] - was in summertime - possibly  
4 - 5 yrs ago - [redacted] in  
house - left & returned MM. Fl.  
B74 phone & wife,

b6  
b7C

[redacted] was in Army - was in  
MPs - was [redacted]

b6  
b7C

Working in South America for  
Sun Oil Co -

Sws 7 L

164-81-1A (629)

File No. 164-34-1A<sup>5</sup>

Date Received 12-22-71

From Donald Turner

(NAME OF CONTRIBUTOR)

1958 Cottage Court

(ADDRESS OF CONTRIBUTOR)

Mobile, Ala.

B

(NAME OF SPECIAL AGENT)

b6  
b7CTo Be Returned  Yes  
 NoReceipt given  Yes  
 No

## Description:

Photograph of  
Donald Turner

2 each to NO + Seattle

WAT 12/22/71



DB Cooper-38045



DB Cooper-38046



b6  
b7C

0 0 0 0 0 5 0 0 0 0 0

DB Cooper-38047



DB Cooper-38048

NAME Donald Turner

ALIAS \_\_\_\_\_

FILE # 164-34-1A5

SEX \_\_\_\_\_ RACE \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

HAIR \_\_\_\_\_ EYES \_\_\_\_\_

SCARS & MARKS \_\_\_\_\_  
\_\_\_\_\_

164-81-1A(629)

DB Cooper-38049

b6  
b7C

164-81-1A (630)  
164-34-1A  
File No. 164-34-1A  
Date Received 6/27/77  
From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

b6  
b7CTo Be Returned  Yes      Receipt Given  Yes No No

Description:

*Interview log for*b6  
b7C

Selma, Ala.  
6/27/77

Interview Log

b6  
b7C

Person interviewed in [redacted]

Interviewed by : SA [redacted]

and [redacted]

Interviewed at : [redacted]

[redacted] advised of rights and provisions of  
Fraud against Government statute D:15 AM

Shown a waiver of rights form which he read  
and stated he understood i 10:16 AM

Signed form 10:20 AM

Interview began i 10:21 AM

Interview ended i 11:28 AM

Requests made during interview: None

[redacted] SA, FBI, Montgomery, Ala. 6/27/77

SA FOI, " " " " " b6 b7C

SE 164-81-1A(630)  
KEEP ATTACHED TO EXHIBIT

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed						Disposition
631	1/16/78	Waiver of rights form re					b6 b7C
b32	1/16/78	Copy breast notes	"	"	"	"	
b33	1/27	Photos of [redacted]		then 12/77			
b34	2/2/78	Waiver of rights					
b35	2/2/78	Interview Log	"	"	"	"	
b36	2/2/78	Photo of Richard F. Scherwartz, sec sub	700				
b37	2/2/78	Copy of arrest record	"	"	"	"	
b38	2/2/78	Advice of rights			sec 2nd	not sub Q	b6 b7C
b39	2/2/78	Interview Log -	"	"	"	"	"
b40	2/6/78	Photo of					
b41	2/2/78	Photos of					
b42	3/2/78	Photo of			then	5/77	
b43	3/23/78	Advice of rights - Alvin Carter Hartley - sub	437				
b44	"	" "	"	"	"	"	
b45	"	Interview Log	,	,	,	"	"
b46	"	Copy of birth certificate # 6691 Jerry Arthur Cooper - sub	781				b6 b7C
b47	"	Photo of [redacted] - sub Q.					
b48	4/3/78	Advice of rights & interview log					

164-81-1A DB Cooper-38052

SEARCHED	INDEXED
SERIALIZED	FILED
APR 16 1978	
FBI - SACRAMENTO	

b6  
b7C

b6  
b7C

164-81-VA (631)  
~~164-34-1A7~~

File No. 164-34-1A7

Date Received 6/27/77

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)  
\_\_\_\_\_  
\_\_\_\_\_  
b6  
b7C

To Be Returned  Yes      Receipt Given  Yes  
 No       No

## Description:

*Waiver of rights form*  
for 

b6  
b7C

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Selma, Ala.  
 Date 6/27/77  
 Time 10:16 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed X

Witness: \_\_\_\_\_ SA, FBI, Montgomery, Ala. 6/27/77  
 Witness: \_\_\_\_\_ SA FBI, Montgomery, Ala. 6/27/77  
 Time: 10:20 AM

b6  
b7c

SE 164-81-1A (63)  
 KEEP ATTACHED TO EXHIBIT

b6  
b7C

164-81-A (632)

File No. 164-39-1A<sup>13</sup>Date Received 6/27/77

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

b6  
b7CTo Be Returned  Yes      Receipt Given  Yes No No

Description:

Investigative notes

302

at

b6  
b7C

6/27/77

Dated 6/29/77

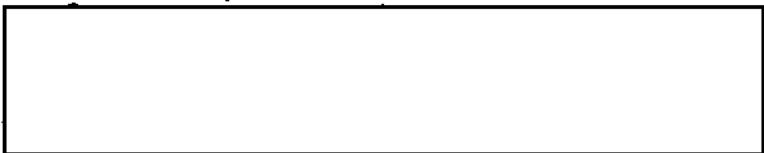


b6  
b7C

6/27/77

SE 164-81-V (632)  
KEEP ATTACHED TO EXHIBIT

Montauk Olympic - stayed at  
Habiby Inn - downtown  
Montauk  
running in



b6  
b7C

1st part of June 1976

9 went north



b6  
b7C

outside - fairground - 1677 open  
all - saluting

- make arrangement to meet  
- bed that night

- she wanted to be taken out to from  
guy from state who brought  
land

Bear word color  
Birch wood color  
old bats

2 hours  
months  
and  
recent  
times  
Cirrus  
Clouds  
about  
plane.

Took out to farm - 6-7 other  
girls

the said man had his regular  
plane parked out over Denver

another  
from left  
from far back.  
Spurred  
hence paved road  
off to right

Left Montreal on Aug 25  
going north Aug 25 gone  
(Sund) under 680 - stayed on

25 until it came  
8<sup>th</sup> arrived 341 10th

left on 341 - went 2-3

miles on 341 -  
on 341 -

on paved road

but now OAK 5 : RD

(it was dark)

farmhouse - 1/2 mile  
down road on left has  
rid - only on down  
road:

barn & have -

adult female have -

big hare 10 noon have

barn

she went back to get Griffel boy  
ready to ~~the~~ touch to  
water

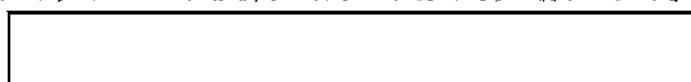
resembled gray

all together

3-4 girl

other others

who have



b6

b7C

[redacted] introduced himself

only what [redacted] in morning

tried to talk girl out of barn

also said man was hyathia

host  
of ~~presentations~~

that

want me there in guy

find she said he had bought it  
elsewhere & he wanted it.

girl said it was cooper

W.M.

left 30<sup>th</sup>

5'9" 5'10

165-170

Dark brown hair -

shoulder length

panted in front - neat

- go Tee - shaved all around  
it

mustache went into underline

A Northern accent

meant. seems about

less steps - jeans

brown shiny steps all over

brown shiny ~~steps~~ would

big fat shiny & very tan

~~jeans steps~~

dark complexion

fearless of fire brand looking

burned feet

well built

with that

- spoke very intelligently

- had pipe in pocket

either Indian or Indian complexion

brown  
girlfriend - had been with

her for quite while -

old train passed for model 40's

used word amnesty several times  
very intelligent

no probable dangerousness

angry with girl — should  
no emotion — would have  
been good car

WF

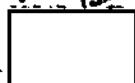
age 16

95 - 100

very attractive

5'4

dyed. Blond



b6  
b7c

at time

cooper on TV and new —  
can't remember

b6  
b7C

File No.

Date Received

From

(NAME OF CONTRIBUTOR)

b6  
b7C

DMV - Drivers License

(ADDRESS OF CONTRIBUTOR)

Dennis WA

SC

(NAME OF SPECIAL AGENT)

To Be Returned  YesReceipt Given  Yes No No

Description :

copy of D L of

b6  
b7C

tkm 2/17/m



164-81-1A(634)5

b6  
b7CFile No. 164-191-1ADate Received 2-16-72From By b6  
b7CTo Be Returned  Yes  
 NoReceipt given  Yes  
 No

Description:

*waver of Rights*3-1-72-a

KEEP ATTACHED TO EXHIBIT

DL # 164-191-17

5

DB Cooper-38065

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Dallas, Texas  
 Date 2-16-72  
 Time 3:27 pm

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness

Signed

declined to sign

b6

Witness

SA FBG Dallas

but said he would  
Dallas answer questions  
freely & voluntarily.

b7c

Time: 3:28 pm

SA  
FBG  
Dallas

10 3/16/72

b6  
b7c

164-81-1A (635)

File No. 164-191-1ADate Received 2-16-72From [Redacted]

## (ADDRESS OF CONTRIBUTOR)

Birmingham, Michb6  
b7cBy [Redacted]To Be Returned  Yes NoReceipt given  Yes No

## Description:

Interview log

3-1-72a

164-191-176

# Interview Log

Person interviewed : [redacted]

b6  
b7C

Interviewing agents : SA [redacted] and [redacted]

Date : 2-16-72

Time : 3:27 pm

Place Braniff International Airlines Lounge  
Love Field, Dallas, Texas

3:27 pm agents identified themselves  
SA [redacted] and explained nature of investigation

b6  
b7C

→ furnished advice of rights + waiver form

3<sup>30</sup> pm Interview began

3<sup>50</sup> pm interview ended

Record of requests: none

[redacted] b6  
b7C

SA FBI

Dallas, Texas 2/16/72

*part 700*

164-81-14 (636)  
File No. 164-191-1A //

Date Received 2-28-74  
From Dallas SO

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By SC

b6  
b7CTo Be Returned  Yes NoReceipt given  Yes No

Description: Photo of  
Richard Frank Schwandt

**CHICAGO DAILY PRESS**  
MAY 13, 1970  
\$3.00  
\$13.70

DB Cooper-38070

Richard Frank Schwandt

164-191-1A" DB Cooper-38071

sub 705

169-81-637

File No. ~~169-81-637~~

Date Received 2/22/74

From [redacted] b6  
b7c

NAME OF CONTRIBUTOR  
From PD

ADDRESS OR CONTRIBUTOR  
Tarrant Tex

By [redacted]

To Be Returned  Yes      Receipt given  Yes  
 No  No

## Description:

Copy of arrest  
record on Richard  
F. Schwandt.

NOTICE OF ADULT PROBATION  
DALLAS COUNTY CRIMINAL DISTRICT COURTS  
DALLAS, TEXAS

DATE March 13, 1972

NAME SCHWANDT, RICHARD FRANK

ADDRESS Box 112, Clearwater, Minn.

SEX M RACE W AGE 27 DATE OF BIRTH 8-3-44

HEIGHT 6'2 WEIGHT 180 EYES blue HAIR blnd COMPLEXION

EMPLOYER

OFFENSE FNC SENTENCE 2 years

COURT No. 195th Judicial District DOCKET No. C71-2907-KN

DATE OF PROBATION 3-10-72 PROBATION CASE No. 7-72-532  
PV

PROBATION OFFICER

FBI No.  DPS No. 1,486,738 SO No. 173702 DPD No. NR (Prob 12084)

REMARKS

Form 69-94

POLICE DEPARTMENT - DALLAS, TEXAS

17439

*Below Blue Line  
Disregard*

ATTEST:

TOM E. ELLIS, County Clerk

By:

Pd. Rec. #3636

~~\$53.00~~

~~4-14-72~~

DSO 209 520

DPD

*NR*

DPS

681 111 C

FBI

DB Cooper-38073

b6  
b7c

WILSON E. SPEIR  
Director

THE STATE OF TEXAS  
DEPARTMENT OF PUBLIC SAFETY  
AUSTIN

Form 6

The following is a transcript of the record, including the most recently reported data, as shown in the files of the Identification & Criminal Records Division concerning **DPS# 1,486,738**

FPC: 17/ S 9 U IOI 15  
L 2 U IOI 15

*Joel Tisdale, Chief  
Identification & Criminal Records Division*

ARRESTED OR RECEIVED	CONTRIBUTOR OF FINGERPRINTS	NUMBER	NAME	CHARGE	DISPOSITION
10-11-68	Dallas, Tex.	SO#173702	Richard Frank Schwandt	Drunk & Disorderly	
7-18-69	Dallas, Tex.	SO#173702	Richard Frank Schwandt	Pass. Worthless Checks, Dist. Peace	
2-28-72	Dallas, Tex.	SO#173702	Ric Frankie Schwandt	Prob Viol, PWC (2)	

MAR 15 1972

\* Represents notations unsupported by fingerprints.

DB Cooper-38074

For completion of our records, please supply dispositions to this Bureau in any of the foregoing cases where they do not appear.

BILL DECKER, SHERIFF  
DALLAS COUNTY, TEXAS

J. H. Kitching,  
Chief, Bureau of  
Identification and Records

Form 138

Page 1

NAME SCHWANDT RICHARD FRANK Race &  
Sex WM DOB 8-3-44

ALIAS \_\_\_\_\_

DSO # 173702 DPD # \_\_\_\_\_ DPS # 1,486,738 FBI # \_\_\_\_\_

The following is a transcript of the record of the above named subject as shown in the files of the Bureau of Identification and Records.

ARREST CARD #	ARREST DATE	CHARGE	DISPOSITION	RELEASE DATE
450004	10-11-68	DRUNK & DISORDERLY	XPAID FINE \$25 XEXCLADK PAID FINE IN JAIL OFFICE	10-12-68
474907	7-18-69	Passing Worthless Check #CCR68-765-C  H/F DeSoto PD Disturbing Peace	Posted \$300.00 bond.  \$25.00 fine pd in J/O.	7-18-69
-518473	8-13-70	Pass worthless checks CCR68-765-C	60 days Jail, \$100 fine, \$45 cost (PROBATED TO 2-13-71) Paid Cost	8-13-70
581207	2-28-72	PASSING WORTHLESS CHECK #CCR71-2349-  PASSING WORTHLESS CHECK #C71-2907-KN  PROBATION VIOLATION PASSING WORTHLESS CHECK #CCR68-765-C	REC 5 DAYS \$50 FINE \$108 COST CCC#1 SVD 37 DAYS  REC 2 YEARS TDC PROB \$10 COST PGBCT #195th  REC 60 DAYS PROB \$100 FINE \$72 COST CCC#3 SVD 1 DAY ON F/C PD BAL \$167 IN JO	3-10-72
				DB Cooper-38075

PROBATION DEPARTMENT  
CRIMINAL DISTRICT COURTS OF DALLAS COUNTY  
DALLAS, TEXAS

Dkt. No. C71-2907-KN

Name RICHARD FRANK SCHWANDT Address: Box 112, Clearwater, Minnesota  
Wright County  
Phone No. none Race W Sex M Age 27 DOB 8-3-44 POB Rochester, Minn.  
Employer Plans to attend school Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Marital Status: S M W D X Sep. Good Salary: \_\_\_\_\_  
Description: Ht: 6'2" Wt: 180 Hair: Blnd Eyes: Blue Complexion: Light  
Scars-Marks-Tattoos Right shoulder "U.S.A.", Scars on left arm.

Status

Education: Freshman School at St. Cloud Univ., St. Cloud, Minn. Religion: None  
MIL. Service: A X AF M N CG From 8-4-61 To 8-3-64 ASN 17599181 Type Disc. Honorable  
Resources, Prop. Will attend school on G.I. Bill; part owner of Clear Lake  
(sky-diving) Star Factory  
Payments or Rent: \$ None Auto: None Make & Model: \_\_\_\_\_ Lic. # \_\_\_\_\_  
Minn. Op. \_\_\_\_\_  
Driver Lic. # 55307382616 Exp. Date: 19 Social Security # 472-46-7756  
FBI: DPS 1,486,738 SO 173702 DPD: \_\_\_\_\_

Probation Date March 10, 1972 Expiration March 10, 1974

Offense PWC Def. Attorney: \_\_\_\_\_ Pros. Attorney: \_\_\_\_\_  
Phone No. \_\_\_\_\_

b6  
b7C

Ex-Spouse: \_\_\_\_\_ Address: unk.

Employer: \_\_\_\_\_

Children: \_\_\_\_\_ Address: \_\_\_\_\_

Father Deceased, \_\_\_\_\_ Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

b6  
b7C

Employer: 5000 or More \_\_\_\_\_

Father-in-Law: \_\_\_\_\_ Address: \_\_\_\_\_

Mother-in-Law: \_\_\_\_\_ Address: \_\_\_\_\_

Siblings: \_\_\_\_\_ Address: \_\_\_\_\_ (Int. # and add unbroken)

b6  
b7C

Friends: \_\_\_\_\_

BILL DECKER, SHERIFF WHITE'S MALL  
DALLAS, TEXAS  
Form 102

Classed by: \_\_\_\_\_  
Searched by: \_\_\_\_\_  
Filed by: \_\_\_\_\_

LEAVE THIS SPACE BLANK

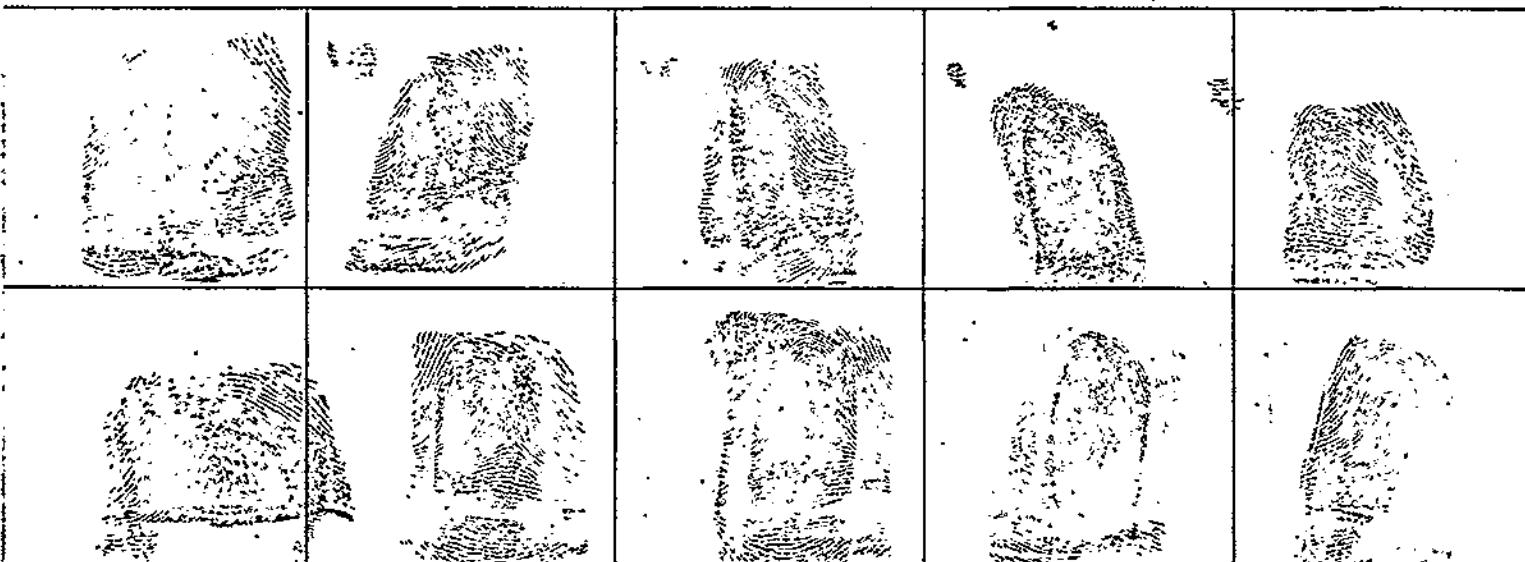
CLASS 17/S 9 U IOM 15  
L-2 U 00I 17  
REF. I00  
b6  
b7c

NAME SCHEWANDT RICHARD FRANK  
LAST NAME FIRST NAME MIDDLE NAME

ALIAS \_\_\_\_\_

NICKNAME \_\_\_\_\_

RACE W SEX M DSO 173702 DPD \_\_\_\_\_ DPS \_\_\_\_\_ FBI \_\_\_\_\_



AGE 24 HT. 6-2 WT. 185 EYES BLU HAIR BLOND COMP. \_\_\_\_\_

RES. 1912 WESTON, IRVING, TEXAS OCC. SALESMAN - Sky Diver ARR. NO. 450004  
7-18-69 PLACE OF BIRTH 618 N. Rogers, Irving OCC. ROCHESTER, MINN DATE OF BIRTH 8-3-44

DATE 10-11-68 CHG. DRUNK & DISORDERLY

ARR. BY \_\_\_\_\_ DSO \_\_\_\_\_

Signature \_\_\_\_\_

b6  
b7c



## SCARS, MARKS AND TATTOOS: TATT: USA L/SHOULDFR

SOC. SEC. NO.	UNKNOWN ADmits INSTITUTION OR TOWN	DRAFT REGIS. NO. PREVIOUS ARRESTS CHARGE	HOW RELEASED
---------------	--	--	--------------

FATHER: WILLARD SCHWANDT (DEC)

ADD: FAI

MOTHER: DEC

ADD:

HUS. OR WIFE: [REDACTED]

ADD:

CHILDREN: [REDACTED]

ADD:

MOTHER IN LAW: [REDACTED]

ADD: PARIS, TEXAS

FATHER IN LAW: [REDACTED]

ADD:

SISTERS: [REDACTED]

ADD: MINNEAPOLIS, MINN.

BROTHERS: [REDACTED]

ADD: MINNEAPOLIS, MINN.

FRIENDS: [REDACTED]

ADD:

ARRESTED WITH: SELF

ADD:

EMPLOYER: SELF EMPLOYED

ADD: At Residence  
DALLAS

US ELECT SUPPLY

ORGANIZATIONS, LODGES, OR UNIONS:

Info ok 7-18-69

b6  
b7Cb6  
b7C

Q  
164-81-A (638)File No. 164-81-ADate Received 4-4-72From b6  
b7c(ADDRESS OF CONTRIBUTOR)  
Richardson, NC  
(CITY AND STATE)  
By Z G Morgan  
(NAME OF SPECIAL AGENT) To Be Returned  Yes      Receipt given  Yes  
 No       No

Description:

*Advice of rights form**see sub 9  
2nd Vol.  
410-72a 4/4/72 F B I 302  
Dallas*

KEEP ATTACHED TO EXHIBIT

DL #164-191-1A

DB Cooper-38080

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Richardson, Texas  
 Date 4-4-72  
 Time 1:08 pm

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed

b6  
b7c

Witness: Harry J. Morgan SA, FBI, Dallas, Tex 4/4/72

Witness:  SA, FBI, Dallas, Tex 4/4/72

Time: 1:08 pm

Q

164-81-1A (639)

8

File No. 164-191-1ADate Received 4-4-72

From:

b6  
b7c

(ADDRESS OF CONTRIBUTOR)

Richardson Tex

(CITY AND STATE)

By J. J. Morgan

(NAME OF SPECIAL AGENT)

To Be Returned  Yes NoReceipt given  Yes No

Description:

Interview log

See Sub G  
2nd Vol  
4-10-72 4/4/72 FO 302  
L Dallas

164-191-1A<sup>3</sup>

## Interview log

Person interviewed: [redacted] b6  
b7c

Interviewing Agents: Harry J Morgan and [redacted]

Date: 4-4-72

Place: [redacted] 34 b6  
b7c

Time: 1:07 pm agents identified themselves. SA Morgan advised [redacted] of allegation and furnished him an advice of rights and waiver form.  
1<sup>16</sup>/<sub>pm</sub> signed waiver  
Interview began 1<sup>11</sup>/<sub>pm</sub>  
1<sup>38</sup>/<sub>pm</sub> interview ended  
Record of requests: none

Harry J Morgan  
SA, FBI Dallas Office  
4-10-72

164-31-1A (640)

File No. 164-191-1A  
Date Received 3/7/75  
From

b6  
b7C

(NAME OF CONTRIBUTOR)  
BRANIFF AIRWAYS  
(ADDRESS OF CONTRIBUTOR)  
DALLAS, TEX.

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes  
 No  No

## Description:

2 photos of

b6  
b7Cb6  
b7C

sent SE 2-13-75

~~1624~~ ~~191-1A<sup>12</sup>~~  
1624-8X-1A (640)

b6  
b7C

DB Cooper-38086

164-81-1A (641)

File No. 164-81-1ADate Received 12/27/71From (NAME OF CONTRIBUTOR)  
Federal Records Center

b6

(ADDRESS OF CONTRIBUTOR)  
Fort Worth, Texas

b7C

(CITY AND STATE)

By IC  (NAME OF SPECIAL AGENT)To Be Returned  Yes NoReceipt given  Yes No

## Description:

Photo of 

b6

b7C

12/27/ 

b6

b7C

[Redacted]  
W M

[Redacted]  
Height: 71" [Redacted]  
Weight: 170 Lbs. b6  
Hair: Brown b7C  
Eyes: Brown  
Scars: [Redacted]

164 81-14 (641)

~~164-141-1A4~~

DB Cooper-38089

ъ6  
ъ7с

**Field File No.**

CC and File No. 164-81-1A (642)

Date Received 2/15/78

From

DMV (NA)

#### IPBESSES AS GOVERNANCE

By Olymnia Clark.

—  
—

To Be Returned  Yes Receipt Given  Yes

No

No

**Description:**

Driver's license photo;

b6  
b7c

Thru 5/77

act 437

SE 164-818(643)

File No. ~~6-198-7A-77~~

Date Received 4/26/73

From alien Curtis Hartley  
(NAME OF CONTRIBUTOR)~~Cape Mendocino~~  
(ADDRESS OF CONTRIBUTOR)~~Pawpaw, Colo.~~  
(CITY AND STATE)By ~~Beaumont~~  
(NAME OF SPECIAL AGENT)To Be Returned  Yes  
 No      Receipt given  Yes  
 No

## Description:

address of self from  
in alien Curtis Hartley.

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

164-81-1A(643)

Place Rancho, Colorado  
 Date 4/24/73  
 Time 2:43 PM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed \_\_\_\_\_

Witness: SA Robert Browning Jr Special Agent, FBI, Denver  
Browning, Colo 4/24/73

Witness: \_\_\_\_\_

Time: 3:06 PM

Harkley read the above form, advised he was fully aware of his rights and declined to sign the form advising he was willing to talk about aircraft hijackings.

art 437  
SE 164-81-1A (644)

File No. H-7-98 1A (TL)

Date Received 7/11/73

From FBI  
(NAME OF CONTRIBUTOR)

Bureau of Elementary  
(ADDRESS OF CONTRIBUTOR)

Clemwood Springs  
(CITY AND STATE)

By Browning  
(NAME OF SPECIAL AGENT)

To Be Returned  Yes      Receipt given  Yes  
 No       No

Description:

1. advice of agent  
from for alias  
Charles Hartley

## INTERROGATION; ADVICE OF RIGHTS

164-81-1A (644)

YOUR RIGHTS

Place Glenwood Springs, Colo  
 Date 7/11/73  
 Time 7:38 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed \_\_\_\_\_

Witness: SA Clifton Browning Jr <sup>FBI</sup> Glenwood Springs 7/11/73

Witness: \_\_\_\_\_

Time: 742 AM

Hastley read the above, but refused to sign advising he understood his rights.

sub 437

SE 164-81-A (645)

File No. 164-81-ADate Received 7/11/73From FBI - New York  
(NAME OF CONTRIBUTOR)Room 4, 3rd floor  
(ADDRESS OF CONTRIBUTOR)Clerical Office, FBI  
(CITY AND STATE)By Browning  
(NAME OF SPECIAL AGENT)To Be Returned  Yes NoReceipt given  Yes No

## Description:

*Interview log of  
Alvin Karpis Hartley*

Interview by

7/11/73

Subject Alvin Carter Holly

Place Glenwood Springs, Colo.

Date 7/11/73

Intervenor agent SA Clifton Brumley, Jr.

Interview commenced 7:38 AM

Established威脅 of eight 7:38 AM

Subject advised he understood eight

but refused to sign 7:42 AM

Intervenor demanded see Vajic 8:22 AM

Mugshot possible obtained at 8:22 AM

Glenwood Springs P.D. 9:11 AM

164-81-VA (645)

781

SE 164-81-14 (646)

File No. 164-74-1A5Date Received 3/17/76From  b6  
b7cBWIS

(ADDRESS OF CONTRIBUTOR)

RKTo Be Returned  Yes Receipt Given  Yes No No

Description:

*Copy of  
Birth Certificate  
# 669*

Department of Commerce  
Bureau of the Census

CERTIFICATE OF BIRTH  
COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

6691

62

Registered No.

1. PLACE OF BIRTH (a) County <u>Washington</u> Registration District No. <u>20</u> (b) Magisterial District (c) City or town (d) Name of hospital or institution <u>Bethesda Hospital</u> (e) Is place of birth within corporate limits?		2. USUAL RESIDENCE OF MOTHER (a) State <u>Virginia</u> <u>10-2-90</u> (b) County <u>Staunton</u> (c) City or town <u>Virginia</u> (d) Street no. (e) Is place of residence within corporate limits? <u>yes</u>	
3. Full name of child <u>Jerry Arthur Cooper</u> If child is not yet named, leave blank.			
4. Sex <u>Boy</u> Write w/o S	5. Twin or Triple <u>If so, born 1st, 2nd, or 3rd</u> <u>9</u>	6. Months of pregnancy	7. Is mother married to father of child? <u>Yes</u> 8. Date of birth <u>Feb 4</u> <u>1945</u> Month by name, Day, Year
9. GATHERED OF CHILD			
9. Full name	10. Color or	11. Birthplace	12. Usual occ
13. Industry			
21. Children born to this mother: 0 (a) How many other children of this mother are now living? <u>0</u> (b) How many other children were born alive but are now dead? <u>0</u> (c) How many children were born dead? <u>0</u>			
22. I hereby certify that I attended the birth of this child who was <u>born alive</u> at the hour of <u>3:35 P.M.</u> on the date above stated and that the information given was furnished <u>Mother</u>			
24. Were eydrops used? <u>Yes</u>			
25. Supplemental information added			
26. <u>FEB. 14 1945</u> Date rec. by reg.		Attendant's own signature Physician, Midwife, or other <u>H. M. D.</u> Date signed <u>2/7/45</u> dress <u>Henry Dorn, Jr.</u> ness to signature Name signed by mark	

b6

b7C

b6

b7C

NOTICE OF VERIFICATION

FOR OFFICIAL GOVERNMENT USE ONLY  
(To Be Retained by Using Agency)

This is to verify that the foregoing is a reproduction  
of the original record on file in the Bureau of Vital  
Statistics, Virginia Department of Health, Richmond,  
Virginia.

JAN 7 1976

Date Issued

*Deane Huxtable*

DEANE HUXTABLE, State Registrar

DB Cooper-38099

ENCLOSURE TO SEATTLE FROM BUFFALO

*Sub J.*  
SE 164-81-1A (647)File No. 164-46Date Received 2/15/78From \_\_\_\_\_ b6  
\_\_\_\_\_  
b7C

(NAME OF CONTRIBUTOR) \_\_\_\_\_

(ADDRESS OF CONTRIBUTOR) \_\_\_\_\_  
Cuba, NY

(STATE) \_\_\_\_\_

(NAME OF SPECIAL AGENT) \_\_\_\_\_

To Be Returned  Yes Receipt Given  Yes No  No

Description:

*Photo of* \_\_\_\_\_b6  
b7C

By Buffalo letter dated 3/6/78.

*See Ser. 7810*

[Redacted Box]  
b6  
b7C

164-81-A. (647)

DB Cooper-38102

b6  
b7c

164-81-1A (648)

File No. 164-98-1A (16)

Date Received 7/19/73

From FBI

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

b6  
b7cTo Be Returned  Yes NoReceipt given  Yes No

## Description:

advice of rt &  
Interview log

Interview log of [redacted]

at [redacted]

b6  
b7c

Lamas, "Cale," on 7/19/73

10:40 A - [redacted]

advised of right of [redacted]  
b6  
b7c

8A [redacted]

and advised of

its use ref FD-395, which was  
stated by [redacted] to be understood  
and at [redacted]

10:46 A - he willingly signed the  
waiver and proceeded to allow  
self to be interviewed.

at 10:12 A - interview ended

[redacted] S. Agent

b6  
b7c

Denver Det.

E 164-81-4A (648)  
EEP ATTACHED TO EXHIBIT

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Lamar, Colorado  
 Date 7/19/73  
 Time 10:40 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness:

Signed

Witness:

Time:

10:46 AM

*Ruehl/RH/Special Agent  
FBI Denver*

b6  
b7c

FEDERAL BUREAU OF INVESTIGATION  
FOI/PA  
DELETED PAGE INFORMATION SHEET  
FOI/PA# 1:16-cv-01790-02

Total Deleted Page(s) = 189

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File - Serial Charge Out  
FD-5 (Rev. 6-17-70)

File 164 81 Date \_\_\_\_\_  
Class. Case No. Last Serial  
 Pending  Closed Date  
Serial No. Description of Serial Charged

VA659 78 photos of latent prints  
sent to HQ lab  
8/23/01

b6  
b7c



RECHARGE

Date \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_

Initials of  
Clerk

}{

Date \_\_\_\_\_

{

Date charged

**Employee**

[View Details](#) [Edit](#) [Delete](#)

U.S. GPO:1989-241-726/08023

DB Cooper-38106

(Title)

(File No.)

Date Filed	Disposition
b49 4/10/78 Views of night	b6 b7C
b50 4/11/78 Notes and interview log	b7D
b51 4/11/78 Photos of Robert Wexley Rochester, NY	Sub 933
b52 4/11/78	Written 4/11/78 b6 b7C
b53 4/11/78	b6 b7C
b54 4/18/78 Photos of Robert Kirkpatrick see Sub 933	b6 b7C
b55 4/18/78 Interview notes	b6 b7C
b56 5/3/78 Neg of black and white composite of man w/glasses	b6 b7D
b57 5/7/78 Photos 1	Sub 933
b58 6/9/78 Photos 2	
b59 6/16/78 78 pictures of latent prints + one latent impression	Sub 933
b60 6/23/78 Photos of suspect Sub 933	
b61 6/23/78 Copy of Wash. Times-Herald	b6 b7C
b62 8/31/78 Cal 8/10/78 (1) 11/13/78 (1)	
b63 10/13/78 Photos 3	
b64 10/17/78 Photos of	
b65 10/19/78 Copy of Boeing Aircraft Corp. doc 1 BAP 291PA-152	

164-81-4  
 SEARCHED INDEXED  
 SERIALIZED FILED  
 APR 10 1978  
 FBI - LOS ANGELES

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	To be returned		Disposition
		Yes		
(dole	1/8/79	X	Blueprint depicting location of decal on 727	
(d67	5/15/79	X	Rough draft notes re:	
(d68	5/15/79	X	Original Notes of interview w/ [redacted]	
669	5/15/79	X	Business card of D.B. Cooper Sky Diving School	
670	5/15/79	X	Original Notes re: interview of [redacted]	
671	5/15/79	X	Interview notes re: [redacted]	
672	1	X	Rights & Waiver form re: [redacted]	
673		X	Interview log - Jewel Sparks	
674		X	Waiver & Rights Form re: Sparks	
675		X	Waiver & Rights form re: [redacted]	
676		X	Copy of [redacted]	Sals 386
677		X	Copy of [redacted]	
678	V	X	Copy of [redacted]	

b6  
b7Cb6  
b7C  
b7D

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	To be returned Yes No	Disposition
1066	5/18/79		Blueprint depiction (writing) of deal OA 727
1067	5/18/79	X	Rough draft notes per [redacted]
1068	5/18/79	X	Original notes re interview w/ [redacted]
1069	5/18/79	X	Business card of D. B. Cooper (by Dennis Nichols)
1070	5/18/79	X	Original notes re interview w/ [redacted]
1071		X	Dictation notes re [redacted]
1072		X	Right & Lawyer from re [redacted]
1073		X	Interview log - Billy Jewel (part 1)
1074		X	Waiver of Rights form re [redacted]
1075		X	Waiver Rights form II
1076		X	Copy of [redacted] Nab 386
1077		X	[redacted]
1078		X	[redacted]

14-81-1A

SEARCHED \_\_\_\_\_ INDEXED \_\_\_\_\_  
 SERIALIZED \_\_\_\_\_ FILED \_\_\_\_\_  
 (AN B-1070)  
 FBI-BAT

b6  
b7C

164-814/b7B

Sub 386

File No.

Date Received

From

By

164-101-1A6

4/15/72

(NAME OF SPECIAL AGENT)

To Be Returned  Yes NoReceipt given  Yes No

Description:

Cassis d

b6

b7C

b7D

Sub 386

(67)

164-81-1A

File No. 164-101-1ASDate Received 4/13-14/92

From

By

(NAME OF SPECIAL AGENT)

b6

b7C

b7D

To Be Returned  Yes NoReceipt given  Yes No

Description:

Copies of

b7D

Routing Slip  
FD-4 (Rev. 12-22-69)

To:  Director

Att.: \_\_\_\_\_ FILE

Date \_\_\_\_\_

164-101

SAC \_\_\_\_\_

Title \_\_\_\_\_

Novjak

ASAC \_\_\_\_\_

Supv. \_\_\_\_\_

Agent \_\_\_\_\_

SE \_\_\_\_\_

IC \_\_\_\_\_

RE: \_\_\_\_\_

CC \_\_\_\_\_

Steno \_\_\_\_\_

Clerk \_\_\_\_\_

Rotor #: \_\_\_\_\_

ACTION DESIRED

Acknowledge

Open Case

Assign \_\_\_\_\_ Reassign \_\_\_\_\_

Prepare lead cards

Bring file

Prepare tickler

Call me

Return assignment card

Correct

Return file

Deadline \_\_\_\_\_

Search and return

Deadline passed

See me

Delinquent

Serial #: \_\_\_\_\_

Discontinue

Post     Recharge     Return

Expedite

Send to \_\_\_\_\_

File

Submit new charge out

For information

Submit report by \_\_\_\_\_

Handle

Type

Initial & return

Leads need attention

Return with explanation or notation as to action taken.

[Large rectangular box for notes]

b6

b7C

b7D

See reverse side

Office \_\_\_\_\_

Sub 386

(626)

164-91-1A

File No.

Date Received

From

b6  
b7C  
b7DTo Be Returned  Yes NoReceipt given  Yes No

Description:

Copy of

b6  
b7C  
b7D

UNITED STATES GOVERNMENT

# Memorandum

TO : SAC (164-101)

DATE: 4/21/72

FROM : SA [redacted]

SUBJECT:

on 4/20/72, a knowledgeable source furnished the following

[redacted]

b6  
b7C  
b7D

b6  
b7C  
b7D

Knowledgeable source is [redacted]



b6  
b7C  
b7D

164-81-1A (675)

File No. 164-59-1A3Date Received 12/27/71

From: \_\_\_\_\_

(ADDRESS OF CONTRIBUTOR)

b6

b7C

By \_\_\_\_\_

To Be Returned  Yes NoReceipt given  Yes No

## Description:

Waiver and Warning  
form.

YOUR RIGHTS

Place Anchorage  
Date 10/27/71  
Time 10:55 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning, if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness \_\_\_\_\_

*SA, FBI Anchorage*

Witness \_\_\_\_\_

Time 10:56 PM

b6  
b7c

(674)

164-81-1A

File No. 164-59-1A12

Date Received 3/31/77

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

\_\_\_\_\_

\_\_\_\_\_

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes

No

Yes

No

Description:

Waiver of rights from  
Billy Jewel Sparks.

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Anchorage, AK.  
 Date 3/31/77  
 Time 12:56 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

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Witness:  Signed \_\_\_\_\_  
 b6  
 b7c

Witne  *FBI, Anchorage, Ak.  
 SA, FBI Anchorage, Ak.*

Time: 12:58 pm

*Dickie Jewel Sparks,  
 read, stated understood  
 but declined to sign.*

164-81-1A

(673)

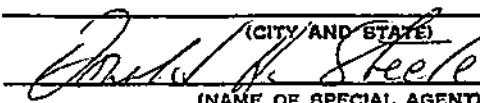
File No. 164-59-1A11

Date Received 3/31/77

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_  
(CITY AND STATE)

  
(NAME OF SPECIAL AGENT)

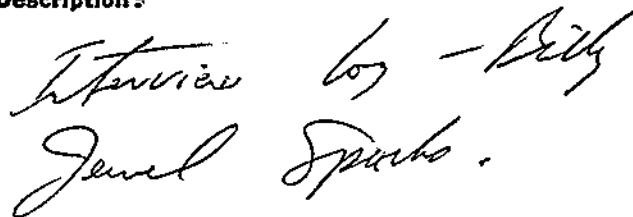
To Be Returned  Yes Receipt Given  Yes

No

Yes

No

## Description:



Kitteria by - Dith June Sparks,  
Anchorage, Alaska, 3/31/77.

12:55 pm - Sparks contacted at 405-9234  
General Rd. Advised of identity  
of agents, purpose of interview to  
certify construction myth by  
Ed Steele, and "four flights"  
from the Anchorage to Seward.

12:58 pm - Kitteria signs

1:22 pm - Kitteria contacts

John C. Clark - FBI, Anchorage  
SA 1-B1 Anchorage ak

b6

b7C

164-81-1A 672

File No. 164-59-1B14

Date Received 1/30/78

From \_\_\_\_\_ b6  
\_\_\_\_\_  
b7C

ADDRESS OF CONTRIBUTOR  
Fairbanks Alaska

To Be Returned  Yes Receipt Given  Yes

No

Yes

No

Description: \_\_\_\_\_

Rights + Waiver  
form.

## INTERROGATION; ADVICE OF RIGHTS

## **YOUR RIGHTS**

Place Fairbanks, Alaska  
Date Jan. 30, 1978  
Time 3:40 PM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

## WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Sign

**Witness:**

**Witness:**

Time: 3:42 P.M.

b6  
b7C

164-81-1A  
1671

File No. 164-59-1A15

Date Received 1/30/78

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_

b6  
b7C

To Be Returned  Yes Receipt Given  Yes

No

Yes  
 No

Description:

Interview Log on  
interview of \_\_\_\_\_

\_\_\_\_\_

b6  
b7C

## Interview Log

Date: Jan 30, 1978

Place: 101 12th Ave., Fairbanks, AK.

Interviewee: [redacted]

b6  
b7c

### TIME

- 3:35 PM - [redacted] appeared @ RT, informed I.D. of interviewing Agent + purpose of interview
- 3:40 PM - [redacted] furnished rights + Waiver form, read, advised he understood + signed.
- 3:44 P.M. - Interview commenced.
- 4:28 P.M. - Interview concluded, description + background obtained.

b6  
b7c

Witness:

[redacted]

, SA, FBT

b6  
b7c

164-81-1A

(670)

File No. 164-59-1A<sup>13</sup>Date Received 1/30/78From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

	b6
	b7C

To Be Returned  Yes Receipt Given  Yes No No

Description:

original notes on  
interview of

b6  
b7C

~~1/30/78~~

1971  
Golden Gate  
G.S.U.

S.F.

b6  
b7C

RE:

S.F., CALIF



was broke & would not have  
traveled @ that time -

Interviewed by F.B.I. @ S.F.,  
since he was member of Amherst  
Parachutes Assoc.

DB Cooper-38315

b6  
b7C

the P.B. Cooper case

as a case study in

b6  
b7c

Admired the man's feat immensely not the criminal aspect of it, but the finite planning and precision jumping required to carry out such a feat.

b6  
b7c

DOB

5'11", 175

Brown Hazel

SS #

Res.

Employed: U.S.A -

[redacted]

b6  
b7c

FBIS.

Citizen:

[redacted]

Dismissed

Military:

Navy -

b6  
b7c

Hobby: Sport jumping - test para.  
planning.

Self employed - manufacture  
& modifications of chutes

b6  
b7c

[redacted] - Defense Dept. -

Vietnam

Tech Reps - Lockheed  
& Brand X

b6  
b7c

Don -

104-81-1A (670)

FD-340 REV (6-14-77) 1 card

To Seattle, File # 164-81-A (66)

From Portland, File # 164-41

Portland airtel, Dated 1/5/79

Field File No. \_\_\_\_\_

OO and File No. \_\_\_\_\_

Date Received \_\_\_\_\_

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By \_\_\_\_\_

(NAME OF SPECIAL AGENT)

To Be Returned  Yes Receipt Given  Yes

No

No

Description:

One business card of D. B.  
COOPER, Director, Cooper's Sky Diving  
School, Sky Harbor, Salem, Oregon.

See over 8780



# Cooper's Sky Diving School

*Specializing in Night Jumps  
From Large Jet Aircraft*

D. B. Cooper  
Director  
Airline Jump Operations

Sky Harbor Field  
Salem, Oregon  
503 \$200,000

164-81-1A [669]

DB Cooper-38321



FD-250 (11-30-5)

DB Cooper-38322

Field File No.

OO and File No.

Date Received

From

164-81-1A *b6b*

164-174

3/19/79

EVEN

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

(ATE)

(AGENT)

To Be Returned  YesReceipt Given  Yes No No

Description:

ORIGINAL NOTES OF  
INTERVIEW WITH [redacted]

[redacted]

See Ser 8063

164-81-1A (668)

DB Cooper-38324

3/19/79

b6  
b7c

Louisville KY

w/m.

1YR. COLLEGE

b6  
b7c

- WENT INTO [REDACTED]
- NO TROUBLE AS YUV. OR AS ADULT LIFE
- IS [REDACTED]
- LAST SAW APR. 58 [REDACTED]

WORKS

AT HOME

IS

b6  
b7c

[REDACTED] WON AWARDS FOR HIS

[REDACTED] ALSO NOW HE WORKS AT A  
CHURCH CAMP IN THE MOUNTAINS OF COLORADO  
(LOCATION UNKNOWN)

DB Cooper-38325

NO LARGER INVENTIMER TO KNOWLEDGE HAS HAD

TO [REDACTED]

b6  
b7c

[REDACTED] NOV. 01=1971 BUT SHE COULD

NOT RECALL THE EXACT DATE. DURING THIS TIME  
TOOK OFF WORK FOR ABOUT 1WEEK SO

[REDACTED] STAYED WITH

UNTIL AFTER THANKSGIVING. EVERYTHING APPEARED  
NORMAL EXCEPT THAT SHE WAS [REDACTED]

RICHARD UPTON

b6  
b7c

Pim

164-81-1A (b6)7

Field File No. 164-640-1a (2)

OO and File No. (initials) 164-81

Date Received 3/21/79

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By \_\_\_\_\_

(NAME OF SPECIAL AGENT)

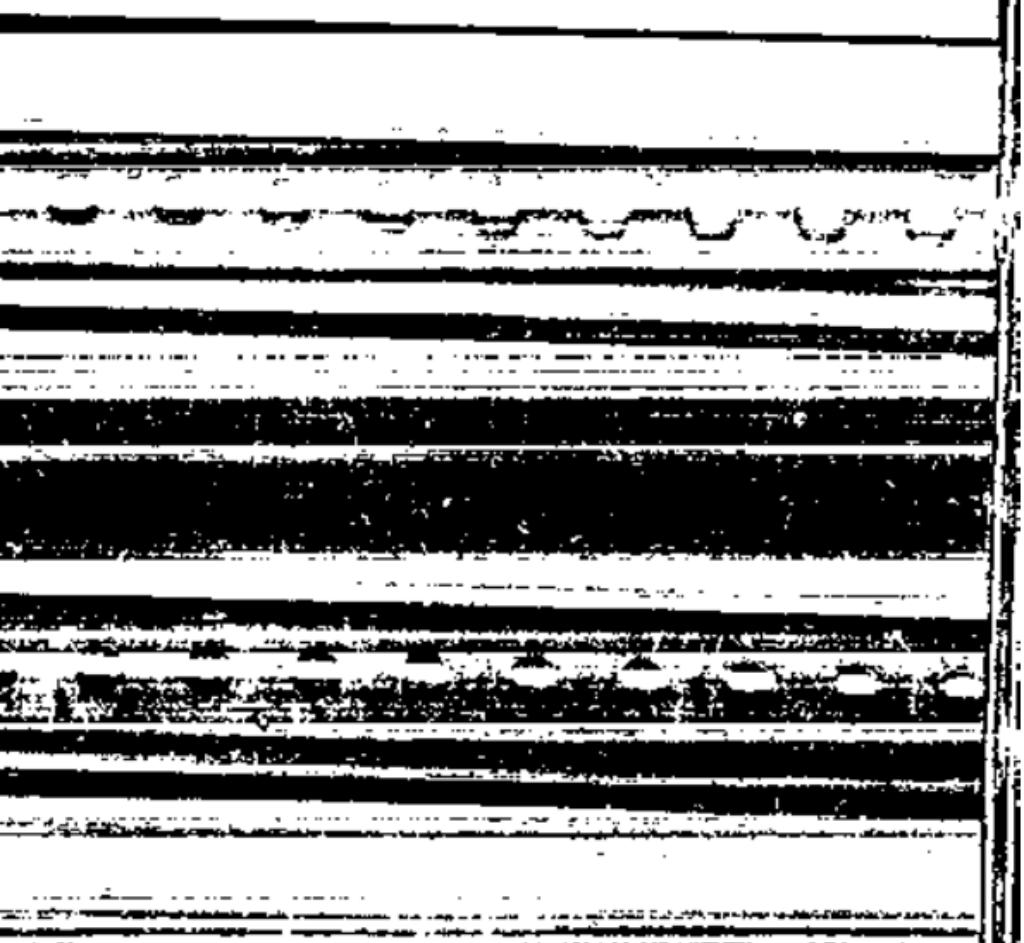
To Be Returned  Yes Receipt Given  Yes No No

Description:

RJD notes re  
exterior ofb6  
b7C

see ser 8061

164-81-1A 667



DB Cooper-38328

2/21

[redacted], AMAX,

b6  
b7C

Application 6/1/65

518 1/2 168 Br & Brs

Crash

[redacted]  
b6  
b7C

Price

[redacted] Colo

b6  
b7C

Bonin Airport, Seattle, 12/61 - 10/64

b6  
b7C

Off Shore Par, WOLA

6/61 - 12/61

[redacted]  
b6  
b7C

10/22/71 - [redacted]

[redacted] 10/10/71

[redacted]  
b6  
b7C

DB Cooper-38329

[REDACTED] 5'8 1/2" 180 lbs Brown hair - [REDACTED]  
portion left side) Brown eyes, down temple.

SSAN [REDACTED]

1 yr College - [REDACTED]  
grad - [REDACTED]

Military [REDACTED]

Navy - [REDACTED]

USAF - [REDACTED]

- no parachute experience.
- drop 100' for USN - survival w/ harness.

- never smoke - smoke bothers in confined area

- [REDACTED]

To

smoke.

Employment -

- moved into present.

Rose 3/70 or 71 \$

6/3/85 employed.

@ Henderson -

Bought [REDACTED]

sale price - [REDACTED]

know.

- [REDACTED]

Other personal Employment

Off shore Navigation

- Now Bell Helicopter

b6

b7C

~~60~~ 61

Applied Boeing Aircraft

1963 -

12/63 -

b6

b7C

6/62 -

- Montana.

SP.

Mo.

b6

b7C

, Deb.

1964 -

Hired 6/65 - AMAX

Hobbies - pilot -  
ceramics

b6

b7C

- 1965

- 10/77 DB Cooper-38331

b6  
b7C

no Boeing 727  
- not familiar w/  
any large jets.

Banks - Jeff Banks & Forest.

b6  
b7C

service

Concerning Week 11/21/71 - 25/71

- initially can't recall.

activities well recommends w/

& advise -

AMAX

b6  
b7C

b6  
b7C

no large amount of \$  
- inheritance

DB Cooper-38332

b6  
b7C

b6

b7C

current [redacted] per year.

b6

b7C

neg re DB Cooper  
neg re Canyon  
in wilderness

b6

b7C

will furnish Photo.

2/21/9

(Tel Call)

b6  
b7C

We called 11/24

currently:

Terminal

in



Nevada

Was with entire week.

b6  
b7C



Be Bub P  
 Field File No. AP 164-73 (bbb)  
 OO and File No. SE 164-81-1a

Date Received 12-1-78From (NAME OF CONTRIBUTOR) NASA(ADDRESS OF CONTRIBUTOR) Mpls - St Paul AirportBy (STATE) (CIAL AGENT) To Be Returned  Yes Receipt Given  Yes No No

Description:

*Blueprints depicting  
locations of seal on  
727*

*See Serial 164-81-8040*

b6  
b7c

LET	CHANGE	DATE	BY
J	REVISED NOTE 22 & DETAIL FOR LOWER HUNG PAINT (MA) ADDED NOTE 24	3-22-78	b6 b7C

SE 164-81-1A (bbb)  
KEEP ATTACHED TO EXHIBIT

8C11A33165-12 LOGO

NOTES CONT.

- 19. LEAVE A 1.5" WIDE BARE METAL STRIPE AROUND ALL COCKPIT & EYEBROW WINDOWS
  - 20. EXPOXY PRIMER PER BMS 10-79 (DESOTO P/N 513-731 OREQUIV) AND FLEXIBLE POLYURETHANE ENAMEL COLOR BAC 7025 GREY GLOSS PER BMS 10-60 TYPE II OPTIONAL TO COROGARD.
  - 21. PAINTING OF UPPER SURFACE OF HORIZONTAL STABILIZER OPTIONAL DEPENDING ON CONDITION PAINT ENTIRE INSPAR SKIN FROM PBL 70.5 TO WS 760.5 BETWEEN FRONT & REAR SPAR (OPTIONAL) PAINTING FASTENER ROWS S-6 & S-8 ONLY (PREFERRED) APPLY BMS 10-79 PRIMER (S/N 181-PR-720) BMS 5-95 TYPE II SEALANT (S/N 185-SE-195) 2" BAND AT FASTENER ROWS ONLY AND BMS 10-60 TYPE II GREY ENAMEL (S/N 181-FN-599) (REF CORROSION PREVENTION MANUAL D6-41910 PART II 57-30-27 FIG. 4)
  - 22. PLACARDS BAC 27DPA152, BAC 27DPA151, BAC 27DPA166 & BAC 27DPA138 ARE NOT REQUIRED ON 721C A/C (488-499) WHICH HAVE BEEN MODIFIED PER E.O. 35166 SECT. II & III.
  - 24. REF NWA DWG 4D11-34338 : MAINTENANCE MARKINGS & PROTECTIVE PAINT.
- WHITE SEMI-GLOSS POLYURETHANE  
NHO/EL 1A

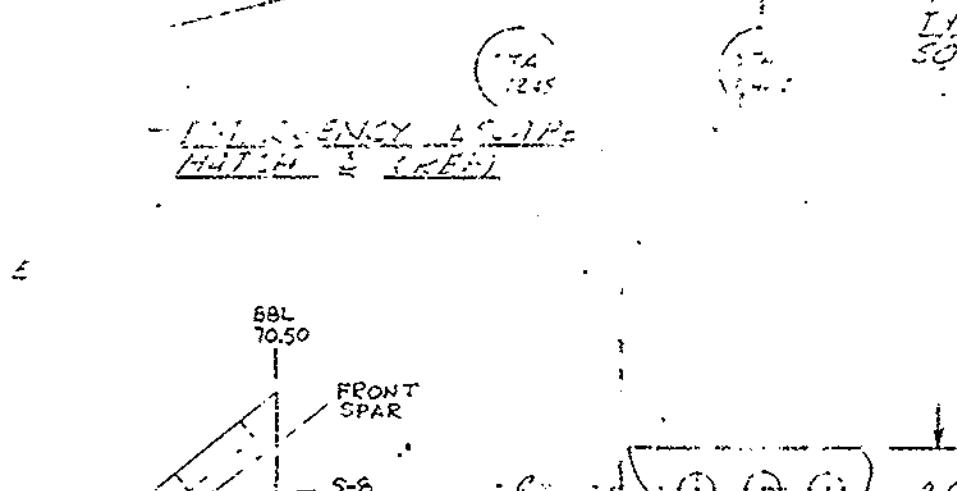
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SEE DETAIL

4. MOYFAIR GRIFIKFL 1862 WHITE,

TYPE E, SIZE 1/4, DIA. 1/4 IN

SOLID PATTERN



NORTHWEST AIRLINES, INC.

COLOR SCHEME INSTL

7L7 EXTERIOR

4D11-33176

12/11/78

DB Cooper-38337

b6  
b7C  
M  
REV

ISSUED  
PROJ 35459 U

SHEET 2 OF 2

LET	CHANGE	DATE	BY
A	ADDED OVERWING ESCAPE POLE	7/15/74	b6 b7C
B	ADDED BAC M9L2AV, BAC M9L2AY & BAC M9L2Z DECALS	4/5/74	
C	ADDED NOTE 19		
D	BAC 751 CRAY WAS BAC 7051	11/19/74	
E	ADDED NOTE 20	1/2/75	
F	ADDED NOTE 21	2/14/75	
G	ADDED NOTES 22 & 23, DETAIL <b>11</b>	5/11/75	
H	DELETED 2" STRIPE AROUND CAPT. F1 OFF SLIDING WINDOW, REVISED NOTE 19, REF BAC TWI NWWSP 76 RE 2421344	12/10/74	

PAINT THE LOWER SURFACE OF  
HORIZONTAL STABILIZER, THE LOWER  
SURFACE OF THE ELEVATOR AND  
TAB MAY BE PAINTED BUT MUST  
BE REBALANCED OR BALANCE  
HELD IN PLATEAU (BAC  
751 GRAY ENAMEL)

SE 1101-81-10 (666)  
KEEP ATTACHED TO EXHIBIT

INT BAC 502  
LUE GLOSS

#### NOTE

1. ALL EXPOSED PRIMED SURFACES OF THE DECORATIVE PATTERNS SHALL RECEIVE ONE COAT OF BMS 10-11 TYPE 12 ENAMEL COLOR GREY BAC 707 GLOSS APPLIED PER DWG 1816. EXPOSED SURFACES ARE DEFINED AS EXTERIOR AREAS WHEN ALL ACCESS DOORS ARE IN PLACE & CONTROL SURFACES ARE IN FAIRED POSITION.
2. DO NOT PAINT RUBBER OR MOHAIR SEALS, OR STAINLESS STEEL RUB STRIPS, THRESHOLDS, OR ANODIZED HANDLES OR DOOR HANDLE PANS OR DUMMY WINDOW PLATES.
3. DO NOT PAINT
4. REFERENCE DWG BAC 65-39747
5. NWA PN 7C23-31726-2 THRU-11 AS REQ.  
(PAINT PER DWG 7C23-31726 OPT)
6. NWA PN 7C23-31721-2 THRU-14 AS REQ.  
(PAINT PER DWG 7C23-31721 OPT)
7. EDGE SEAL DETAILS APPLIED TO BARE METAL.  
PAINTED SURFACES WITH "SCOTCHCAL"  
BRAND EDGE SEALER #3950. PRE-MASKED DECALS APPLIED PRIOR TO PAINTING DO NOT REQUIRE EDGE SEALING.
8. BMS 10-11 PRIMER & ENAMEL
9. ALL 727 & 727C AIRCRAFT
10. 727C AIRCRAFT ONLY
11. ROUTE RADOME TO PAINT SHOP DO NOT

12. REF DWG 9B11-32616 FOR GENERAL PAINT USAGE

13. PLATE

14. SEE P.A.C. DWG. 65-38578 FOR OTHER STANDARD

EXTERIOR MARKINGS.

15. FOR LETTER SPACING ON 727C SEE SHEET Z

A. APPLY GOODYEAR GRIPTRED A862 WHITE, SMOOTH SLIP RESISTANT WALKWAY STRIP'S OVER U.S. PAINT A-92-W-136 WHITE POLYURETHANE ENAMEL. APPLY GRIPTRED STRIPS OVER U.S. PAINT AA-92-B-16 BLACK POLYURETHANE ENAMEL INDICATORS.

B. APPLY GOODYEAR GRIPTRED A862 WHITE SMOOTH SLIP-RESISTANT WALKWAY COATING ONLY (APPLY SOLID NO STRIPES). DO NOT APPLY WHITE POLYURETHANE ENAMEL UNDERCOAT ON THIS AREA.

C. EDGE OF GOODYEAR GRIPTRED SLIP-RESISTANT WALKWAY.  
(NOTES CONT. SHT 2)

PART NO.	DESCRIPTION	STOCK SIZE	SPEC'S.	NWA STK. NO.
CM19L2AX	DECAL		BAC	014-ME-953
CM19L2AY	DECAL			014-ME-959
CM19L2Z	DECAL			018-ME-925
M951AS	DECAL			018-ME-925
CM19L2BC	DECAL			018-ME-919
CM19L2AW	DECAL			018-ME-920
CM9510AAX	DECAL			018-ME-922
K11951AP	DECAL			018-ME-924
CM952Y	DECAL			018-ME-923
VM952X	DECAL			018-ME-926
271DPA132	PLACARD			014-PL-164
271DFA66	PLACARD			014-PL-167
271DFA151	PLACARD			014-PL-163
271DPA138	PLACARD		BAC	014-PL-162
II-33033	DECAL		NWA	014-DE-212
II-33165-12	"LOGO"			018-DE-1340
23-31726	DECAL			
23-31721	DECAL			
II-33165-2	KIT "ORIENT"			
II-33165-1	KIT "NORTHWEST"		NWA	

FINISH	NORTHWEST AIRLINES, INC.			ISSUED	REV.
HEAT TR.				PROJ	35459
SCALE	COLOR SCHEME INSTL -				
NEXT ASS'Y	727 EXTERIOR			SHEET	1 OF 1

2/1/78

b6

b7c

SLIP RESISTANT WALKWAY STRIPS OVER U.S. PAINT  
A-92-B-136. WHITE POLYURETHANE ENAMEL. APPLY  
GRIPTRED STRIPS OVER U.S. PAINT AA-92-B-16  
BLACK POLYURETHANE ENAMEL INDICATORS.

112. APPLY GOODYEAR GRIPTRED A862 WHITE SMOOTH  
SLIP-RESISTANT WALKWAY COATING ONLY (APPLY SOLID -  
NO STRIPES). DO NOT APPLY WHITE POLYURETHANE  
ENAMEL UNDERCOAT ON THIS AREA.

113. EDGE OF GOODYEAR GRIPTRED SLIP-RESISTANT WALKWAY.  
(NOTES CONT'D)

AR	BACM19L2AX	DECAL		BAC	014-ME-953
AR	BACM19L2AY	DECAL			014-ME-959
AR	EACM9L2Z	DECAL			018-ME-925
1	BA19S1AS	DECAL			018-ME-921
1	EACM9L2BL	DECAL			018-ME-919
2	BACM9L2AN	DECAL			018-ME-920
2	EACM9L10AAY	DECAL			018-ME-922
1	BACM9L10B	DECAL			018-ME-924
1	EACM9E2YE	DECAL			018-ME-923
1	EACM9E7X	DECAL			018-ME-926
1	E21DPA152	PLACARD			014-PL-164
1	E21DPA66	PLACARD			014-PL-161
1	E21DPA151	PLACARD			014-PL-163
1	E21DPA156	PLACARD		BAC	014-PL-162
1	11-33033	DECAL		NWA	014-DE-212
2	8011-33165-12	"LOGO"			018-DE-340
AR	7023-31726	DECAL			
AR	7023-31721	DECAL			
2	8011-33165-2	KIT "ORIENT"			
2	8011-33165-1	KIT "NORTHWEST"		NWA	

QUANTITY REQUIRED

PART NO.

DESCRIPTION

STOCK SIZE

SPEC'S.

NWA STK. NO.

DR		6-2569
CK		6/25/69
CK		LIMITS UNLESS NOTED FRACTION $\pm \frac{1}{32}$ DECIMAL $\pm .010$ ANGLE $\pm 1/8^\circ$
AP		DESIG: 727-100

HEAT TR.  
SCALE

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NEXT ASS'Y

2-1 E. NOTED  
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NORTHWEST AIRLINES, INC.

COLOR SCHEME INSTL -  
727 EXTERIOR

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