

Report of Theft or Loss-Explosive Materials**For ATF Use Only**

Date Received	Date E-Mailed to JSOC & Field Division	BATS ID
		Case Number

To Be Completed By Person Making Report

Upon discovery of any theft or loss of any of your explosive materials:

- First, contact ATF toll free at 1-800-461-8841 between 8:00 a.m. - 5:00 p.m. EST or after hours and weekends contact ATF at 1-800-800-3855 to report the theft or loss;
- Second, contact your local law enforcement office to report the theft or loss to obtain a police report; and
- Third, complete this form and attach any additional reports, sheets or invoices necessary to provide the required information, and fax the form with additional material(s) to the ATF U.S. Bomb Data Center (USBDC) at 866-927-4570 or email to USBDC@atf.gov.

1. Date	2. Type of Report (<i>Check one</i>): <input type="checkbox"/> Theft <input type="checkbox"/> Supplement to previous report of theft or loss <input type="checkbox"/> Attempted Theft/Suspicious Activity <input type="checkbox"/> Loss - Explosives failed to function - e.g., avalanche explosives did not detonate and remain in a snowfield; seismic explosives did not detonate and remain in the ground; or explosives in blastholes, did not detonate and fell into debris, but cannot be located (<i>Complete only items 1-6, 7c-e, 8-12, 13c, 16, 16a, 17 and 18</i>). <input type="checkbox"/> Loss - Other - e.g., explosives fell off a truck while in transport; explosives were inadvertently left in a blasting area (<i>Complete only items 1-6, 7c-e, 8-12, 13c, 16, 16a, 17 and 18</i>). <input type="checkbox"/> Loss - Failure to account for explosive materials - e.g., records do not match physical inventory
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3. Full Name of Person Making the Report (<i>Last, First, Middle</i>)	4a. Licensee or Permittee Name
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4b. Federal Explosives License or Permit Number

5a. Office Address (<i>Street Address, City, State, and Zip Code</i>)	5b. Telephone Number
	5c. E-mail Address

6. Actual Location of Theft or Loss (<i>If different from item 5a</i>)
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7. Theft or Loss	Date	Time	8. Name of Local Law Enforcement Officer to Whom Reported
a. Discovered			9. Name and Address of Local Authority to Whom Reported
b. When was the Magazine Last Checked			
c. Occurred (<i>Show approximate if exact not known</i>)			
d. Reported to ATF by Telephone			10. Telephone Number
e. Reported to Local Authorities			11. Police Report Number

12. Explosive Materials Lost or Stolen (<i>Attach invoices or additional sheets, if necessary</i>)					
a. Manufacturer and/or Importer	b. Brand Name	c. Date Shift Code	d. Size (Length & Diameter)	e. Quantity (Pounds of Explosives, Number of Dets)	f. Type and Description (Dynamite, Blasting Agents, Detonators, etc. Include for each type, size, MS delay or length of legwire, as applicable)

13. Theft or Loss Occurred from (Check applicable box on each row)

a. Magazine Type:

- | | | | | | |
|--|--------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 Det. Box | <input type="checkbox"/> 3 Day Box | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Outdoor | <input type="checkbox"/> Indoor | | | | |
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Portable | <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Mobile Trailer | | |
| <input type="checkbox"/> Overnight Storage | <input type="checkbox"/> Day Storage | | | | |

b. Types of Locks (Check all that apply):

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Padlock | <input type="checkbox"/> Mortise | <input type="checkbox"/> 3-Point | <input type="checkbox"/> Puck Lock | <input type="checkbox"/> Other (Explain) _____ |
|----------------------------------|----------------------------------|----------------------------------|------------------------------------|--|

c. Location Description/Type:

- | | | | | |
|--|---|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Licensed/Permitted Premises | <input type="checkbox"/> Remote Storage | <input type="checkbox"/> Work Site | <input type="checkbox"/> In Transit | <input type="checkbox"/> During Operations |
|--|---|------------------------------------|-------------------------------------|--|

14. Method of Entry:

- | | | | | | | |
|----------------------------------|-------------------------------|---------------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Door | Was a Key Used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Suspected Employee-Involved Theft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wall(s) | <input type="checkbox"/> Roof | <input type="checkbox"/> Floor/Bottom | | | | |

Lock(s) Defeated? (If yes, check additional appropriate boxes) Yes No

- | | |
|--|---|
| <input type="checkbox"/> Lock Shackle Cut (How?) _____ | <input type="checkbox"/> Lock Pried, Twisted or Levered |
| <input type="checkbox"/> Lock Left Unlocked | <input type="checkbox"/> Lock Picked or Shimmed |
| <input type="checkbox"/> Keyway Drilled Out | <input type="checkbox"/> Lock Body Drilled Out or Cut |
| <input type="checkbox"/> Other (Explain) _____ | |

Manufacturer and Model of Lock:

Location of Magazine Keys: Office Employee
 Other (Address) _____

Are All Keys Accounted For?
 Yes
 No

15. Hood Defeated? (If yes, check all applicable) Yes No

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hood Cut | <input type="checkbox"/> Hood Removed |
| <input type="checkbox"/> Other (Explain) _____ | <input type="checkbox"/> Hood Broken |

Hood Width (Inches) _____

Hood Length (Inches) _____

Hood Depth (Inches) _____

Hood Thickness (Inches) _____

16. Circumstances Pertaining to the Theft, Loss or Suspicious Activity (Any details you can provide)

16a. Was Theft or Loss Disclosed During an ATF Inspection or Being Reported as a Result of Inspection? Yes No

16b. Additional Security Measures in Place?

- | | | | | |
|--------------------------------|--|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Alarm | <input type="checkbox"/> Security System/Service | <input type="checkbox"/> Fencing | <input type="checkbox"/> Lighting | <input type="checkbox"/> Other (Explain) _____ |
|--------------------------------|--|----------------------------------|-----------------------------------|--|

17. Signature and Title of Person Making Report

18. Date

Reporting Instructions

Email or fax this completed form to the ATF address listed below or call if no fax is available:

Bureau of Alcohol, Tobacco, Firearms and Explosives
U.S. Bomb Data Center
99 New York Ave., N.E. 8.S-295
Washington, DC 20226
Toll Free Fax: 1-866-927-4570
Email Address: USBDC@atf.gov

Questions regarding the completion of this form should be referred to the U.S. Bomb Data Center toll free at 1-800-461-8841.

Privacy Act Information

The following information is provided pursuant to section 3 of the Privacy Act of 1974 (5 U.S.C. § 522a(e)(3)).

1. **Authority.** Solicitation of this information is made pursuant to Title XI of the Organized Crime Control Act of 1970 (18 U.S.C. Chapter 40). Disclosure of a theft or loss of explosive materials is mandatory pursuant to 18 U.S.C. § 842(k) for any person who has knowledge of such theft or loss from his stock.
2. **Purpose.** The purpose for the collection of this information is to give ATF notice of the theft or loss of explosive materials, and to furnish ATF with the pertinent facts surrounding such theft or loss. In addition, the information is used to confirm and verify prior notification of this theft or loss of explosive materials.
3. **Routine Uses.** The information will be used by ATF to aid in the administration of laws within its jurisdiction concerning the regulation of explosive materials and other related areas. In addition, the information may be disclosed to other Federal, State, foreign, and local law enforcement of laws within their jurisdiction. System of records notice Justice/ATF-008 Regulatory Enforcement Record System FR Vol.68 No.16 Page 3558 dated January 24, 2003.
4. **Effects of not supplying information requested.** 18 U.S.C. § 842(k) makes it unlawful for any person, who has knowledge of the theft or loss of explosive materials from his stock, to fail to report such theft or loss within twenty-four hours of discovery thereof, to the Secretary and to appropriate local authorities. The penalty for violation of this section is a fine of not more than \$1,000 or imprisonment for not more than one year, or both. 18 U.S.C. § 844(b).

Paperwork Reduction Act Notice

This request in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to report the theft or loss of explosive materials. The information is used for investigative purposes by ATF officials. This information is mandatory by statute. (18 U.S.C. § 842)

The estimated average burden associated with this collection of information is 1 hour and 48 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.