

LAST NAME NAM FIRST NAME MOHAMED MIDDLE NAME MAD

ALIASES _____ CONTRIBUTOR _____

DATE OF BIRTH DOB 2/10/69 Month 2 Day 10 Year 69

NYINSHY00
USINS
NEW YORK, NY

DATE ARRESTED OR RECEIVED DOA 6/6/92 SEX M RACE U HGT. 5710 WGT. 175 EYES B HAIR B PLACE OF BIRTH POB LEBANON

YOUR NO. SCA

FBI NO. FB

SID NO. SID

SOCIAL SECURITY NO. SOC

LEAVE BLANK

CLASS. _____

REF. _____

NCIC CLASS - FPC

CAUTION:

STATE USAGE _____

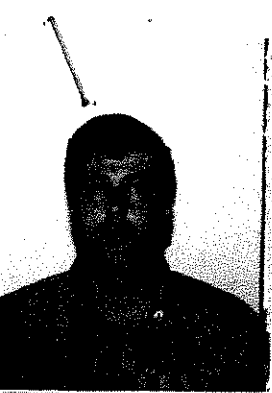
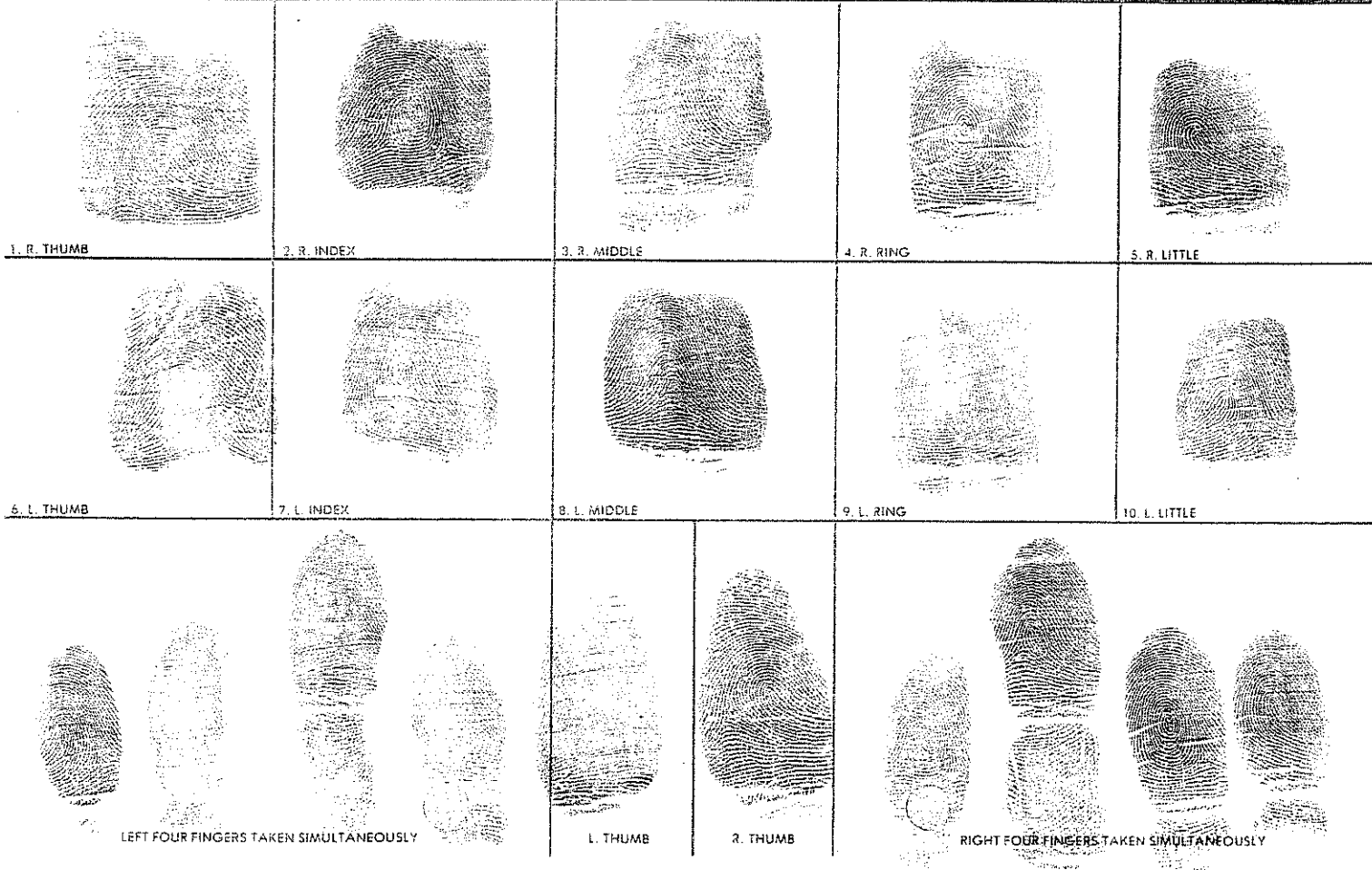
SIGNATURE OF PERSON FINGERPRINTED
X MOHAMED DARWICHE

THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES

DATE 6/6/92 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____

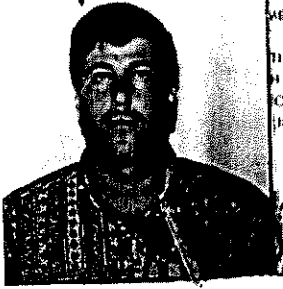
CHARGE
Illegal Entry USA

FINAL DISPOSITION _____



**GOVERNMENT
EXHIBIT**
3P

PALM PRINTS TAKEN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PHOTO AVAILABLE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF ARREST FINGERPRINTS SENT FBI PREVIOUSLY AND FBI NO. UNKNOWN, FURNISH ARREST NO. _____ DATE _____		
STATUTE CITATION (SEE INSTRUCTIONS NO. 9) <u>CIT</u>		
1.		
2.		
3.		
ARREST DISPOSITION (SEE INSTRUCTION NO. 5) <u>ADN</u>		
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.		
OCCUPATION		
RESIDENCE OF PERSON FINGERPRINTED		
SCARS, MARKS, TATTOOS, AND AMPUTATIONS <u>SMT</u>		
BASIS FOR CAUTION <u>ICO</u>		
DATE OF OFFENSE <u>DOO</u>	SKIN TONE <u>SKN</u>	
MISC. NO <u>MNU</u>		

<p style="text-align: right; margin: 0;">INST</p> <ol style="list-style-type: none"> 1. UNLESS OTHERWISE PROVIDED BY REPLY, FINGERPRINTS SHOULD BE SUBMITTED DIRECTLY TO FBI OFFICE FOR MOST EFFECTIVE SERVICE. 2. FINGERPRINTS ON SAME CHARGE SHOULD NOT BE SUBMITTED TO JAILS, RECEIVING AGENCIES ETC.) REPLY FOR ALL OTHER INTERESTED AGENCIES ADDRESS INCLUDING ZIP CODE. 3. TYPE OR PRINT ALL INFORMATION. 4. NOTE AMPUTATIONS IN PROPER FINGERPRINTS BLOCK. 5. LIST FINAL DISPOSITION IN BLOCK ON LATER ON FBI FORM R-84 FOR COMPLAINTS AVAILABLE SHOW PRE-TRIAL OR ARREST NO FORMAL CHARGE, BAIL, TURNED OVER PROVIDED ON THIS SIDE. 6. MAKE CERTAIN ALL IMPRESSIONS ARE LEGIBLE, FULLY ROLLED AND CLASSIFIABLE. 7. CAUTION - CHECK BOX ON FRONT IF CAUTION STATEMENT INDICATED BASIS FOR CAUTION (ICO) MUST GIVE REASON FOR CAUTION, e.g., ARMED AND DANGEROUS, SUICIDAL, ETC. 8. MISCELLANEOUS NUMBER (MNU) - SHOULD INCLUDE SUCH NUMBERS AS MILITARY SERVICE, PASSPORT AND/OR VETERANS ADMINISTRATION (IDENTIFY TYPE OF NUMBER.) 9. PROVIDE STATUTE CITATION, IDENTIFYING SPECIFIC STATUTE (example - PL 101 PENAL LAW) AND CRIMINAL CODE CITATION INCLUDING ANY SUB-SECTIONS. 10. ALL INFORMATION REQUESTED IS ESSENTIAL. 11. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT. 	<div style="text-align: right; margin: 0;"> ARE MEDI TIME AS FORD ING </div> <div style="text-align: center; margin: 10px 0;">  </div> <div style="text-align: right; margin: 0;"> MIT DOT D UCK </div>
REPLY DESIRED? YES NO <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> <input type="checkbox"/> </div> (REPLY WILL BE SENT IN ALL CASES IF SUBJECT FOUND TO BE WANTED)	
IF COLLECT WIRE OR COLLECT TELEPHONE REPLY DESIRED, INDICATE HERE: (WIRE SENT ON ALL UNKNOWN DECEASED)	
WIRE REPLY TELEPHONE REPLY TELEPHONE NO. AND AREA CODE <input type="checkbox"/> <input type="checkbox"/> _____	
SEND COPY TO: NAME <u>ORI NUMBER AND ADDRESS</u>	
ADDITIONAL INFORMATION	LEAVE BLANK