

12-33 84P10

CLEAR

### LAW ENFORCEMENT AGENCY (LEA) WEAPON REQUEST

REQUESTING AGENCY ID: [REDACTED]  
 REQUESTING AGENCY: Illinois Department of Natural Resources - Office of Law Enforcement  
 ADDRESS (No P.O. Box): One Natural Resources Way  
 CITY: Springfield STATE: IL  
 ZIP: 62702 EMAIL: [REDACTED]  
 PHONE: [REDACTED] FAX: [REDACTED]

LEA USE		LESO USE ONLY				
TYPE OF WEAPON	QUANTITY REQUESTED	PREVIOUSLY ISSUED QTY	LIST NUMBER	FULL TIME	PART TIME	QUANTITY APPROVED
[REDACTED]	50					

#### JUSTIFICATION:

Our officers are currently deployed in numerous homeland security missions protecting identified vital infrastructure as a visible counter-terrorism deterrent. These missions include the G8 Summit and NATO Summit being held in Chicago. These additional 50 [REDACTED] will allow us to be able to issue more [REDACTED] to officers in the field which would also complement our new homeland security boats we will be obtaining for the Chicago and St. Louis areas this Spring.

The Chief Executive Official or Head of Agency (Local Field Office) read and agrees to the following (INITIALS REQUIRED):

- [REDACTED] Not Applicable for Federal Agencies: Read and understands the terms and conditions applicable to weapon transfers as detailed in the Memorandum of Agreement between the Defense Logistics Agency and the Governor appointed State Coordinator and the State Plan of Action. (Contact applicable State Coordinator for copy of agreement)
- [REDACTED] Ability to maintain, operate, finance, and properly secure the requested weapons.
- [REDACTED] Familiarity with the Bureau of Alcohol, Tobacco, and Firearms (ATF) regulations governing the registration of the requested weapons. (ATF 10).
- [REDACTED] Agency is not authorized to sell, trade, cannibalize for parts, or demilitarize weapons acquired through the 1033 Program

The Chief Executive Official/Head of Agency (Local Field Office) and the State Coordinator, by signing, certifies that all information contained above is valid and accurate.

CHIEF EXECUTIVE OFFICIAL/  
HEAD OF LOCAL AGENCY

Rafael Gutierrez

DATE: 1-17-12

[REDACTED SIGNATURE]

STATE COORDINATOR:  
(NOT REQUIRED FOR FEDERAL)

~~Rafael Gutierrez~~ DATE: ~~1-17-12~~

PRINTED NAME: Terry Nichols

DATE: 1/20/12

[REDACTED SIGNATURE]

SIGNATURE





16P93

1033 Program Inventory Adjustment

CLEAR

copy 8471251-3445

Date of the Request: 2/2/12

Requesting Agency: KENILWORTH POLICE ID: [REDACTED]

Address: 419 Richards Dr. [REDACTED]

City, State, Zip: KENILWORTH, IL. 60043

Phone: [REDACTED]

Requesting Agency Signature: [REDACTED]

State Coordinator: [REDACTED]

Printed Name: [REDACTED]

Signature: [REDACTED]

Comments:  
Items # 1 + 2 were destroyed per  
instructions from CMS. We still have all  
10 helmets in the storage room at the  
Police Department. We would like to keep  
these 10 helmets.

A Memorandum for Record (MFR) must accompany this template for controlled property only. The MFR must include details concerning what happened to the property and actions the agency took to recover it. It must be printed on official agency letterhead and must be signed by the Chief Executive Official (State Agency) or the Head of Local Agency (Federal).

Item Name	NSN/Serial #	File #	DTID	Requisition Number	QTY	DEMIL Code
1. Fire/L. Equipment SET	[REDACTED]	A09700261	H9DEB.162840419		0	F
2. Mask, CHEMICAL-Biolo	[REDACTED]	L00209561	H9DEB.121360040		0	F
3. HELMET, STORM-TR-08	[REDACTED]	H09505825	H9DEB.110000021		10	S
4						
5						
6						

LESO Use Only

Inventory Adjustment approved by LESO: YES  NO  Inventory Adjustment complete in LEEDS: YES  NO

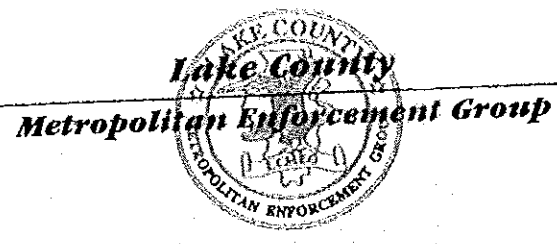
This Inventory Adjustment was approved by LESO on: [REDACTED] Date: 3/20/12

LESO Coordinator: [REDACTED]

Requests ID	LEA	Item Description	NSN	DTID	Supply Doc	File Number
528616	KENIWORTH POLICE DEPT	FILTER ELEMENT SFT,		H9DEB162840419	H9DEB130650033	A09700261
528615	KENIWORTH POLICE DEPT	MASK,CHEMICAL-BIOLO		H9DEB121360040	H9DEB130650032	L00209561
407352	KENIWORTH POLICE DEPT	HELMET,GROUND TROOP		H9DEB190710012	H9DEB110600021	A09903625

Approved Quantity	Actual Date Provided	Ship Quantity	Reconciled Quantity	Onhand	DEMIL	Cond. Code	DEMIL IC
46	3/6/2003	46		46 F		0	1
10	3/6/2003	10		10 F		0	1
10	3/1/2001	10		10 B		0	3

49132



February 17, 2012

Tracy Nichols  
LESO  
1924 S. 10 1/2 St  
Springfield, IL 62703-3213

Dear Tracy;

We currently are still in possession of the Ballistic Blankets that were received in 2006. Our Request ID was 607868, NSN [REDACTED] DTID M1115453180085. File #60608502. Our inventory is correct and complete.

Thank you

[REDACTED]

4451

Jeffrey Padilla  
Deputy Director  
Lake County MEG



**METROPOLIS  
POLICE  
DEPARTMENT**

WIP2  
MIKE WORTHEN, Chief of Police

1020 Broadway • Metropolis, IL 62960

Non-Emergency # [REDACTED] • Emergency # 911 • Fax # [REDACTED]

02-27-12

Tracy Nichols  
Assistant State Coordinator, LESO/Springfield  
CMS  
1924 South 10 ½ Street  
Springfield, Illinois 62703-3213

Ms. Nichols,

In regards to your letter dated February 13<sup>th</sup> 2012 with attached inventory of 17 ground troop helmets, the prior Chief of Police Charles D. Short issued those items to sworn personnel on their receipt from LESO in March 2001.

Those items are still in the possession of the Metropolis Police Department which wishes to retain them.

Thanks for your inquiry.

Sincerely,

[REDACTED]  
Chief Mike Worthen



Requests ID  
407341 METROPOLIS POLICE DEPARTMENT

LEA

Item Description  
HELMET,GROUND TROOP

NSN



H9DEB190710012

DTID

Supply Doc  
H9DEB110600010

File Number	Approved Quantity	Actual Date Provided	Ship Quantity	Reconciled Quantity	Onhand	DEMIL	Cond. Code	DEMIL IC
A09903625	17	3/1/2001	17		17 B		0	3

CERTIFICATE OF TITLE OF A VEHICLE

WIP2  
TITLE NO. X0299015002

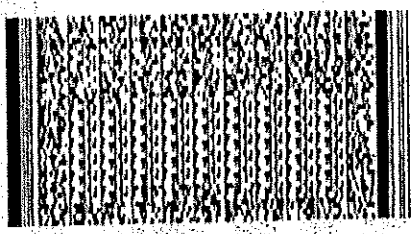
VEHICLE IDENTIFICATION NO. [REDACTED]

YEAR 1985 MAKE CHEVROLET MODEL D10 BODY STYLE UTILITY

DATE ISSUED 10/26/10 ODOMETER CCM MOBILE HOME SQ. FT. PURCHASED 04/05/10 TYPE OF TITLE ORIGINAL USED

MAILING ADDRESS

STATE OF IL-CMS-CURTIS HOWARD  
1924 S 101/2 ST  
SPRINGFIELD IL 62703



LEGEND(S)

MILEAGE NOT REQUIRED

OWNER(S) NAME AND ADDRESS  
STATE OF IL-CMS-CURTIS HOWARD  
FEDERAL SURPLUS/LESO  
1924 S 101/2 ST  
SPRINGFIELD IL 62703

*Issued to  
Metropolis PD  
5/4/11*

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The Lienholder on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

By \_\_\_\_\_ Date \_\_\_\_\_  
Firm Name Signature of Authorized Agent  
By \_\_\_\_\_ Date \_\_\_\_\_  
Firm Name Signature of Authorized Agent

NEW LIEN ASSIGNMENT: The information below must be on an application for title and presented to the Secretary of State.  
Secured Party: \_\_\_\_\_ Address: \_\_\_\_\_

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:  
*City of Metropolis 1020 Broadway Metropolis IL 62962*

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:  
 1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.  
ODOMETER DISCREPANCY.  
If this vehicle is one of more than 5 commercial vehicles owned by me, I certify also that the vehicle is not damaged in excess of 33 1/3% of its fair-market value unless this document is accompanied by a salvage application.

ODOMETER READING [REDACTED] NO  
Signature(s) of Seller(s) \_\_\_\_\_ DATE OF SALE *5/3/2011*  
Printed Name(s) of Seller(s) *Curtis A. Howard*  
I am aware of the above odometer certification made by seller. \_\_\_\_\_ Printed Name  
Signature(s) of Buyer(s) \_\_\_\_\_

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

CONTROL NO. H2372539



*Jesse White*  
JESSE WHITE, Secretary of State

CERTIFICATE OF TITLE OF A VEHICLE

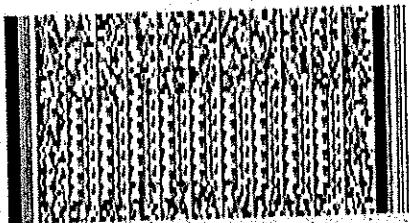
U/P 2

VEHICLE IDENTIFICATION NO. [REDACTED] YEAR 1986 MAKE CHEVROLET MODEL D10 BODY STYLE UTILITY TITLE NO. X0299015005

DATE ISSUED 10/26/10 ODOMETER [REDACTED] CCM [REDACTED] MOBILE HOME SQ. FT. [REDACTED] PURCHASED 04/05/10 TYPE OF TITLE ORIGINAL USED

MAILING ADDRESS

STATE OF IL-CMS-CURTIS HOWARD  
1924 S 101/2 ST  
SPRINGFIELD IL 62703



LEGEND(S)

MILEAGE NOT REQUIRED

OWNER(S) NAME AND ADDRESS  
STATE OF IL-CMS-CURTIS HOWARD  
FEDERAL SURPLUS/LESO  
1924 S 101/2 ST  
SPRINGFIELD IL 62703

*Issued to Metropolis P.D. 5/4/11*

FIRST LIENHOLDER NAME AND ADDRESS



SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN  
The Lienholder on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

By \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Authorized Agent

By \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Authorized Agent

NEW LIEN ASSIGNMENT: The information below must be on an application for title and presented to the Secretary of State.  
Secured Party: \_\_\_\_\_ Address: \_\_\_\_\_

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:  
City of Metropolis 1020 Broadway Metropolis IL 62460

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.

ODOMETER DISCREPANCY.

\*If this vehicle is one of more than 5 commercial vehicles owned by me, I certify also that the vehicle is not damaged in excess of 33 1/3% of its fair-market value unless this document is accompanied by a salvage application.

ODOMETER READING [REDACTED] NO [REDACTED]

Signature(s) of Seller(s) Curtis Howards DATE OF SALE 5/3/2011

Printed Name(s) of Seller(s) \_\_\_\_\_

I am aware of the above odometer certification made by seller. Signature(s) of Buyer(s) \_\_\_\_\_ Printed Name \_\_\_\_\_

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any.  
IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND  
THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

CONTROL NO. H2372542  
H2372542

*Jesse White*  
JESSE WHITE, Secretary of State



16 P 43

1033 Program Inventory Adjustment

CLEAR

Date of the Request: 02/22/2012  
 Requesting Agency: Illinois Police Alarm System  
 Address: PO BOX 96  
 City, State, Zip: Alhambra, IL 60000  
 Requesting Agency Signature: [Redacted]  
 State Coordinator of Federal Approval: YES  NO   
 Printed Name: [Redacted]  
 Signature: [Redacted]

I have been unable to locate the items on this sheet as further described in the attachments.

A Memorandum for Record (MFR) must accompany this template for controlled property only. The MFR must include details concerning what happened to the property and actions the agency took to recover it. It must be printed on official agency letterhead and must be signed by the Chief Executive Official (State Agency) or the Head of Local Agency (Federal).

Item Name	NSN/Serial #	File #	DTID	Requisition Number	QTY	DEMIL Code
1 Boat Motor, Fragment	[Redacted]	409900470	49068190320096		1	0
2 "	[Redacted]	"	"		1	0
3 Heloah Ground Trov	[Redacted]	400002952	49068190310012		3	B
4 White, Tilet, Chemica	[Redacted]	409907832	WSCR4490210028		114	F
5						
6						

LESO Use Only  
 Inventory Adjustment approved by LESO: YES  NO  Inventory Adjustment complete in LEEDS: YES  NO   
 This Inventory Adjustment completed by: [Redacted]  
 LESO Coordinator: [Redacted]  
 Date: 3/20/12

Requests ID	LEA	Item Description	NSN	DTID	Supply Doc	
1	408839	NORTHERN IL POLICE ALARM SYSTEM		H9DEB190320096	H9DEB110720048	3/13/01
2	408838	NORTHERN IL POLICE ALARM SYSTEM		H9DEB190320094	H9DEB110720047	3/13/00
3	371608	NORTHERN IL POLICE ALARM SYSTEM		H9DEB190710012	H9DEB1190110	1/14/99
4	352939	NORTHERN IL POLICE ALARM SYSTEM		W5CK4V90210028	H9DEB192000088	2/19/99

File Number	Approved Quantity	Actual Date Provided	Ship Quantity	Reconciled Quantity	Onhand	DEMIL	Cond. Code	DEMIL IC
A09900470	1	3/13/2001	1		1 D		0	1
A09900470	1	3/13/2001	1		1 D		0	1
A00002952	3	1/19/2000	3		3 B		0	3
A09907872	114	7/19/1999	114		114 F		A1	1