

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

Total Deleted Page(s) = 36

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- Page 153 ~ b6; b7C;

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X Deleted Page(s) X
X No Duplication Fee X
X For this Page X
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b6
b7C

588

File No. 164-81-1A

Date Received _____

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

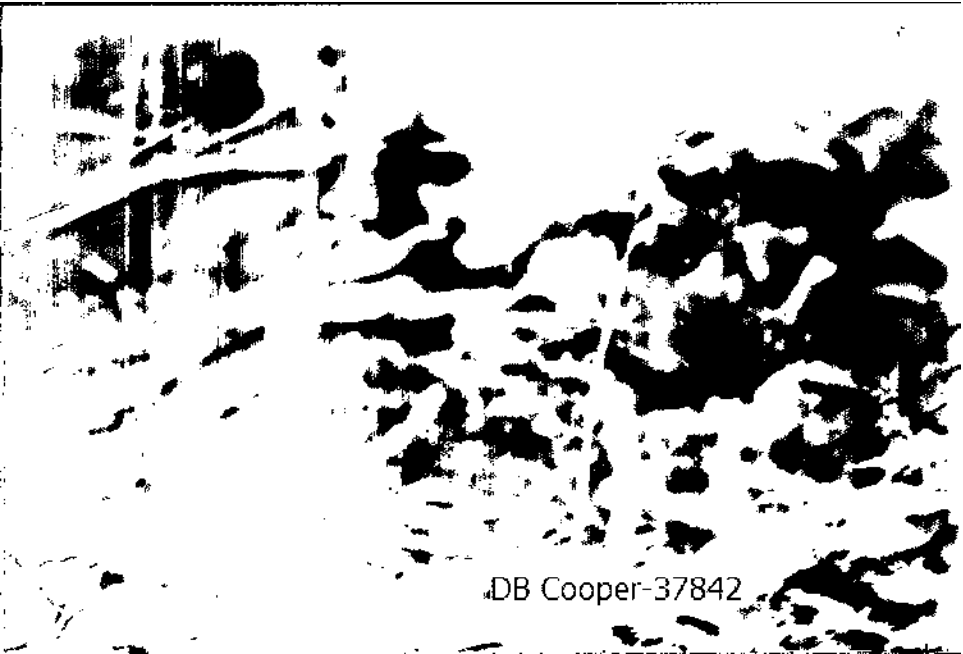
(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt Given Yes No

Description :

*photos taken in
Cascade Mountains*



DB Cooper-37842

164 81-1A (588)



b6
b7C

DB Cooper-37843

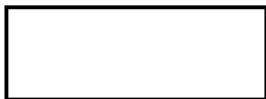


JAN 77

DB Cooper-37844

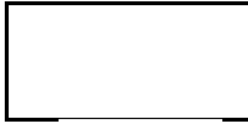
164-81-1A

588



b6
b7c

DB Cooper-37845



b6
b7C

File No. NORJAK 164-81-1A ⁽⁵⁸⁹⁾

Date Received _____

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

b6
b7C

To Be Returned Yes No Receipt Given Yes No

Description:

Two photos of 

b6
b7C

see ser. 7373



164-81-1A

00000000



164-81-1A

b6
b7C

00000000

DB Cooper-37848

File No. 164-81 [REDACTED] HA ⁽⁵⁷⁾

Date Received 1/12/77

From LITTON RESEARCH DIVISION
(NAME OF CONTRIBUTOR)

[REDACTED]
(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

Description :

ONE COLOR PHOTOGRAPH OF
[REDACTED] WITH AN
UNKNOWN WHITE MARK.

b6
b7C

b6
b7C

b6
b7C

164-81-1A (550)

164-81-1A (580)

164-81-1A (650)

164-81-1A 550

DB Cooper-37851

164-81-17 (550)

[Redacted] b6 b7C

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

Date Received 3/17/77

From CHICAGO DIVISION
(NAME OF CONTRIBUTOR)

[Redacted]
(ADDRESS OF CONTRIBUTOR)

[Redacted]
(CITY AND STATE)

[Redacted] b6 b7C
(NAME OF SPECIAL AGENT)

To Be Returned Yes No
Receipt Given Yes No

Description :

(1) photo of [Redacted] b6 b7C
[Redacted]

[Redacted Box]

164-81-1A

591

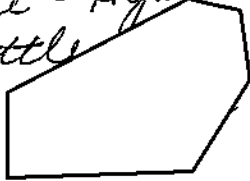
b6

b7C

DB Cooper-37857

*Norjack
Aircraft - Hijacking
OO: Seattle*

b6
b7C



592

File No. Seattle 164-81-1A

Date Received _____

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

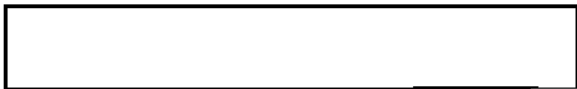
Description:

One photo of



b6
b7C

see ser 7427



b6
b7C

164-81-1A (592)

DB Cooper-37860

u v d d e r y u b

Re: *Jgh. 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 Box]

b6
b7C

To Be Returned Yes No Receipt Given Yes No

Description:

Photo of

[Redacted Box]

b6
b7C

b6
b7c

164-81-1A (593)

DB Cooper-37862

Sub 853

File No.

164-81-1A

594

Date Received _____

From _____

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned Yes
 NoReceipt Given Yes
 No

Description :

Copies of
 medical ~~records~~ treatment
 records of the Southern
 Virginia Doctors Assn.
 re: Caffelt.

see ser 7452

DB Cooper-37863

SE 1104-81-1A (594)
KEEP ATTACHED TO EXHIBIT

Emp. Name J COFFELT
Emp. No. 014052 Dept. 0009
Pay 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	7:50	5:30	8
Wed.	02/02/72	9:00	5:30	8
Thur.	02/03/72	9:00	7:00	8 + 1/2
Fri.	02/04/72	9:00	5:30	8
Sat.	02/05/72	7:30	4:30	8 40 + 1/2
Sun.	02/06/72	D		
Mon.	02/07/72	8:30	6:00	8 + 1/2
Tues.	02/08/72	9:00	6:30	8 + 1/2
Wed.	02/09/72	9:00	7:00	8 + 1/2
Thur.	02/10/72	9:00	5:30	8
Fri.	02/11/72	7:30	4	8 40 + 1/2
Sat.	02/12/72	D		
Sun.	02/13/72	D		

FORM 90

Authorized Signature _____

80H + 5HOT

Emp. Name J COFFELT
Emp. No. 014052 Dept. 0009
Pay Ending 01/30/72
Regular Hours 50 Overtime Hours 1 1/2
Annual Leave _____ Sick Leave _____
Differential \$ _____
On Call \$ _____
Other \$ _____

	DATE	IN	OUT	TOTAL HOURS
Mon.	01/17/72	8	6	8 + 1/2
Tues.	01/18/72	9	5:30	8
Wed.	01/19/72	9	6:00	8 + 1/2
Thur.	01/20/72	9	6:00	8 + 1/2
Fri.	01/21/72	9	4:30	7
Sat.	01/22/72	D		40 + 1/2
Sun.	01/23/72	D		
Mon.	01/24/72	8:30	7:00	8 + 1/2
Tues.	01/25/72	8:30	7:00	
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 _____

50H + 1.5HOT

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 Call \$ _____

Other \$ _____

	DATE	IN	OUT	TOTAL HOURS
Mon.	02/28/72	9:00 8:30	5:30 5:00	
Tues.	02/29/72	9:00	5:30	8
Wed.	03/01/72	9:00	6:30	8+1
Thur.	03/02/72	9:00	5:30	8
Fri.	03/03/72	9:00	12:00	3
Sat.	03/04/72	D		
Sun.	03/05/72	D		
Mon.	03/06/72	Ywop		
Tues.	03/07/72			40 Ywop
Wed.	03/08/72			
Thur.	03/09/72			
Fri.	03/10/72			
Sat.	03/11/72	D		
Sun.	03/12/72	D		

FORM 90

Authorized Signature _____

28H + 52 Ywop

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 02/27/72

Regular Hours 83 Overtime Hours 1

Annual Leave _____ Sick Leave _____

Differential \$ _____

On Call \$ _____

Other \$ _____

	DATE	IN	OUT	TOTAL HOURS
Mon.	02/14/72	7:30	4:00	8
Tues.	02/15/72	9:00	6:30	8+1
Wed.	02/16/72	9:00	5:30	8
Thur.	02/17/72	9:00	5:30	8
Fri.	02/18/72	9:00	5:30	8 49+1
Sat.	02/19/72	D		
Sun.	02/20/72	D		
Mon.	02/21/72	H		
Tues.	02/22/72	9:00	9:00	8
Wed.	02/23/72	9:00	6:30	8+1
Thur.	02/24/72	9:00	6:30	8+1
Fri.	02/25/72	9:00	6:30	8+1
Sat.	02/26/72	9:00		8 Sick 3:30
Sun.	02/27/72			

FORM 90

Authorized Signature _____

72 Hrs
4 Hrs OT

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	9:30	8:30	8 + 3
Wed.	04/26/72	9:30	7	8 + 1/2
Thur.	04/27/72	9:30	5:30	8
Fri.	04/28/72	9:00	6:00	8 + 1/2
Sat.	04/29/72	D		
Sun.	04/30/72	D		
Mon.	05/01/72	D		
Tues.	05/02/72	9:00	7:00	8 + 2
Wed.	05/03/72	9:00	6:00	8 + 1
Thur.	05/04/72	9:00	6:00	8 + 1
Fri.	05/05/72	9:00	8:30	8 + 3/2
Sat.	05/06/72	7:30	7:30	8 + 4/2
Sun.	05/07/72	D		

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	LWOP		
Tues.	03/14/72			
Wed.	03/15/72			
Thur.	03/16/72			
Fri.	03/17/72			
Sat.	03/18/72	D		
Sun.	03/19/72	D		
Mon.	03/20/72	LWOP		
Tues.	03/21/72			
Wed.	03/22/72			
Thur.	03/23/72			
Fri.	03/24/72			
Sat.	03/25/72			
Sun.	03/26/72			

FORM 90

Authorized Signature _____

80 hrs + 17 1/2 OT

b6
b7c

J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 06/04/72

Regular Hours 70 Overtime Hours

Annual Leave Sick Leave

Differential \$

On Call \$

Other \$

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

FORM 90

Authorized Signature

622. 8 NT 8 1/2. 10 L WOP

JACK COFFELT, JACK

Emp. No. 14052 Dept. 0009

Pay Ending 05/21/72

Regular Hours 80 Overtime Hours 5 1/2

Annual Leave Sick Leave

Differential \$

On Call \$

Other \$

	DATE	IN	OUT	TOTAL HOURS
Mon.	05/08/72	9:30	6:30	8+1
Tues.	05/09/72	9:30	6:00	8+1/2
Wed.	05/10/72	9:00	6:00	8+1
Thur.	05/11/72	9:30	6:00	8+1/2
Fri.	05/12/72	9:30	6:00	8+1/2
Sat.	05/13/72			40-3 1/2
Sun.	05/14/72			
Mon.	05/15/72	9:30	7:00	8+1 1/2
Tues.	05/16/72	9:30	5:30	8
Wed.	05/17/72	9:30	7:00	8+1
Thur.	05/18/72	10:00	5:30	7 1/2
Fri.	05/19/72	9:30	5:30	8
Sat.	05/20/72			40+2
Sun.	05/21/72			

FORM 90

Authorized Signature

80 NT + 5 1/2 OT

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 \$ _____

On Call \$ _____

Other \$ _____

	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	1 ⁰⁰	8
Fri.	06/23/72	9 ³⁰	1 ³⁰	8+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	SI		
Fri.	06/30/72	SI		
Sat.	07/01/72	7 ³⁰	1 ³⁰	6 23
Sun.	07/02/72	D		

FORM 90

Authorized Signature 06/17/72 H. Cooper 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 \$ _____

On Call \$ _____

Other \$ _____

	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+1/2
Wed.	06/07/72	9 ³⁰	6 ³⁰	8+1
Thur.	06/08/72	9 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	9 ⁰⁰	6 ³⁰	8+1 1/2
Sat.	06/17/72	D		
Sun.	06/18/72	D		

FORM 90

Authorized Signature 57 1/2 H + 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.	7/17/72	9 ³⁰	11 ³⁰	2
Tues.	18	9 ³⁰	6 ³⁰	8+1
Wed.	19	9 ³⁰	7 ⁰⁰	8+
Thur.	20	9 ³⁰	6 ³⁰	8+1
Fri.	21	9 ³⁰	5 ³⁰	8
Sat.	22	D		
Sun.	23	D		
Mon.	24	D		
Tues.	25	9 ³⁰	6 ⁰⁰	8+1/2
Wed.	26	9 ³⁰	6 ⁰⁰	8+1/2
Thur.	27	9 ³⁰	5 ³⁰	8
Fri.	28	9 ³⁰	5 ³⁰	8
Sat.	29	7 ³⁰	3 ³⁰	8
Sun.	7/30			

FORM 90

Authorized Signature _____

76H+1HOT+4H LWOP

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 07/16/72

Regular Hours 75.5 Overtime Hours 1 1/2

Annual Leave _____ Sick Leave _____

Differential \$ _____

On Call \$ _____

Other \$ _____

	DATE	IN	OUT	TOTAL HOURS
Mon.	07/03/72	7 ³⁰	5 ³⁰	8+2
Tues.	07/04/72	H		
Wed.	07/05/72	SI		
Thur.	07/06/72	9³⁰ 6 ⁰⁰		8+1/2
Fri.	07/07/72	9 ³⁰	6 ³⁰	8+1
Sat.	07/08/72	D		2 1/2
Sun.	07/09/72	D		4 1/2
Mon.	07/10/72	9 ³⁰	5 ³⁰	8
Tues.	07/11/72	9 ³⁰	5 ³⁰	8
Wed.	07/12/72	9 ³⁰	5 ³⁰	8
Thur.	07/13/72	9 ³⁰	6 ³⁰	8+1
Fri.	07/14/72	9 ³⁰	6 ⁰⁰	8+1/2
Sat.	07/15/72			2 1/2
Sun.	07/16/72			

FORM 90

Authorized Signature _____

67 1/2 - 8 Hrs 4 1/2 LWOP 1 1/2 Hrs

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 ³⁰	5 ³⁰	8
Tues.	8-15-72	9 ³⁰	5 ³⁰	8
Wed.	8-16-72	9 ³⁰	6 ³⁰	8+1
Thur.	8-17-72	9 ³⁰	6 ³⁰	8+1
Fri.	8-18-72	9 ³⁰	5 ³⁰	8
Sat.	8-19-72	D		
Sun.	8-20-72	D		
Mon.	8-21-72	9 ³⁰	5 ³⁰	8+2
Tues.	8-22-72	9 ³⁰	6 ⁰⁰	8+1
Wed.	8-23-72	9 ³⁰	4 ³⁰	7
Thur.	8-24-72	off	off	
Fri.	8-25-72	9 ³⁰	5 ³⁰	8
Sat.	8-26-72	7 ³⁰	3 ⁰⁰	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 ³⁰	5 ³⁰	8
Tues.	8/1	9 ³⁰	6 ³⁰	8+1
Wed.	2	9 ³⁰	5 ³⁰	8
Thur.	3	9 ³⁰	5 ³⁰	8
Fri.	4	9 ³⁰	5 ³⁰	8
Sat.	5			4+1
Sun.	6			
Mon.	7	9 ³⁰	5 ³⁰	8
Tues.	8	9 ³⁰	5 ³⁰	8
Wed.	9	9 ³⁰	5 ³⁰	8
Thur.	10	9 ³⁰	6 ³⁰	8+1
Fri.	11	9 ³⁰	5 ³⁰	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

Pay Ending **SEP 24 1972**

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 ⁰⁰	6 ³⁰	10 1/2
Tues.	9/12	9 ³⁰	6 ³⁰	9
Wed.	9/13	7 ³⁵	9 ⁰⁰	11 1/2
Thur.	9/14	9 ³⁰	6 ³⁰	9
Fri.	9/15	9 ³⁰	6 ⁰⁰	8 1/2
Sat.	9/16	7 ³⁰	1:30	6
Sun.	9/17			
Mon.	9/18	7 ³⁰	5 ³⁰	8
Tues.	9/19	7 ³⁰	5 ³⁰	8
Wed.	9/20	SL		
Thur.	9/21	9 ³⁰	5 ³⁰	8
Fri.	9/22	9 ³⁰	4 ³⁰	7
Sat.	9/23			
Sun.	9/24			

FORM 90

Authorized Signature _____

71 H + 14 1/2 OT + 6 SL + 3 LWOP

6320/0001/4709/0528

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

Pay Ending **SEP 10 1972**

Regular Hours **87 1/2** Overtime Hours **2.5**
Annual Leave _____ Sick Leave _____

Differential \$ _____

On Call \$ _____

Other \$ _____

	DATE	IN	OUT	TOTAL HOURS
Mon.	8/28/72			8 1/2
Tues.	8/29/72	7 ³⁰	5 ³⁰	8
Wed.	8/30/72	11 ³⁰	1:30	8 1/2
Thur.	8/31/72	10 ⁰⁰	6 ³⁰	8 1/2
Fri.	9/1/72	9 ³⁰	6 ³⁰	9
Sat.				4 1/2
Sun.				
Mon.	9/4	H		
Tues.	5	7 ³⁰	7 ⁰⁰	11 1/2
Wed.	6	7 ³⁰	6 ⁰⁰	10 1/2
Thur.	7	7 ³⁰	4 ³⁰	9
Fri.	8	7 ³⁰	3 ³⁰	8
Sat.	9			
Sun.	10			

FORM 90

Authorized Signature _____

79 H + 2 1/2 H OT + 8 H OL

b6
b7c

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.	9/27	7 ³⁰	3 ³⁰	8
Wed.	9/28	7 ³⁰	6 ³⁰	11
Thur.	9/29	7 ³⁰	6 ³⁶	11
Fri.	9/30	7 ³⁰	3 ³⁰	8
Sat.		D		
Sun.		D		
Mon.		SWOP		
Tues.				
Wed.				
Thur.				
Fri.				
Sat.		D		
Sun.		D		

FORM 90

Authorized Signature

40H + 10 OT + 40/100P

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



TERMINATION

Date: 10/19/72

Employee's Name Jack COFFERT
First Middle Last

Department OR Position OR Dept

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

Voluntary Resignation _____

End Temp. Assignment _____

Discharge EXCESSIVE LWOP

Other _____

Employee's Rating:	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Performance	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Attendance	_____	_____	_____	<input checked="" type="checkbox"/> UNTIL RECENTLY	_____
Attitude	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Appearance	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Personality	_____	_____	<input checked="" type="checkbox"/>	_____	_____

Remarks: MR. COFFERT had Resigned several mo. Ago due to extended Business concerning Family Death. Was rehired due to the vacant POSITION. He has been off again for 3WK LWOP 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 or he would be replaced.
Last Day Actually Worked: FRI 9/29, 19 72
Day Date

Would you rehire? Yes No

Subject To: See ABOVE - would create more problem.

Supervisor

b6
b7c

NOTED AND APPROVED:

ADMINISTRATOR

Northern Virginia Doctors Hospital

Termination record received: _____ (Date)

REMARKS:

Earnings record file:

Leave slip filed:

Time card filed:

Record card filed:

Hospitalization cancelled:

Switchboard:

NVDH Form # 126

Term w. Comp #
SW.

NO. 1 IERN VIRGINIA DOCTORS HOSP. AL
 EMPLOYEE EVALUATION AND JOB PERFORMANCE REPORT

Name: COFFEY JACK
 Last First Initial

Date: 10/19/72

Department: O.R.

3 Mos. Probationary Period
 Annual
 Termination

Station: OR

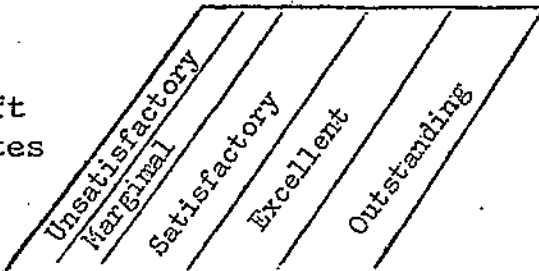
Position: OR orderly

Full Time: Part Time:

Shift: 9³⁰-5³⁰

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

	Unsatisfactory	Marginal	Satisfactory	Excellent	Outstanding	Remarks
Attendance		<input checked="" type="checkbox"/>				
Job Performance		<input checked="" type="checkbox"/>				
Ability		<input checked="" type="checkbox"/>				
Industry		<input checked="" type="checkbox"/>				
Dependability		<input checked="" type="checkbox"/>				until recently
Cooperation		<input checked="" type="checkbox"/>				
Appearance		<input checked="" type="checkbox"/>				
Personality		<input checked="" type="checkbox"/>				
Health		<input checked="" type="checkbox"/>				

GENERAL

REMARKS MR. COFFEY had resigned several mo. ago due necessity to have
extended leave was required as position was vacant. Has agreed FEIT need
FOR extended leave - 3 wks + 2 1/2. 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 _____

Date _____

Administr _____


b6
b7c

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.


Administrator

b6
b7c

me

VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name: Collett, Jack Bryant Social Security No. 513-26-2480
Print home address: 4208 B. 13th Rd. City Alexandria State VA ZIP Code 22204

HOW TO CLAIM WITHHOLDING EXEMPTIONS

EMPLOYEE:
File this exemption certificate with your employer.

- 1. If SINGLE, and you claim an exemption, write the figure "1" 0
- 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 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 0
- 6. Additional withholding per pay period under agreement with 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.

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, 1972 (Signed) Jack Collett

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.

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

[Redacted Signature]

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

[Redacted Signature]

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

DATE OF INJURY 7-7-72 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 Bruised rib cage R. side around dial tray and R. shoulder

HOW DID INJURY HAPPEN? He was helping to move patient from CR table to pts. 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) There were 2 rollers on one of the wheels to move pt. on R. side at head end part of rollers with a new draw sheet on it was placed under the pt. The draw sheet had been placed on the rollers wrong since the paper was not from the case which is long and as the orderly on the R. of the pt. pulled, he slipped, the stretcher came away from the top and the pt. was mat on the rollers. 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. How, because of the floor is so sticky.

Date this report completed by supervisor 7-7-72 SIGNED [Signature]

PHYSICIAN'S REPORT: (DESCRIBE TREATMENT AND/OR MEDICATIONS) P. X: negative

Chest: Rt shoulder & chest: negative

SIGNED [Signature] M.D.

DATE OF THIS REPORT 7-7-72 SIGNED [Signature]

well when 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 ORDeely DEPARTMENT O.R.

Part time full time temporary permanent

SHIFT: 9³⁰-5³⁰ ~~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 ORDeely Dept. O.R.

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

OTHER ACTION: (Specify)

[Redacted box]

Approved _____

Disa _____

Date _____

[Redacted box]

Administrator

b6
b7c

SUMMARY SHEET A:NO S:YES

NORTHERN VIRGINIA DOCTORS HOSPITAL

79895

NAME COFFELT, JACK -		TELEPHONE 521-4665	PREVIOUS ADMISS. TO NYDH 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 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	RACE W <input checked="" type="checkbox"/> C <input type="checkbox"/>	MARITAL STATUS M <input checked="" 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 PREV. <input type="checkbox"/> SEMI PRIV. <input type="checkbox"/> CARDIAC <input type="checkbox"/>
ADMITTING DIAGNOSIS THROMBOPHLEBITIS		ROOM NO. 307K	ROOM RATE 374B	ROOM RATE 66.00	
NOTIFY IN EMERGENCY		RELATIONSHIP H	OFF. PHONE	HOME PHONE	DEPOSIT
INSURANCE GHI	CONTRACT NO 159-1727	CODE NO 1110-B	EFT: 6/1/72		
INSURED THROUGH SELF	EMPLOYER IBM CORP. (UNABLE TO GIVE PHONE#)	BUS. PHONE		b6 b7C	

CAUSE FOR ADMISSION:

PHYSICAL FINDINGS: *Thrombophlebitis
sw & swollen left leg*

LABORATORY FINDINGS: *by CBC & UA.*

OPERATIVE PROCEDURES AND DATES:

OPERATIVE FINDINGS:

SUMMARY OF HOSPITAL COURSE: *Treated with heparin & heparin
discharge on July 21/73*

FINAL DIAGNOSIS: *Thrombophlebitis left upper limb*

COMPLICATIONS: *0*

CONSULTATION WITH: *0*

DISCHARGE DATE: 7-21-73

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

M.D. [Signature Box] b6 b7C

78882

NORTHERN VIRGINIA DOCTORS HOSPITAL

FORM 209-A

NORTHERN VIRGINIA DOCTORS HOSPITAL

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

FURTHERMORE, I (OR YOU) RESPECTFULLY REQUEST THE USE OF ANY WHICH IS NECESSARY OR BENEFICIAL IN THE PERFORMANCE OF THE ABOVE PROCEDURE.
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 COMMON SENSE STATE OF MIND AND AM FULLY AWARE OF THE RISKS INVOLVED IN AN ABORTION. I HEREBY DECLARE THAT NEITHER THE ATTENDING PHYSICIAN NOR ANY PERSON EMPLOYED BY OR CONNECTED WITH THE SAID HOSPITAL HAS KNOWINGLY 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 _____ FROM 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 RISK INVOLVED AND HEREBY RELEASE THE ATTENDING PHYSICIAN AND THE HOSPITAL FROM ALL RESPONSIBILITY FOR ANY AND ALL 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, FIND IT NECESSARY TO LEAVE THE HOSPITAL TEMPORARILY. I AM FULLY AWARE THAT WHATEVER ILLNESSES AND OR INJURIES WHICH MAY BEFALL 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 BENEFITS.
DATE _____ WITNESS _____ SIGNED _____
WITNESS _____

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

7-19-73

NORTHERN VIRGINIA DOCTORS HOSPITAL

COFFELT JACK
P 7:00 7-19-73

HISTORY

INFORMANT

DATE 7/19/73

b6
b7C

CHIEF COMPLAINT I have pain in my leg.

PRESENT ILLNESS This is 1st NVDH admission for this 48 y.o. WM. former employee who complains of acute self-tendered in leg. Pt. has had previous injury for 3-4 yrs PTA and was once hospitalized for 1 wk. for edema 2° to these varicosities. 4-5 days PTA pt. ~~was~~ lifted heavy object and felt burning sensation in lower medial leg - a local swelling developed at this time later became tender, exquisitely so at 10 AM. today 7/19/73 when pt. stood and noticed hot, burning sensation this very localized region below the knee. It has been sensitive to standing since this time. Does not hurt to walk but is very susceptible to edema & in standing. Mentions no muscle cramps.

PAST MEDICAL ILLNESS Allergic - to Surgery - 3x for inguinal hernias. 1 ear membrane replaced - 3-4 yrs PTA. Good general health otherwise.

FAMILY HISTORY N.C. orphan.

SOCIAL HISTORY Smoking HX - 1-2 packs/day x 30 yrs. ETOH - heavy - calls self - borderline alcoholic.

REVIEW OF SYSTEMS N.C.

[Redacted box]

b6
b7C

Signed

[Redacted signature box]

7 19 73

COFFELT JACK

2844 3743 79005

NORTHERN VIRGINIA DOCTORS HOSPITAL

PHYSICAL EXAMINATION

GENERAL CONDITION: B.P. $150/90$ T. 98.2 P. 100 RESP. 22 WT. _____

General: $150/90$, 98.2 , 100 , in mild discomfort, oriented $\times 3$, nervous, good HT.

Skin: reddened due to sun exposure.

Eyes: fundi not visible due to constriction. PERLA & EDM's - WNL

Ears: Clear to vision, good sound @ RL.

Nose: WNL

Oral: Hypoplastic, lower lips - leukoplakia.

Throat: None palpable

Neck: Soft 5 masses, tenderness

Heart: NSR, Clear C₁ & C₂, m(C₁ or C₂) CH: Good pulses.

Lungs: Clear to P & A.

GI: Obese abdomen, No masses, organomegaly palpable.

GU: RLVA tenderness.

Rect: WNL

Extremities: Saphenous varicosities @ & @. @ leg & large edematous reddened area 5-6 cm diam. on medial aspect of left calf 6 inches above medial malleolus. Similar non-reddened swelling on @ neg. Homans' sign. @ non-tender @ extremely so. P₁ & enlarge on standing.

Reflexes: dulcet

PROVISIONAL DIAGNOSES:

1. Acute thrombophlebitis

2. _____

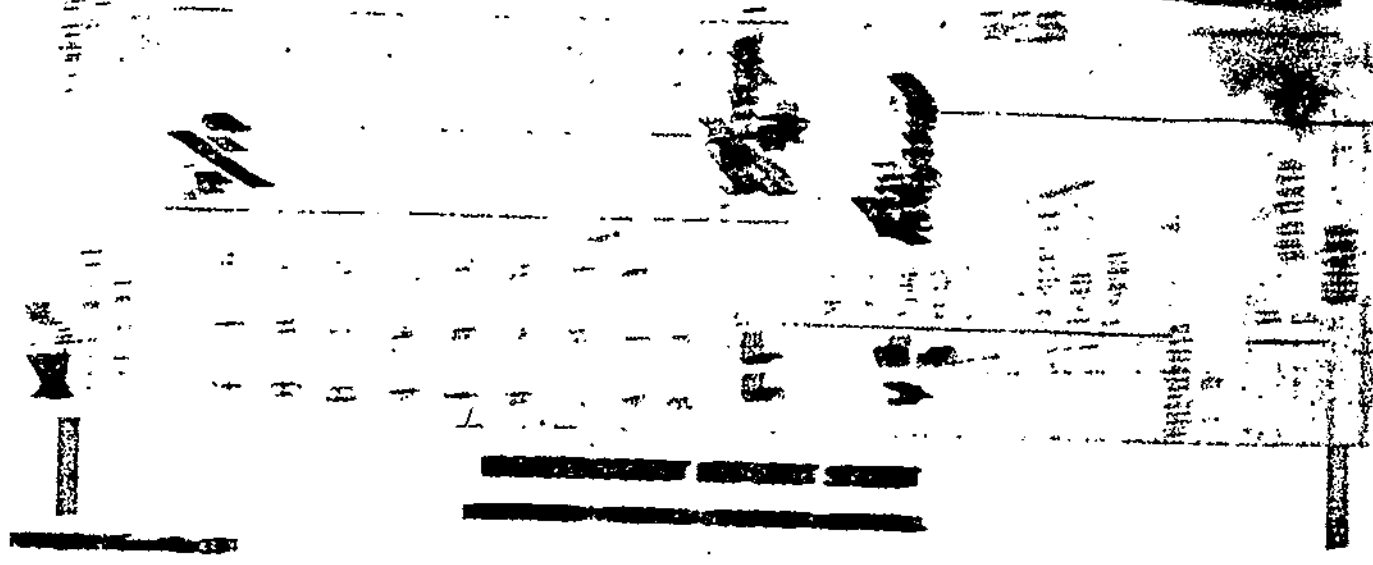
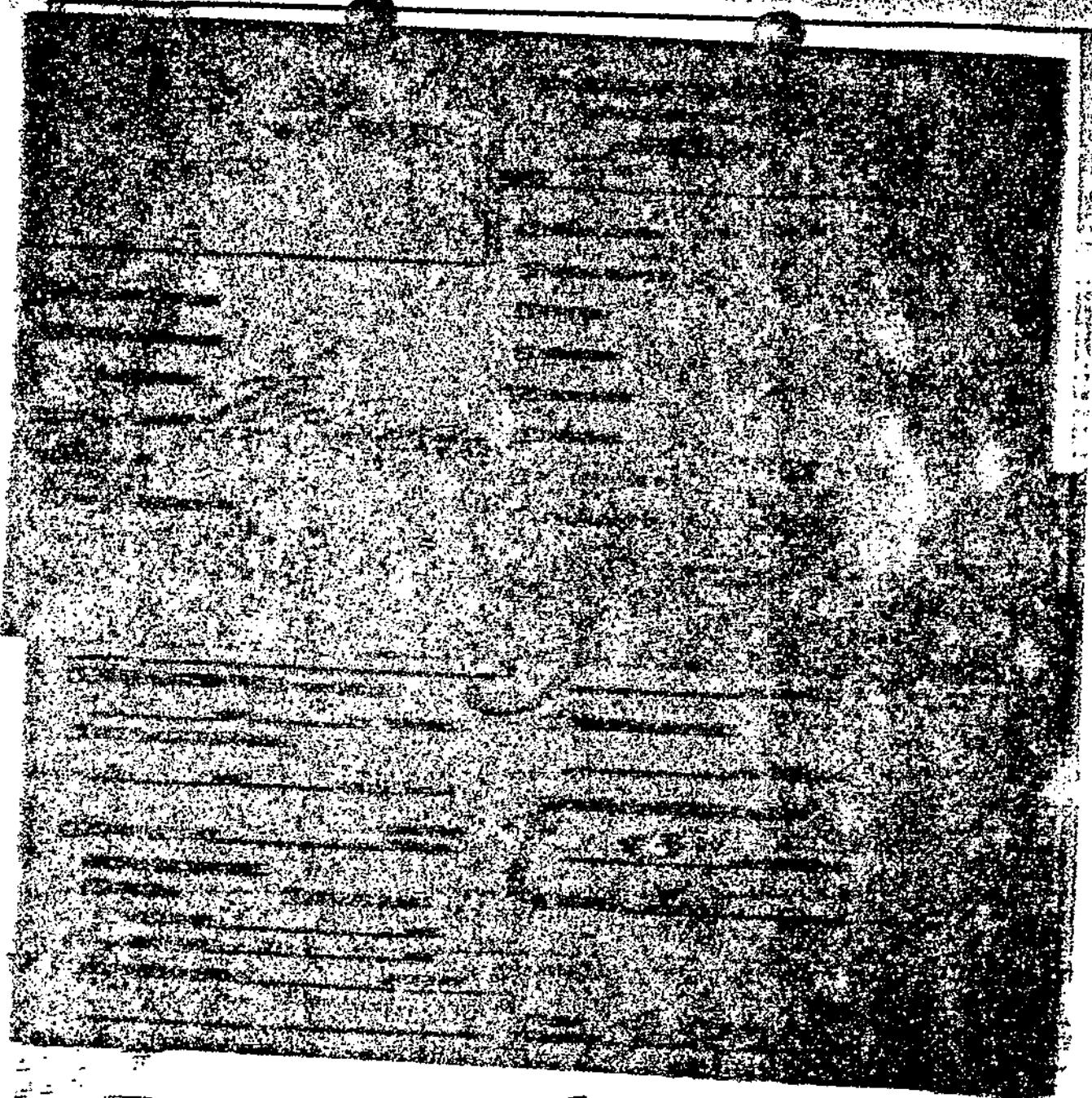
3. _____



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b7C



EXAMINED BY:



Sheet 1
COFFELT JACK
RN 374B 79895
10555

NORTHERN VIRGINIA DOCTORS HOSPITAL
DEPARTMENT OF PATHOLOGY
URINALYSIS

DATE: 7/19

Specimen taken by

Cath. Void Clean Catch

ADMISSION URINALYSIS

Repeat Urinalysis
Appearance yellow-clear
 Reaction Acid
 Specific Gravity 1.027
 Albumin —
 Sugar —
 Acetone —
 Diacetic Acid —
 Bilirubin —
 Urobilinogen —

Leukocytes 0-2
Erythrocytes —
Casts: Hyaline —
Finely Granular —
Coarsely Granular —
Cellular —
Waxy —
Epithelium —
Crystals —
Mucus moderate
Miscel.: —
 Occult Blood —
 Glitter Cell —

Sence Jones Protein
 Sulkowitch (urinary calcium)
 Porphobilinogen
 Phenylpyruvic Acid
 Serotonin (5HIAA)
24 HOUR SPECIMENS:
24 HOUR SPECIMENS:
 VMA
 17 Ketosteroids
 Catecholamines
 17 Ketogenicsteroids

CHART

TE []
DATE 7/20
Nurses Signature []

b6
b7c

Sheet 3

LABORATORY REPORT SHEET
NORTHERN VIRGINIA DOCTORS HOSPITAL

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

17-19 73
COFFELT JACK
7-44-74 79895

NORTHERN VIRGINIA DOCTORS HOSPITAL
ELECTROCARDIOGRAPH READING

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

CLINICAL DIAGNOSIS:

REQUESTED BY:

DATE TAKEN 7/19/73 ELECTROCARDIOGRAPH NUMBER 1

FINDINGS

RATE:		ELECTRICAL AXIS:	0
VENTRICULAR	96	EKG POSITION:	Semi-Horizontal
AURICULAR	96	Q. T. INTERVAL:	.32
RHYTHM:	NORMAL SINUS RHYTHM		
PR INTERVAL:	.19		
QRS INTERVAL:	.06		

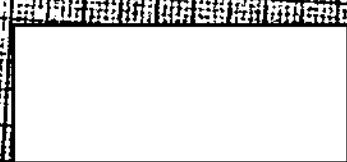
INTERPRETATION:

WITHIN NORMAL LIMITS.

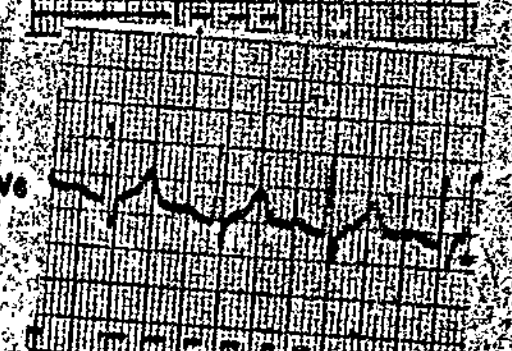
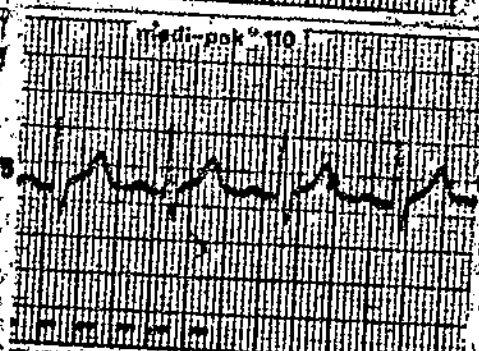
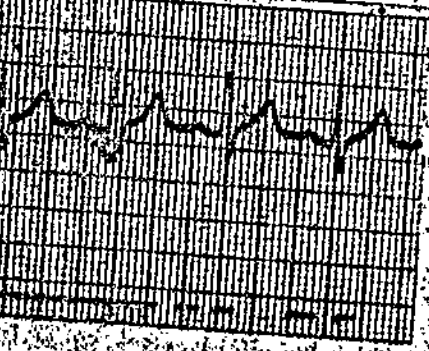
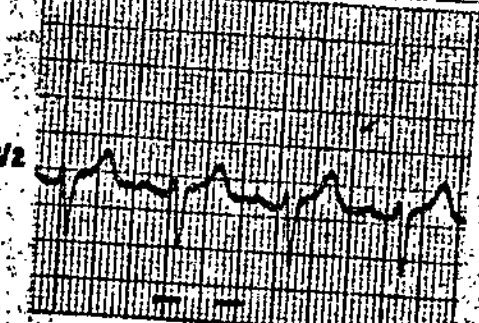
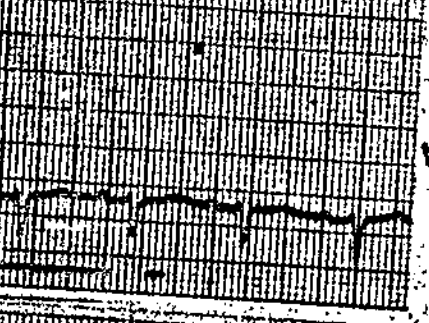
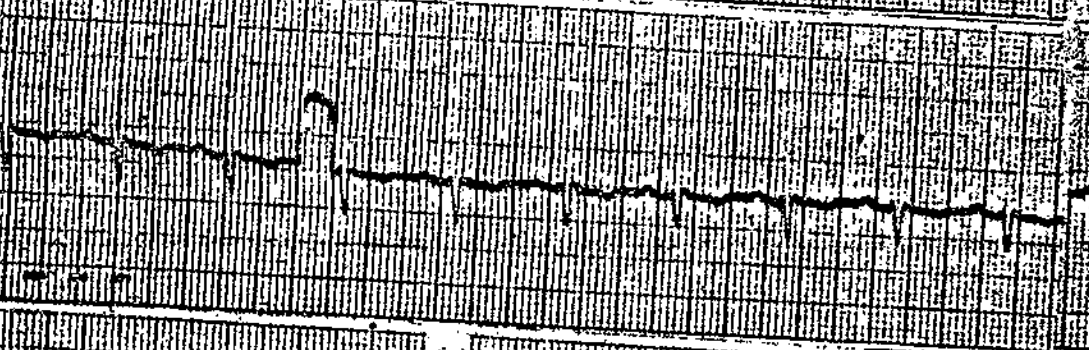
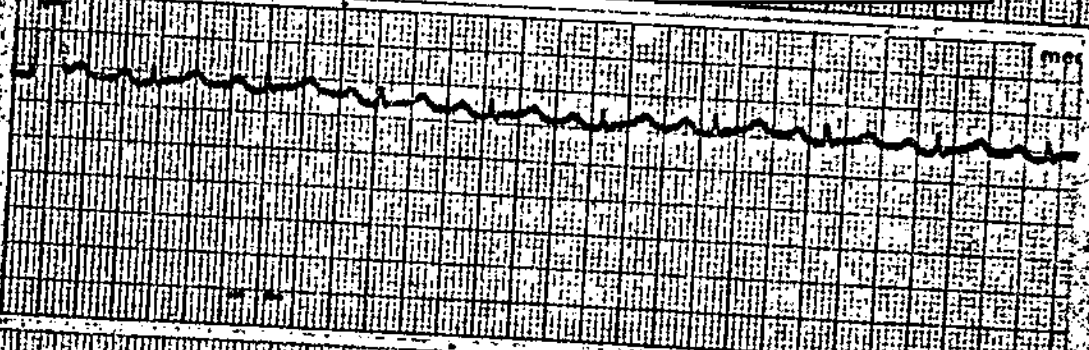
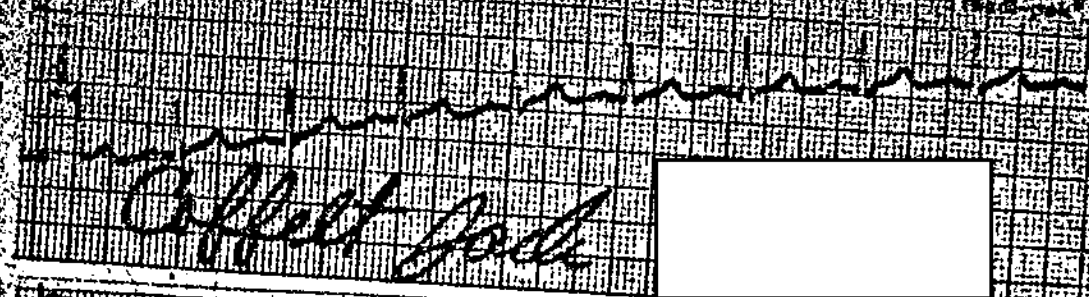
SIGNED BY: M.D.

9/19/50

Chaffetz, Paul



21



PATIENT _____ T WAVES _____ S.T. SEG. _____
 A.U. RATE _____ RHYTHM _____ P.R. INT. _____ MEDICATION _____
 V.E. RATE _____ P WAVES _____ Q.R.S. INT. _____ PATIENT POSITION _____
 REMARKS _____ ELEC. AXIS _____

17 1975

N.A.O.H. FORM NO. 25

NORTHERN VIRGINIA DOCTORS HOSPITAL

COFFELT JACK
P.M.B. 37-2 78895

PROGRESS NOTES

Date	NOTES
	48 yr 20yr c - acute renal left calf due to Atherosclerosis
	[Redacted]
2/20/73	AK taken - on Beddyph
	[Redacted]
2/21/73	Home Foley
	[Redacted]

b6
b7c

Signed [Redacted]

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

NORTHERN VIRGINIA DOCTORS HOSPITAL

PROGRESS NOTES (over)

b6
b7c

COFFEY, JACK

1144 27th 79295

NORTHERN VIRGINIA DOCTORS HOSPITAL

DOCTOR'S ORDER SHEET

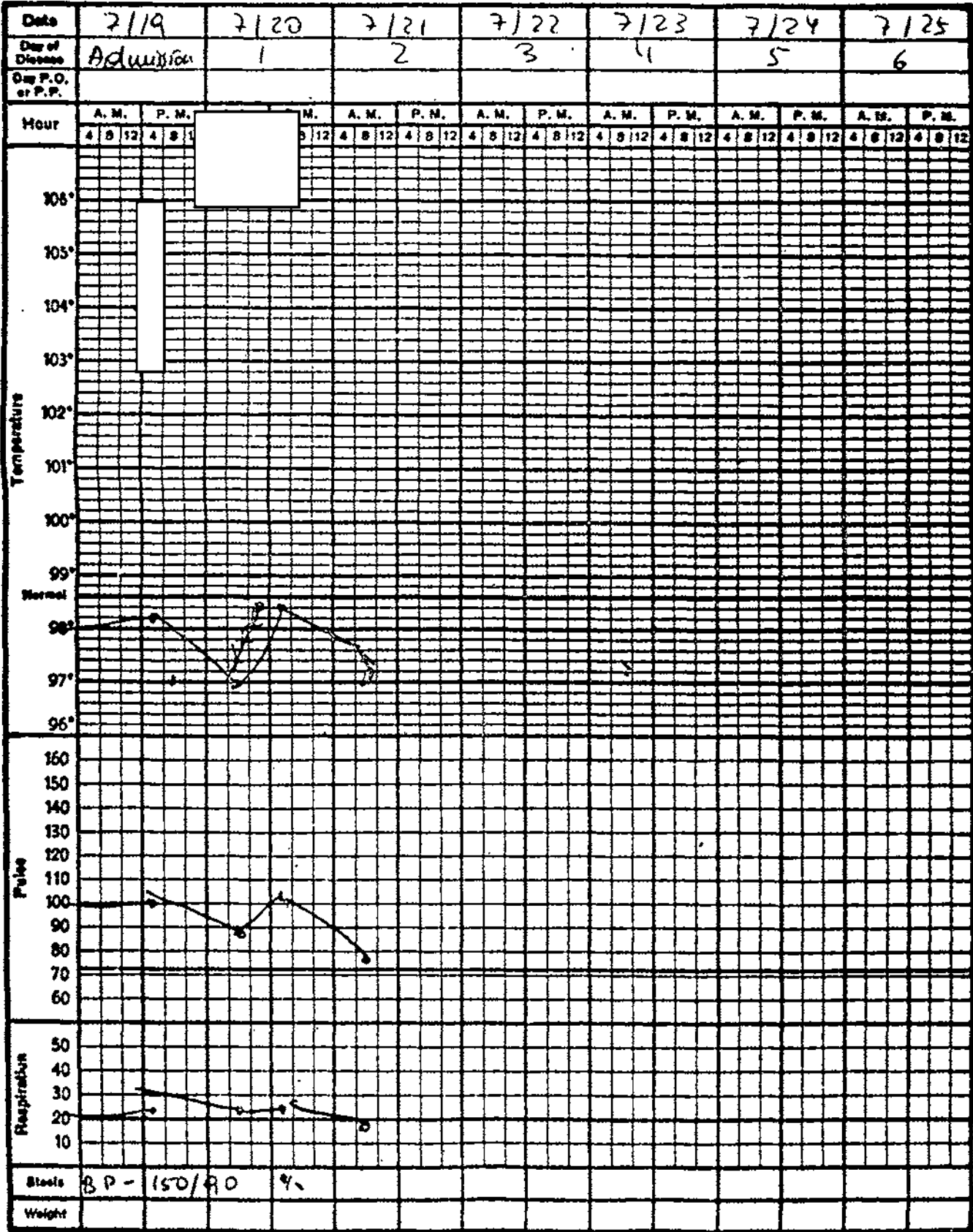
ORDERED			
Date	Hour		Noted
7/19/73	3:20 PM	1) Spigular bit 2) ligna pack back legs 3) Meclizine Reba 200 mg 4 times a day then see tid 4) Meclizine 1/2 tab 4 times a day if needed 5) Tylenol 500 mg qd for pain 6) Valium 10 mg po stat & qd for pain 7) Klonopin 1/2 tab tid 8) Patch 9) CBC - urine this afternoon 10) Discharge	
7/20/73	5:20 AM	PPT in Am.	
7/20/73		AMPLICILIN 500 mg 4 x daily for 10 days increase dose to 100 mg	
		VALIUM 10 mg	
7/21/73		Home today	

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COFFELT JACK
 PW448 3744 79895
 DR. ROSS

NORTHERN VIRGINIA DOCTORS HOSPITAL
 GRAPHIC CHART



N.V.D.H. Form No. 22

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7 19 73

NORTHERN DISTRICT HOSPITAL
DAILY REPORT - NURSES' NOTES

COFFELT JACK
PWH# 174 79295

NURSES' SIGNATURES:				Total Units To Be Charged For	Total Charges Business Office Use Only
8-4					
4-12					
12-8		4-12			

MEDICATIONS:	DATE: 7/19	TIME ADMINISTERED		Total Units To Be Charged For	Total Charges Business Office Use Only
		17 AM to 12 PM	12 PM to 12 AM		
Alka Butazolidin po 200mg q4h					
Demerol 50mg stat (po)					
Valium 10mg po stat					
PARENTERAL FLUIDS					
OXYGEN					
TREATMENT					
ENEMA (S)					
DIET		LAB	X-RAY	EKG	PT

NURSES NOTES

2:30 Pt is thrombocytopenic status
to be in a severe pain (anyway
see admission nurses notes)
[redacted] GD

3:30 Refused chest X-ray
4-8 appetite fair
med 1x for pain
Vital signs in

8-10 P.M. Care given
med 1x for pain
[redacted] PV

COFFELT JACK
P 1743 79895

ADMISSION NURSES NOTES

TIME: 2:30 P.M. DATE: 7/19/73

PATIENT ADMITTED: WALKING _____ CHAIR _____ STRETCHER

SERVICES OF DOCTOR: _____

VITAL SIGNS: TEMPERATURE 98.2 PULSE 100 RESPIRATION 22

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE 150/90

ADMISSION DIAGNOSIS: thrombophlebitis

HISTORY OF: DIABETES _____ IF SO, WHEN? _____
HEART DISEASE _____ IF SO, WHEN? _____
EPILEPSY _____ IF SO, WHEN? _____
TUBERCULOSIS N IF SO, WHEN? _____

ALLERGIES: Unknown, 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. w/ thrombophlebitis seems to be in a severe pain in the @ leg, crying and asking something for pain.

Geo

7 20 73

NORTHERN ILLINOIS DOCTORS HOSPITAL
DAILY REPORT - NURSES' NOTES

COFFELT JACK
P 1114-174 79895

8.4	[Redacted]	Total Charges
4.1		Business Office Use Only
12		

MEDICATIONS:	DATE: 7-2-73	12 AM	12 PM				
Maltin 10 mg po tid							
penicillin 500 mg po qid							
Butazolidin 200 mg po tid							
Demerol 100 mg po q3h for pain							
PARENTERAL FLUIDS							
OXYGEN							
TREATMENT							
U/B send to lab.							
ENEMA (S)							

DIET REGULAR LAB X-RAY EKG PT BMR

12-5	NURSES NOTES
8:30 AM 4 meals in P/way -	4-8 Resting quietly in bed
8-4 sell AM care took diet well	took diet well
Well. B2 maintained. Ague	No voiced complaints
back in both legs, low west	5 12 H's low down
of the time. C/O of pain in the @ leg. Medicated x2	
7 app relief. Pt seems to be very nervous Resting quietly this P.H.	
	LN

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NORTHERN VIRGINIA DOCTORS HOSPITAL
DAILY REPORT - NURSES' NOTES

COFFELT JACK
 P-474 2742 79895

NURSE SIGNATURES:		Total Units To Be Charged For	Total Charges Business Office Use Only
8-4	[Redacted]		
4-12	4-12		
12-8	4-12		

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MEDICATIONS.	DATE. 7-21-73	TIME ADMINISTERED		Total Units To Be Charged For	Total Charges Business Office Use Only			
		12 AM to 12 PM	12 PM to 12 AM					
<i>Discharged</i>								
PARENTERAL FLUIDS								
OXYGEN								
TREATMENT								
ENEMA (S)								
DIET <i>Regular</i>				LAB	X-RAY	EKG	PT	BMR

NURSES NOTES

12-8
 Sept 10 last cardiac [Redacted]
 8-8³⁰ up to b.R. Conduction occurs
 record [Redacted] in [Redacted]
 8³⁰ Discharge will be [Redacted]

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NORTHERN VIRGINIA DOCTORS HOSPITAL

No. 2799

Unlabeled 324 B

EMERGENCY ROOM RECORD

Medicare Patient

Last Name: Coyett First Name: Jack Middle Name: _____ Home Phone: 21-4665 Admission Date: 7-19-73 2nd P.M. Room No. _____
 Address: 1234 Columbus Pike, Arlington, Va. State: _____ Age: 48 Date of Birth: 2-10-25 Sex: M Civil Status: _____ Religion: _____
 Employer: FBI Address: Local 20 Compensation Yes No Phone: _____
 Name of Blue Cross and/or Blue Shield Plan: _____ Group No. 682820 Contract No. Call 110-6 Effective Date: 6-1-72 Subscriber Family
 Other hospitalization insurance: _____ Name: _____ Address: _____ Cert. or Policy No. _____ Group No. _____ Effective Date: _____
 Family Doctor: _____ Notified Yes No Brought By: _____ Self Police Fire Relative Other Type of Service: _____
 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		
Emergency Room		Sutures		X-ray	b6
Anesthetic		Tetanus Antitoxin		Laboratory	b7C
Central Supply		Cast		Physical Therapy	
Dressings		E.O.A.		EKG	
Drugs					
Oxygen					

No known allergies to drugs BRIEF HISTORY

If accident state where, when and how injured; if illness describe:
Pt. having acute pain in both lower legs, especially
left one which began this morning & has become
increasingly worse

Name: _____ R.N. _____ Officer's Signature: _____ Badge: _____ District: _____ Time: _____
 NOTIFIED: Relative Police Covered By Whom? _____

PHYSICIAN'S REPORT

CONDITION ON ADMISSION: Good Fair Poor Shock Hemorrhage Coma Temp: 98.6 Oral Rectal 100 24 150 80
 Treatment: Tetanus Toxoid _____ cc. Tetanus Antitoxin _____ cc. Tetanus Antitoxin _____ units

Diagnosis: Thrombophlebitis

Disposition of Case: To be admitted Referred to Dr. _____ Date: 7/19/73

INSTRUCTIONS TO PATIENT: _____

[Redacted Box]

7/19/73

NORTHERN VIRGINIA DOCTORS HOSPITAL

No. 2799

EMERGENCY ROOM RECORD

7989

S. or H.I.B. No.

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Last Name <i>Coyle</i>		First Name <i>W. W.</i>		Middle Name	Home Phone <i>SA 4665</i>	Admission Date <i>7-19-73</i>		Time <i>10 P.M.</i>		Hosp. No.
Address <i>1284</i>		City		State	Age <i>48</i>	Date of Birth <i>1-20-25</i>	Sex <i>M</i>	Civil Status <i>M S W D Sep.</i>		Religion
Employer <i>FBI</i>					Address					Compensation Yes <input type="checkbox"/> No <input type="checkbox"/>
Group No. <i>62-820</i>		Contracting No. <i>1110-2</i>		Effective Date <i>6-1-73</i>		Dependent		Family Member <input type="checkbox"/>		Comorbidity <input type="checkbox"/>
Other hospitalization insurance		Name		Address		Cert. of Policy No.		Group No.		Effective Date
Family Doctor <i>Dr. [unclear]</i>		Notified Yes <input type="checkbox"/> No <input type="checkbox"/>		Brought By Self <input type="checkbox"/> 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				
Emergency Room <input checked="" type="checkbox"/>		Sutures		X ray	<input type="checkbox"/>		
Anesthetic		Tetanus Antitoxin		Laboratory	<input type="checkbox"/>		
Central Supply		Cast		Physical Therapy	<input type="checkbox"/>		
Dressings		E.D.U.		EKG	<input type="checkbox"/>		
Drugs					<input type="checkbox"/>		
Oxygen					<input type="checkbox"/>		

BRIEF HISTORY

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

17

...

Nurse's Signature	R.N.	Officer's Signature	Badge	District	Time	AM PM
-------------------	------	---------------------	-------	----------	------	----------

PHYSICIAN'S REPORT

CONDITION ON ADMISSION: Good Fair Poor Shock Hemorrhage Coma Temp. *98.6* Oral *100* Rectal *100* P.R. *100* BP *120*

Treatment: Tetanus Toxoid _____ cc. Tetanus Antitoxin Test _____ Tetanus Antitoxin _____ units

Diagnosis: *Thrombocytopenia*

Disposition of Case: *Admitted* Referred to Dr. _____ Date *7/19/73*

INSTRUCTIONS TO PATIENT:

[Signature]

Th... (Date) (Patient's Signature)

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No. 79895

THIS RECEIPT MUST BE SIGNED IN THE PRESENCE OF
THE CUSTODIAN when the valuables which have been
deposited are called for. Valuables will be surrendered only
to the person who has deposited them and whose signature
appears on the face of the envelope.

Signature of Depositor
[Handwritten Signature]
Date 2/19/73 LN

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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 NOW

TRANSPORTATION PROVIDED

HOW REFERRED N.V. SWN

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMEND FOR EMPLOYMENT YES

REMARKS: going NVCC FOR NURSING DEGREE - HAS SCRUBED ON SURG. + ASSISTED
MUCH EXPERIENCE IN HOSPITALS - VERY TALKATIVE - GOOD SALESMAN
2ND CHOICE

Employment to Commence 12/8/71 Department O.R.

Shift 9³⁰ FT PT SALARY \$ 4.10

APPROVAL [Signature] Administrator DIFF. + O.T.

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NORTHERN VIRGINIA DOCTORS HOSPITAL
Arlington, Virginia



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TERMINATION

Date: 3-29-72

Employee's Name TACK COFFETT
First Middle Last

Department _____ Position _____

Reason For Termination: (Check One) Remarks: (Briefly indicate nature of action.)
Voluntary Resignation Sudden death in family - prolonged
End Temp. Assignment _____ legal matters to settle concerning
Discharge _____ Death.
Other _____

Employees Rating:	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Performance	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Attendance	_____	<input checked="" type="checkbox"/>	_____	_____	_____
Attitude	_____	<input checked="" type="checkbox"/>	_____	_____	_____
Appearance	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Personality	_____	_____	<input checked="" type="checkbox"/>	_____	_____

Remarks: Employed only short time BUT eager willing
worker. TRIED Almost too hard to please people. Did work
thoroughly & with pride in his work, was on leave without
pay BUT AFFAIRS took longer than expected to settle.

Last Day Actually Worked: FRI Mar 29 Mar 3, 19 72
Day Date

Would you rehire? Yes No Subject To: _____

Supervisor R.N.
O.R.S. b6 b7C

NOTED AND APPROVED
Adminis _____

Northern Virginia Doctors Hospital

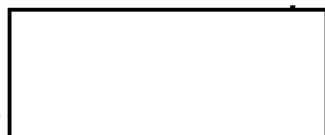
Termination record received: _____
(Date)

REMARKS: _____
Earnings record filed: _____
Leave slip filed: _____
Time card filed: _____
Record card filed: _____
Hospital termination cancelled: _____
Switchboard: _____

Form #

February 29, 1972

This is to certify that Coffelt, Jack
attended the Orientation Program held on this date.



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NO. 1 HERN VIRGINIA DOCTORS HOSPITAL
 EMPLOYEE EVALUATION AND JOB PERFORMANCE REPORT

Name: COFFERT, JACK
 Last First Initial
 Department: O.R.
 Station: O.R.
 Full Time: Part Time:
 Temporary: Permanent:

Date: 1/6/72
 3 Mos. Probationary Period
 Annual
 Termination
 Position: ordrly
 Shift: 9-5³⁰

Grading from left to right indicates lowest to highest

Unsatisfactory	Marginal	Satisfactory	Excellent	Outstanding
----------------	----------	--------------	-----------	-------------

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

	Unsatisfactory	Marginal	Satisfactory	Excellent	Outstanding	Remarks
Attendance			<input checked="" type="checkbox"/>			Reports on Duty even when NOT well.
Job Performance			<input checked="" type="checkbox"/>			
Ability			<input checked="" type="checkbox"/>			
Industry				<input checked="" type="checkbox"/>		
Dependability			<input checked="" type="checkbox"/>			
Cooperation			<input checked="" type="checkbox"/>			
Appearance			<input checked="" type="checkbox"/>			
Personality			<input checked="" type="checkbox"/>			
Health			<input checked="" type="checkbox"/>			

GENERAL

REMARKS A NEW EMPLOYEE - HAS POTENTIAL OF BECOMING A VERY GOOD ORDERLY
TAKES CRITISM WELL - TRIES ALMOST TOO HARD TO PLEASE - HARD WORKING
SEES WORK TO DO - LEARNS QUICKLY

Employee's Signature _____

Department Head Signature _____

Approved _____
 Disapproved _____

Remarks _____

Date _____

Administrator _____

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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 - ASS
- Febrile Agglutinations

non reactive

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

CHART

S. 12-71

COFFEIT, JACK EMP.

NORTHERN VIRGINIA DOCTOR'S HOSPITAL
DEPARTMENT OF PATHOLOGY
URINALYSIS

DATE: 12-13-71

SPECIMEN TAKEN BY

- Cath
- Void
- Clean Catch

- ADMISSION URINALYSIS
- Repeat Urinalysis Appearance
- Reaction _____
- Specific Gravity _____
- Albumin _____
- Sugar _____
- Acetone _____
- Diacetic Acid _____
- Bilirubin _____
- Urobilinogen _____

- Leukocytes _____
- Erythrocytes _____
- Casts: 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 _____

TEST DATE

Nurses Signature

12-13-71

CHART

RE EST FOR BLOOD TEST AND URIN ALYSIS

#9

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.



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NVDH Form #F-201

Personnel Office

NORTHERN VIRGINIA DOCTORS HOSPITAL CORP.

601 S. CARYLN SPRINGS ROAD
ARLINGTON, VIRGINIA 22204

To:
Hutchinson, Kansas

December 8, 1971

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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 if he is the Graduated: Yes No

Position held: Don't know 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:

Operating Room Supervisor

R.N/E
R.N.

b6
b7C

*(Please Check (X) or comment if indicated.)
N.V.D.H. Form 57

Social Security Number 513-26-2480

NORTHERN VIRGINIA DOCTORS HOSPITAL CORP.

601 S. CARLYN SPRINGS ROAD
ARLINGTON, VIRGINIA

APPLICATION FOR APPOINTMENT

Date: Dec 6, 1971

NAME: (Miss, Mrs., Mr.) Jack Raffelt Telephone: 521-4665

ADDRESS: (Permanent) 4208 So. 21st Rd (Local) Arlington, Va

Date of Birth: 1924 Height: 6.2 Weight: 195 Date of last Physical Examination: Mar 1970

Date and diagnosis of any recent illness: No Marital Status - M S Other No. of Dependents: 0

Position for which Application is made: O.R. Ordery Date Available: Now Minimum Salary Expected:

REGISTRATION:

By examination in which state: Year: Certificate Number:

Virginia: Year: Certificate Number:

Other States: Certificate Number:

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)

Baptist Hospital, Minnie, Okla
DR. I Flea Eilers
J.D. Sanborn, Lancaster, California
3 years Hutchinson, Kansas
2534 + 2447 18th St. N.W. Wash. D.C. 20007
Hoffman's Furniture, 1824 - 18th St
Washington, Va 605-7300 (30 mo)
605-5116

PROFESSIONAL REFERENCES: Name Position Address

- 1. College of L. & Sciences, University of Kansas, Lawrence
2. [Redacted] tele 604 Kansas

Date: Signature: Jack Raffelt

Please Attach
Recent Photograph

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

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

In case of emergency, Person to be notified: [Redacted] Relationship: [Redacted]
Address: [Redacted] *Washington, D.C.* Phone: [Redacted]
(Please do not write below this line)

b6
b7C

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-RAY

Employee's Name COFFLET, JACK

Date of Request 12-13-71

Date of Last Chest X-Ray _____

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.



Personnel Office

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NVDH F#200

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.

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EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Type or print full name JACK COFFELT Social Security Number 513-26-2480
Home address 4208 So. 12th Rd. Arlington Va State Va ZIP code 22204

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" . . . 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" . . . 2
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) . . . 0
6. Add the exemptions and allowances (if any) which you have claimed above and write total . . . 0
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 048-16-79061-1

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 4208 So 12th Rd. Arlington, 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 . . . \$ 0
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. . . . \$ 0

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 648-16-76061-1

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.—An 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 Ruffelt
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 COFFETT
First Middle Last

DEPARTMENT O.R. SHIFT 9-530

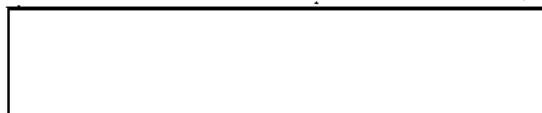
FORMS COMPLETED BY EMPLOYEE:

State Tax Withholding Statement ✓
Federal Tax Withholding Statement ✓
Hospitalization: None _____
Individual IND
Family _____

PHYSICAL REQUIREMENTS: (To be initialed by Departments)

X-RAY

LABORATORY



b6
b7C

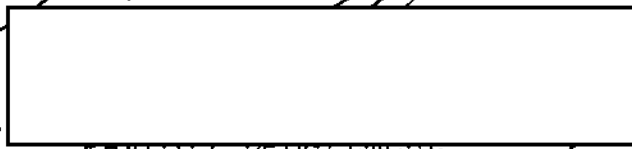
FORMS COMPLETED BY BUSINESS OFFICE:

Payroll Record ✓
Leave Record _____
Switchboard Tab ✓
Pen. ✓

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

Car Tag # 1630

Jack Coffett
Employee Signature



Payroll Department

b6
b7C

F#104
Revised 2-24-69

14052

(Title) _____

(File No.) _____

Item	Date Filed	Disposition
595	5/4/77	Photo of [redacted]
596	5/4/77	Photo of [redacted]
597	5/4/77	Photo of [redacted]
598	5/4/77	Photo of [redacted]
599	5/4/77	Photo of [redacted] part 3
600	5/4/77	Photo of [redacted]
601	5/5/77	Copy of Sprick's separation form - SD-214 Sub 845
602	5/5/77	Handwritten specimen of [redacted]
603	5/5/77	Postcard received by [redacted] on 2/6/76 87
604	5/27/77	Photo of Richard Vincent [redacted] (aka 90)
605	6/25/77	WF from US Postal Service
606	6/29/77	Photos of [redacted] in [redacted] over pilots
607	6/29/77	Photo of [redacted]
608	7/5/77	FD-395 of interview log [redacted]
609	7/5/77	Agents notes [redacted]
610	7/25/77	Photo of [redacted]
611	7/25/77	Investigative notes from [redacted]
612	7/25/77	Letter from [redacted]

b6
b7C

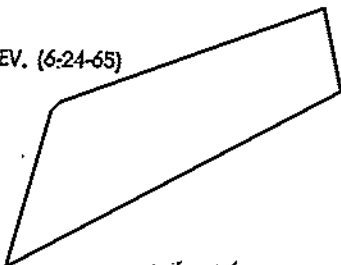
b6
b7C

b6
b7C
b7D

104-81-1A

SEARCHED	INDEXED
SERIALIZED	FILED
MAY 4 1977	
FBI - SEA	

b6
b7C



164-81-1A (595)

File No. Se 164-81-7430

Date Received 4/11/77

From b6
b7C

DMV Driver License
(ADDRESS OF CONTRIBUTOR)

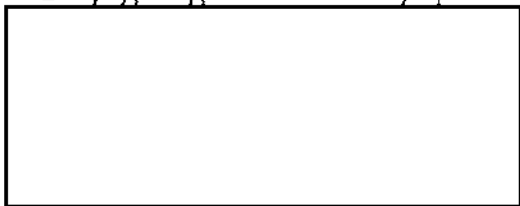
C. G. ...
(TYPE AND GRADE)

SC
(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

Description :

copy of D Log



b6
b7C



164-81-1A (596)

164-81-7465

File No. _____

Date Received 4/26/77

From _____

b6
b7C

DMV - Drivers License
(ADDRESS OF CONTRIBUTOR)

Olympia WA

SLB _____
(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

Description :

copy of DL of



b6
b7C

164-81-1A

DEPARTMENT OF MOTOR VEHICLES
DRIVER RECORDS

Date 4-26-77

The attached photostatic copy of the Washington State Driver's

License/Identification Card/Instruction Permit was issued

on 5-26-76

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

164-81-1A (597)

File No. 164-81 []

b6
b7C

Date Received 4/18/77

From S O EVERETT
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

EVERETT, WASH

[]

b6
b7C

(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt Given Yes No

Description :

(1) photo of []

b6
b7C

[]

235

6'

BAN - EYS

BAN. hja



b6

b7c

164-81-1A

597

DB Cooper-37924

File No. 164-811A JFF

Date Received 4/6/77

From

(NAME OF CONTRIBUTOR)

DMV

(ADDRESS OF CONTRIBUTOR)

Olympia, Wash.

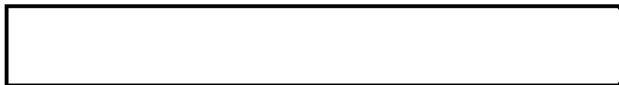
To Be Returned Yes No Receipt Given Yes No

Description: COPY OF
Drivers License

b6
b7C

b6
b7C

b6
b7C



b6

b7c

SE

164-81-14

598

DB Cooper-37927

599

164-81-1A

File No. 164-81 SWS J

Date Received 4/13/77

From WASH STATE DMV
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

OLYMPIA WASH

[Redacted] b6
[Redacted] b7C
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt Given Yes
 No

Description :

- COPY OF [Redacted] b6
b7C

[Redacted] WASH. STATE

BOOKS ETC.



169-8171A



b6
b7C

Narjah

(600)

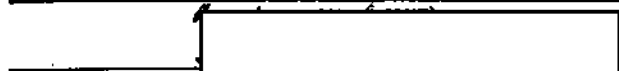
File No. 164-81-1A

Date Received 4/21/77

From PP
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Spokane, WA



b6
b7C

(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

Description:

Photo + printout for



b6
b7C

PUNT

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

NAME- [] [] : RACE-W: SEX-M: DOB- []

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

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

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

PURGED- MISC-REPORTS []

END OF RECORD

b6
b7c

b6

b7c

164-81-1#1

DB Cooper-37934

Sub 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	<input type="checkbox"/> Yes	Receipt Given	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No

Description:

*Copy of Sparks
separation form
from Air Force, DD 214*

see ser 7481

CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		SEPARATION	
1. LAST NAME - FIRST NAME - MIDDLE NAME WELLS RILEY GAIL		2. SERVICE NUMBER AF 14 432 637		3. GRADE - RATE - RANK AND DATE OF APPOINTMENT 1st Lt Jun 54	
4. DATE OF SEPARATION 10/27/54		5. PLACE AND DATE OF SEPARATION 1st Lt Jun 54		6. ELEMENT AND BRANCH OR CLASS 1st Lt from A	
7. TYPE OF SEPARATION Admin Sep		8. REASON AND AUTHORITY FOR SEPARATION AFR 91-10		9. PLACE OF SEPARATION Dayton-London AFB Tucson Ariz	
10. DATE OF BIRTH 1922 Clayton		11. PLACE OF BIRTH (City and State) Clayton		12. DESCRIPTION Male Race 5-11 Color Hair Brown Eyes Blue Height 72 1/2 Weight 165	
13. REGISTERED YES		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) 9141 Al Centro Imperial Co Calif		15. REG. TO NO	
16. EXISTED IN OR TRANSFERRED TO A RESERVE COMPONENT NO		17. COGNIZANT DISTRICT (If Area Command) Calif Ariz Denver Colo		18. CREDS - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE 1st Lt from A	
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE 12 Feb 52 Los Angeles Calif		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE Box 223 Calipatria Calif		21. STATEMENT OF SERVICE FOR PAY PURPOSES	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD 4 0 0		23. OTHER SERVICE (Act of 16 June 1947 as amended) COMPLETED FOR PAY PURPOSES 4 0 0		24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES 4 0 0	
25. RECOGNITIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATUROPOL GOV DL		26. MOST SIGNIFICANT DUTY ASSIGNMENT HQ 303rd CG (SAC)		27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None	
28. TRAINING COURSES, COURSES, COLLEGE TRAINING COURSES AND POST-GRAD. COURSES SUCCESSFULLY COMPLETED None		29. MAJOR COURSES N/A		30. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED None	
31. GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when dem. or within 31 days thereafter, or insurance will lapse. (B) Term insurance and other policies as (A) above. (C) Term insurance must be renewed within 30 days after separation. Forward premium on USGLI to Veterans Administration, Washington 25, D. C. (See VA Pamphlet B-3). When action premium file full name, address, Service Number, Policy Number(s), Branch of Service, date of separation, Central Postal Dir. (If applicable), and date of return to active service. (D) Government Life Insurance. None Intensity		32. MONTH ALLOTMENT DISCONTINUED N/A		33. MONTH NEXT PREMIUM DUE N/A	
34. TOTAL PAYMENT UPON SEPARATION N/A		35. TRAVEL OR BILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT N/A		36. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER N/A	
37. REMARKS (Continue on reverse) WTL Sec 6a App 2b MQZ 51 50 days lv paid for Blood Group "O-Neg" F3SD 12 Mar 42ACB TS-9 U-9 L-8 R-9 A/1C (P) DCR: 1 Jun 53 M.P. Service # 258 87 of Camp # 2, 1st Lt, 1st Lt		38. NAME, GRADE AND TITLE (Typed) USAF Separation Officer		39. CLAIM NUMBER N/A	
40. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None		41. DATE OF LAST CIVILIAN EMPLOYMENT 1950 TO 1952		42. MAIN CIVILIAN OCCUPATION Post Office Clerk	
43. UNITED STATES CITIZEN YES		44. MARITAL STATUS Married		45. NON-SERVICE EDUCATION (Years successfully completed) 8 4 2 None	
46. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State) Box 6023 Calipatria Calif		47. SIGNATURE OF PERSON BEING SEPARATED <i>Riley G. Wells</i>		48. MAJOR COURSE OR FIELD USAFI Cert	

ALL SERVICE EMPLOY TO CURRENT SERVICE (Include extension if needed)

b6
b7c

DD FORM 214 EDITION OF 1 JAN 50 IS OBSOLETE. INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

DB Cooper-37937

77

DOCUMENT NO. _____
RECORDED REQUEST OF _____
Alta California

1956 FEB 13 PM 4:47

BOOK 929 PAGE 501

OFFICIAL RECORDS
IMPERIAL COUNTY, CALIF.
EVALYN B. WESTERFIELD
COUNTY RECORDER

NO FEB INDEXED 20

I HEREBY CERTIFY THAT THIS IS A FULL TRUE AND CORRECT COPY OF THE DOCUMENT RECORDED IN THIS OFFICE, BOOK 929 PAGE 501 OFFICIAL RECORDS.

EVALYN B. WESTERFIELD, COUNTY RECORDER, COUNTY OF IMPERIAL.

DATE FEB 16 1956 BY _____ DEPUTY b6 b7c

164-81-1A (602)

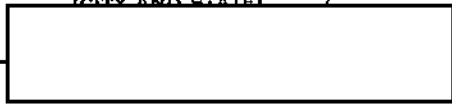
File No. NH 164-77-1A^v

Date Received _____

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

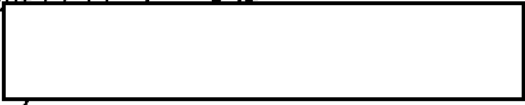
By SA 

b6
b7C

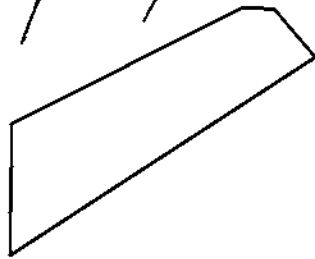
To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Handwritten specimen
of 

b6
b7C



see per 7483

SE 164-81-1A (602)
KEEP ATTACHED TO EXHIBIT



b6
b7c

164-81-1A (603)

File No. 164-77-1A-5

Date Received 6/10/76

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Sa

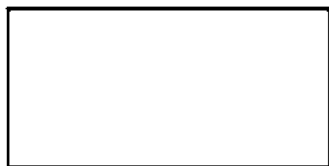


b6
b7C

To Be Returned Yes No Receipt Given Yes No

Description:

Postcard recieved by
Danbury R.A. 6/9/76



b6
b7C

see ser 7483

DB Cooper-37940

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

Charles Thomson

Patriot



U.S. Postage 7¢

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

~~AMERICAN CANCER SOCIETY~~
~~GIVE~~
~~STRIKE BACK AT CANCER~~



DB Cooper-37941

6/11/76

b6
b7c

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

[redacted] New Fairfield, CT b7C
may be the infamous D.B.Cooper. [redacted] matches the description, he has flown the 727 as a crewman and knows 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, [redacted] b6
[redacted] snowmobiles [redacted] b7C

Also he has had much expensive work done [redacted]
[redacted]. He has made some statements about the NW incident about the exact date the statute of limitations occurred 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 personel if you want more inf

DB Cooper-37942

Sub 902

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

Yes

Receipt Given

Yes

No

No

Description:

1 photo of RICHARD VINCENT CHATHAM

Re St. Louis airtel to Seattle,
5/9/77number 7497

DB Cooper-37943



COY • 17

DB Cooper-37944

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 No Receipt Given Yes No

Description:



*WF from
US Postal Service*

b7D

see ser 7527

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



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.

SIGNATURE OF PERSON FINGERPRINTED

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 THUMB 	7. LEFT INDEX 	8. LEFT MIDDLE 	9. LEFT RING 	10. LEFT LITTLE

DB Cooper-37949

164-81-10605

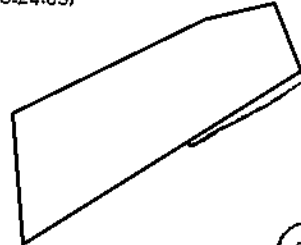
CF FILE 164-220

U. S. POSTAL SERVICE
CHIEF INSPECTOR'S DEPARTMENT
—
OFFICIAL BUSINESS

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



DB Cooper-37950



b6
b7C

File No. SEATTLE 164-81-1A ⁶⁰⁶

Date Received 2/23/77

From MINNAPOLIS
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

Description:

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

b6
b7C

b6
b7C

RECORDED 7548

173018004

[Redacted]

164-81-1A (606)

173018004

[Redacted]

164-81-1A (606)

b6
b7c

b6
b7C

File No.

164-81-7479

Date Received

5/17/77

From

(NAME OF CONTRIBUTOR)

b6
b7C

(ADDRESS OF CONTRIBUTOR)

SC

(NAME OF SPECIAL AGENT)

To Be Returned

Yes

Receipt Given

Yes

No

No

Description:

copy of Drivers License
of

b6
b7C

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

104-81-119
607

ENCLOSURE TO SEATTLE

SE 164-81-1A

608



b6
b7C

File No.

164-111

Date Received

6/8/77

From



b6
b7C



(ADDRESS OF CONTRIBUTOR)

SAN DIEGO, CALIF



To Be Returned

Yes

Receipt Given

Yes

No

No

Description:

FD 395 +
Interview Log.

REC'D 7563

b6
b7c

Person interviewed

[Redacted]

Place interviewed

US MARSHALLS' 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

N/A

Time statement ended

N/A

Time interviewee read statement

N/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 Signature]

Special Agent, FBI, SATX 6/8/77
SA, FBI, New Orleans, LA 6/8/77

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] advised of above
declined to read or waive rights.
stated he did not wish to be interviewed by FBI.*

b6
b7c

Witness [redacted] *Special Agent, FBI, SATX 6/8/77*

Witness [redacted] *A, FBI, San Antonio, Tex. 6/8/77.*

Time: 9:36 Am.

ENCLOSURE TO SEATTLE
SE 164-81-1A (609)



b6
b7C

File No. 164-111

Date Received 6/8/77

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)



b6
b7C

To Be Returned Yes No

Receipt Given Yes No

Description:

Agents Notes

see see 7563

9 ²³/₄

SE 164-81-1A (609)
KEEP ATTACHED TO EXHIBIT

[Redacted]

b6
b7C

W/M.

[Redacted]

6'2"

225

Lt. Brn.

Hazel eyes.

Mustache -

[Redacted]

b6
b7C

SAN Diego Calif.
Usual occupation -

[Redacted]

[Redacted]

Over 9 ⁴⁰/₄ - [Redacted] interview

164-81-1A (610)

[Redacted]

b6
b7C

File No. 164-81-7510

Date Received 6/27/77

From [Redacted]

DMV, Drivers Licenses
(ADDRESS OF CONTRIBUTOR)

b6
b7C

Olympic

SC [Redacted]

To Be Returned Yes No

Receipt Given Yes No

Description :

copy of DL of

[Redacted]

b6
b7C

REV. REV 7510 DB Cooper-37966



10-5-72

DEPARTMENT OF MOTOR VEHICLES
DRIVER RECORDS

Date 6-27-77

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. 164-80-1A4

Date Received 11-29-71

From

(ADDRESS OF CONTRIBUTOR)

K. C., Mo

b6

b7C

By

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

*Investigative
notes from*

b6

b7C

b7D

DB Cooper-37969

see per 7611

KEEP ATTACHED TO EXHIBIT
KC 164-80-1A7

DB Cooper-37970

164-81-1A (611)

DB Cooper-37971

164 81-1A

(b12)

File No. 164-80-1A8

Date Received 12/27/71

From [Redacted]

b6
b7C

(ADDRESS OF CONTRIBUTOR)

KS

By [Redacted]

(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

letters from

SUSPECT:

[Redacted]

b6
b7C

(Handwriting specimens)

See Ser 761) DB Cooper-37974

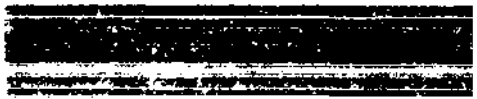
KEEP ATTACHED TO EXHIBIT

KC

164-80-1A8

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)

164-80-101

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;

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
X Deleted Page(s) X
X No Duplication Fee X
X For this Page X
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

(Title) _____

(File No.) _____

Item	Date Filed	Disposition
603	7/25/77	da state Sen letter dtd 7/6/77
604	7/25/77	USPO, Phoenix letter dtd 5/25/77
605	8/18/77	Photos of [redacted]
606	8/18/77	Utah Armer license photo of Herrera (Sub 882)
607	8/18/77	Photos of [redacted] knife [redacted]
618	7/20/77	3 copies of military service records for [redacted]
619	7/27/77	Photos of [redacted]
620	10/11/77	Photos of [redacted]
621	10/20/77	Invest notes re interview [redacted]
622	10/20/77	copy of let of [redacted] to [redacted] dated 7/10/77
623	11/11/77	Photos of [redacted]
624	11/21/77	Antennium notes w/ [redacted]
625	11/21/77	Photo of [redacted]
626	11/29/77	Waiver of rights & interview log for Vernice A. Holbbe
627	11/29/77	Advice of rights & interview log for [redacted]
628	12/21/77	Interview notes re: [redacted]
629	1/16/78	Photos & Neg of Donald Ernie Tunnell
630	1/16/78	Interview log for [redacted]

b6
b7C

b6
b7C

b6
b7C

b6
b7C

DB Cooper-37993

164-81-1A

SEARCHED.....
SERIALIZED
JUL 25 1977
FBI- [redacted]

164-81-1A (613)

File No. 164-80-1A (6)

Date Received 3/24/76

From

(NAME OF CONTRIBUTOR)

FRC

b6

b7C

(ADDRESS OF CONTRIBUTOR)

Roma

SCB,

To Be Returned Yes Receipt Given Yes

No

No

Description:

La State Pen. Letter dated 4/6/72

see ser 7611

LOUISIANA STATE PENITENTIARY

UNIT OF THE DEPARTMENT OF CORRECTIONS

Angola, Louisiana 70712

LOUIS M. SOWERS
Director of Corrections

C. MURRAY HENDERSON
Warden



JOHN J. McKEITHEN

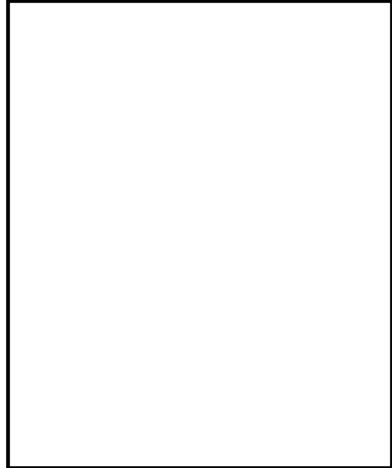
Governor
April 6, 1972

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

10-24-72
b6
b7C

NO RECORDED

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.

b6
b7C

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,

[redacted signature]

by: [redacted]

b6
b7C

164-81-1A (613)

GL-3A

WCC/ag-w

Clas Mut
End Apr 19, 1972

SEARCHED INDEXED
SERIALIZED FILED
MAR 26 1972
FBI - KANSAS CITY

164-81-~~76~~^{LA} (614)

File No. 164-80-1A1 (5)

Date Received 3/6/76

From [Redacted]

FRC

(ADDRESS OF CONTRIBUTOR)

KEM

b6
b7C

[Redacted]

To Be Returned Yes No Receipt Given Yes No

Description:

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

RECEIVED 7611

KEEP ATTACHED TO EXHIBIT

XC 169-PO-1A1(5)

U.S. PROBATION OFFICE
6443 U. S. COURTHOUSE
PHOENIX, ARIZONA 85025

Phoenix

25 May 1971

[Redacted]

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

*par
MAY 23, 1971*

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 26 1971	
FBI - KANSAS CITY	

RE: [Redacted]
Remand # [Redacted]
Report of violation

On [Redacted] was given authority to relocate from Long Beach, California to Heber, 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
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b6
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b6
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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]

b6
b7C

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

On [redacted] advised she had seen [redacted]

b6
b7C

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.

b6
b7C

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

b6
b7C

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

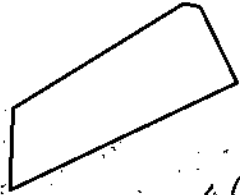
[redacted]
U. S. Probation Officer

b6
b7C

TSY:mb

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

DB Cooper-37998




File No. 164-81-7559 ^{1A} ^(6/15)

Date Recd. 2/5/77

From: 

DMV Drivers License
(ADDRESS OF CONTRIBUTOR)

Doyle, W.A.

SCD 

To Be Returned Yes No Receipt Given Yes No

Description:
copy of Drivers License
Doyle, W.A.



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. 164-24 sub n 23

Date Received 2/8/77

From Licence Dept.
(NAME OF CONTRIBUTOR)

Drivers License
(ADDRESS OF CONTRIBUTOR)

Section SLC

[Redacted Box]

To Be Returned Yes Receipt Given Yes
 No No

Description:
*Utah driver license
photo of Michael
E. Hurren.*

(with Lu letter to Seattle 8/1/77)

see ser 7621

b6
b7C

UTAH OPERATOR'S LICENSE NO.

MICHAEL C. HERRON

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

A314124

Expires on Birthday

1980

2-26-76

DATE OF BIRTH

8-26-49

SEX

M

WEIGHT

160

lbs

EYES

BROWN

MOTORCYCLE
LICENSE

0

YES

DB Cooper-38003

Michael C. Herron

529-74-5319

COMMISSIONER OF PUBLIC SAFETY

(801)-723-2951 Mountain View

File No. 1164-81-1A ⁽⁶¹⁷⁾

Date Received 8/4/77

From Las Vegas
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

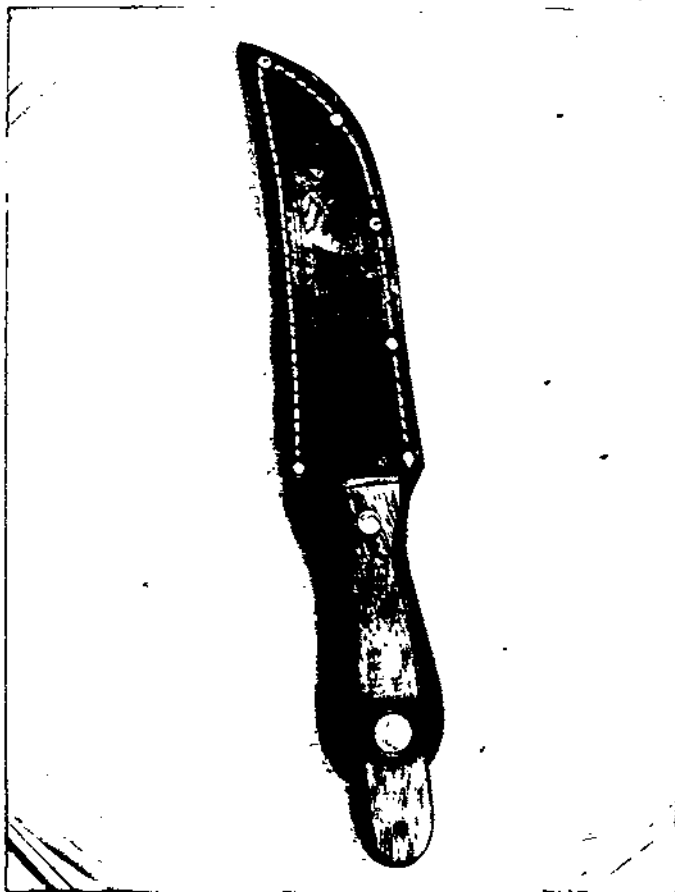
To Be Returned Yes No Receipt Given Yes No

Description:

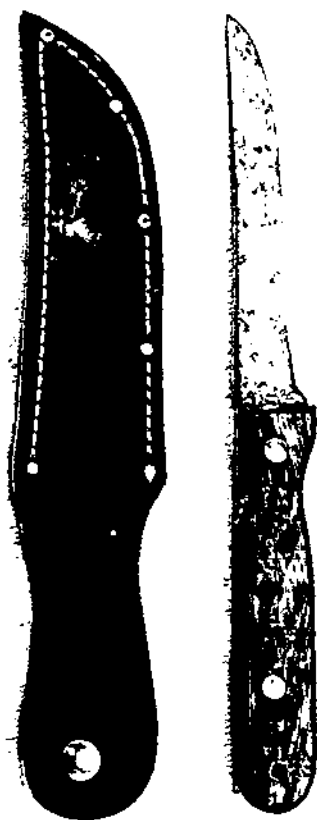
Photos of [redacted] ana
[redacted]
photos of [redacted]
knife

see ser 7638

b6
b7c



DB Cooper-38005



DB Cooper-38006

[Redacted]

b6
b7C

File 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 Yes
 No

Receipt given Yes
 No

Description:

Three copies of
military pay vouchers
for [Redacted]

b6
b7C

[Redacted]

see ser 7667

[Redacted]

b6
b7C

SE 164-81-1A (619)

File No. 164-72

Date Received 9/14/77

From [Redacted]

b6
b7C

(NAME OF CONTRIBUTOR)
FBIHQ

(ADDRESS OF CONTRIBUTOR)

WDC

(CITY AND STATE)

[Redacted]

(NAME OF SPECIAL AGENT)

To Be Returned Yes

Receipt Given Yes

No

No

Description:

photos of [Redacted]

b6
b7C

[Redacted]

Re Alexandria airtel to the Bureau, 9/15/77.

see ser. 7671

File No. 164-81-1A (620)

b6
b7C

Date Received 10/4/77

From Miami
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned Yes No
Receipt Given Yes No

b6
b7C

Description:
[Redacted] PHOTO OF [Redacted]
[Redacted]

See Ser. 7678

164-81-1A (620)



164-81-1A (620)



b6
b7C

DB Cooper-38016

SE 164-81-1A (621)

File No.

LT. 164-26-1A (85)

Date Received

8-27-77

From

SA [redacted]

[redacted]

(OR)

b6

b7C

(ADDRESS OF CONTRIBUTOR)

SA [redacted]

[redacted]

To Be Returned

Yes

Receipt Given

Yes

No

No

Description:

Investigation notes re
interviews [redacted]
at [redacted] dat. on 8/27/77.

b6

b7C

see ser. 7685

[redacted]

b6

b7C

164-81-1A (62K)

[Redacted]

b6
b7C

164-26
9-27-77

[Redacted]

begin 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
obtained by the FBI.

[Redacted]

b6
b7C

several months [Redacted]
was in contact with him
- I was in Toledo, Ohio - (May 1967)
1977 & 3/78 - 4/1/77 + 2/14-15/77
Jan 3-5, 1977.

United Products
Std. order
Shannon order

[Redacted]

left the us

b6
b7C

[Redacted]

he led me astray and
referred that NWA - he
had appr of Mr. Neystrop
& NW advisors to cooperate
with him
next day.

2

He asked a number questions
~~to~~ - they were not in detail
& I was guarded.

all the knowledge I had
was furnished the FBI

Cooperating - he told me he had talked to crew & they were
[redacted] no way conducted

b6
b7C

asked me if I would interested
in being a technical adviser. -
would not do so without
FBI or NWA Authority

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

Have had no contact since
from [redacted]

b6
b7C

SE 164-81-A (622)

File No. 164-26 1a(36)

Date Received 10/13/77

From (NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

SA (NAME OF SPECIAL AGENT)

To Be Returned. Yes No Receipt Given Yes No

Description:

One copy of letter of [redacted] to [redacted] dated 7/10/77

see ser 7685 [redacted]

b6
b7C

b6
b7C

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.

Sincerely,
[Redacted]

b6
b7C

[Redacted] MT
[Redacted]

1A (623)

File No. 164-81 [redacted]

b6
b7C

Date Received _____

From MC NEIL T S PHN
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

TACOMA WASH
(CITY AND STATE)

[redacted]
(AGENT)

b6
b7C

To Be Returned Yes No Receipt Given Yes No

Description:

PHOTOGRAPHS OF [redacted]
[redacted]

b6
b7C

see ser. 7701

164-81-1A (624)

File No. 164-91

Date Received 10-31-77

From [Redacted]
(NAME OF CONTRIBUTOR)

[Redacted]
(ADDRESS OF CONTRIBUTOR)

Deerfield, Ca
(STATE)

[Redacted]
(SPECIAL AGENT)

To Be Returned Yes No
Receipt Given Yes No

Description:

Agents orig
notes re interview
with [Redacted]

[Redacted]

[Redacted]

all ser 7715

b6
b7C

b6
b7C

b6
b7C

10-31-77

[Redacted]

[Redacted]

H- [Redacted]

1906 FGS Bd

[Redacted]

cont'd

(pass)

John Mc Miller (PA)

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on mind couple yrs

Jim Suttler - work for

Essex Intl Automotive Parts Div

G233 Concord Ave Detroit Mich

division of united technology

He visits Mex. - Se. Co. later

over in Lt

+ see them 2 yrs ago. work only

home.

He has work, 6 or 7

He has - in since I know him

at m for 4-5 times.

Essex has Co. (Hoe) in LA.

777 Mission, LA. - (I helped out
it w/)

[Redacted]

b6
b7C

from car got. John's wife had

him. If get for other ask for

enter parts [unclear]

I 1st met her start of Essex
etc

1972 - on 1st 73. Had recently

b6
b7C

dir - / -

[Redacted]

[Redacted]

He laid off at that time. If he
telling why I not recall. He is it was a
surprise him.

②

in view 2 - Oct (view)

in dot down over line - not flat

over view. Bailed out. Pass.

directly expect logs. Red the flat
Oct (pass 44).



b6
b7C

Dear
He and the



b6
b7C



either red and

view of history or pass part of it

Logan (view) jobs

b6
b7C



process should have been

of the court figures with
money that would have been but

at approx \$700 - \$300 ^{plus = approx} _{\$15,000}

As still pending, they pending.

type - was if he had a baby

\$ he did not spend it. Suggested activities

eg - metal detector - carry in car,

Sup:

① his Se. car

② resemble at court

③ Had heiled out (time of you
considered)

He had had insect - red hotel bills
out of Se. / dr.

Do not have bank.

From see if cash \$.

John is smart.
He has ^{better} money than most.

Steve is:

Similar haircut - John
but not quite as big as most.

Both of us to get a very
similar

I still had to - possible

Michigan -

Had lot of money - you could see in his
approach to work.

File No. 164-81-1A (625)

Date Received 11/3/27

From b6
b7C

DMV - Licenses
(ADDRESS OF CONTRIBUTOR)

Olympia WA

Sub

To Be Returned Yes No Receipt Given Yes No

Description :

copy of photo

b6
b7C

b6
b7C

sub 788

164-81-1A (626)

12

File No. ~~164-136-1A~~

Date Received 10/19/76

From Vernice Hoffke
(NAME OF CONTRIBUTOR)

1407 University
(ADDRESS OF CONTRIBUTOR)

Rockville La

[Redacted Box]

b6
b7C

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.

Signed Dorrence A Hoffke

Witness: S.A.

FBI, Lafayette La 10/19/76

Witness: _____

Time: 11:05 AM

b6
b7c

Inter of Verence about Hoffke

By [redacted]

at Lafayette, La.

on 10-19-76

[redacted]

10:01 AM

Identify agents & nature inter,

11:09 AM

rights by [redacted] & furnished

Form - [redacted] understood signed

11:05 AM

inter commenced

11:46 AM

inter. Terminated

[redacted]

b6
b7C

b6
b7C



b6
b7C

164-81-1A (627)
164-136-1A¹⁰

File No. _____

Date Received 9-28-73

From _____
(NAME OF CONTRIBUTOR)

b6
b7C

(ADDRESS OF CONTRIBUTOR)

THE RIOT, L.A.
(CITY AND STATE)

By _____
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

ADVICE OF RIGHTS & INTERVIEW
LOG OF _____

b6
b7C

VOLUNTARY APPEARANCE; ADVICE OF RIGHTS

YOUR 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, 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 of the FBI. I have (read) (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

b6
b7C

Signed

SE 164-81-1A (627)
KEEP ATTACHED TO EXHIBIT

10:28 AM 9-28-73 NEW ORLEANS, LA.
(time) (date) (place)

Witness

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

Witness

Special Agent, FBI, 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: [REDACTED] SA, FBI, New Orleans, La. 9-28-73. b6
[REDACTED] SA F.B.I., New Orleans, La., 9/28/73 b7C

Search 164-81-A (628)

File No. ~~164-181-1A4~~

Date Received 11/2/72

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)
[Redacted]

b6
b7C

To Be Returned Yes No
Receipt Given Yes No

Description:
Notes on notes re

[Redacted]

b6
b7C

all [Redacted]
164-81-7733

b6
b7C

11/17/77

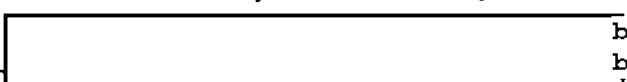


LAUREL, MS.

No current photo

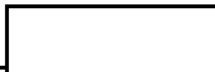
Viewed composites not similar to anyone known to her.

Definitely not



Viewed photos of [redacted] & positively ident them

Cannot recall when she last saw



[redacted] - was in summertime - possibly

4 - 5 ^{or 6} yrs ago -



in

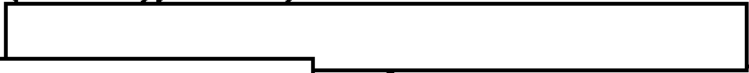
hour - lost & returned MM. Fla.

Both phone & write,



was in ALABAMA - was in

M.P.s - was



working in South America for
B.M. Oil Co -

SUB 72

164-81-1A (629)

File No. 164-34-1A5

Date Received 12-22-71

From Donald Turner
(NAME OF CONTRIBUTOR)

1958 Cottage Court
(ADDRESS OF CONTRIBUTOR)

Mobile, Ala.

[Redacted Box]
(NAME OF SPECIAL AGENT)

b6
b7C

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Photograph of
Donald Turner

Lead to NO + Seattle

W/AT 12/22/71



DB Cooper-38045



DB Cooper-38046



19

70

b6
b7C

DB Cooper-38047



DB Cooper-38048

NAME Donald Turner

ALIAS _____

FILE # 164-34-1A^S

SEX _____ RACE _____

AGE _____ DOB _____

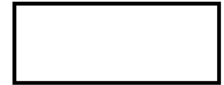
WEIGHT _____ HEIGHT _____

HAIR _____ EYES _____

SCARS & MARKS _____

164-81-1A(629)

DB Cooper-38049



b6
b7C

164-81-A (630)

File No. ~~164-34-7A~~ ¹¹

Date Received 6/27/77

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)



b6
b7C

To Be Returned Yes

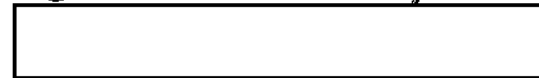
Receipt Given Yes

No

No

Description:

Interview log for



b6
b7C

Selma, Ala.
6/27/77

Interview Log

Person interviewed: [redacted]

b6
b7C

Interviewed by: SA's [redacted]

and [redacted]

Interviewed at: [redacted]

[redacted] advised of rights and provisions of
Fraud Against Government statute 10:15 AM

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

Signed form 10:20 AM

Interview began: 10:21 AM

Interview ended: 11:28 AM

Requests made during interview: None

[redacted]

SA, FBI, Montgomery, Ala. 6/27/77
SA FBI, " " " " 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 [redacted] b6 b7C
632	1/16/78	Copy of notes " " " " " " " " " " " "
633	1/27	Photo of [redacted] then 12/77 [redacted]
634	2/2/78	Waiver of rights [redacted] see [redacted]
635	2/2/78	Interview log " " " " " " " " " "
636	2/6/78	Photo of Richard F. Scherandt, see sub-700
637	2/2/78	Copy of mastercard " " " " " " " " " "
638	2/2/78	Advice of rights - [redacted] see 2nd vol sub-8 b6 b7C
639	2/6/78	Interview log - " " " " " " " " " "
640	2/6/78	Photo of [redacted]
641	2/6/78	Photo of [redacted]
642	3/2/78	Photo of [redacted] then 5/77 [redacted]
643	3/23/78	Advice of rights - Alvin Carter Hartley - sub 437
644	"	" " " " " " " " " "
645	"	Interview log " " " " " " " " " "
646	"	Copy of birth certificate # 6691 Jerry Arthur Cooper - sub 781
647	"	Photo of [redacted] - sub 2. b6 b7C
648	4/3/78	Advice of rights; interview log [redacted]

164-81-1A DB Cooper-38052
 SEARCHED _____
 SERIALIZED _____
 16
 FBI - SEATTLE
 [redacted] b6 b7C

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Selma Ala.
Date 6/27/77
Time 10:14 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 λ

b6
b7c

Witness:

SA, FBI, Montgomery, Ala. 6/27/77

Witness:

SA FBI, Montgomery, Ala. 6/27/77

Time: 10:20 Am

SE 164-81, 1A (631)
KEEP ATTACHED TO EXHIBIT



b6
b7C

164-81-A (632)

File No. ~~164-39-1A¹³~~

Date Received 6/27/77

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)



b6
b7C

To Be Returned Yes

Receipt Given Yes

No

No

Description:

Investigator notes

302

[Redacted]

at

[Redacted]

b6
b7C

6/27/77

dictated 6/29/77

[Redacted]

b6
b7C

6/27/77

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

Montreal olympian - stayed at
Holiday Inn - downtown
Montreal
residing in

[Redacted]

b6
b7C

1st part of June 1976

I went with

[Redacted]

b6
b7C

outside fairground - 1677 years
all soliciting

made arrangements to meet
- her that night
- she wanted to be taken out to person
guy from state who brought
land

Burn wood color
4500 ft.
all been

Took out to farm - 6-7 other
gilt.

the said man had haystack
plow jumped out over fence

2 hours
no milk
ammun
revert (5)
cars in
front of
house.

anxiety
beams before
to
pushed beam.

have paved road
off to right

left road on Hwy 25
going north Hwy 25 goes
(5 mile) under 640 - stayed on
25 until it corner
7-8 mile across 341. Took
left on 341 - went 2-3

2-3
rather sign

mile on 341 -
go turned right

on paved road -
had sign OAK ^{pass} E. RD

(it was dark)

farmhouse - 1/2 mile
down road on left hand
side - only one down
road.

barn & house -

white frame house -

big house 10 room house

barn

she went back to get Driffle boy
ready to ~~go~~^{go} back to
school

resembled guy

all together

3-4 girls

others there

who house

[redacted]

b6

b7c

[redacted]

introduced himself

ask what

[redacted]

is mentioned

tried to talk girl out of house

the real man was together

hours
of ~~practicing~~

that

want me then in guy

find she said he had bought it
then a " he wanted it

gial ^{and} it was Cooper

WOM

lets 30"

5'9" 5'10"

165-170

Dark hair black -
shoulder length

panted in front - neat

- go tee - shaved all around
it

mustache went in to volume

- Northern accent

meaning, jeans shirt

leis tepps jeans

had wing tepped shoes

had military ^{tepps} boots

big fur military & reg. items

~~jeans tepps~~

dark complexion

features of face had looking

dark feet

well built

with that

- spoke very intelligently

- had pipe in pocket

either Italian or Indian complexion

had
goldfurned - had been used

her for quite while -

who
could have passed for middle 40's

used word unanimity several times
very intelligent

no profane language

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

WF

age 16

95 - 100

very athletic

5'4"

eyes: Blue



b6
b7c

at time

Cooper on TV and news -
can't remember



b6
b7C

File No. 164-81-1A (B33)

Date Received 1/11/78

From [Redacted]
(NAME OF CONTRIBUTOR)

b6
b7C

DMV - Driver's License
(ADDRESS OF CONTRIBUTOR)

Olympia WA

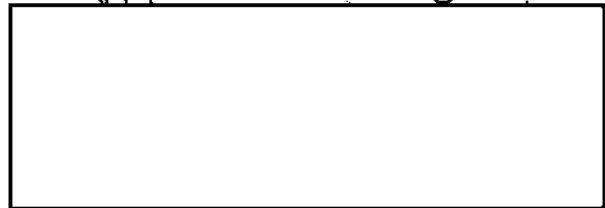
[Signature]
(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt Given Yes No

Description :

copy of DL of



b6
b7C

tkn 2/17/78



164-81-UA(634) 5

b6
b7c

File No. 164-191-1A

Date Received 2-16-72

From

ADDRESS OF CONTRIBUTOR

Bernard M. Mushy

By

b6
b7c

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

women of Rights

3-1-72-a

KEEP ATTACHED TO EXHIBIT

DL #

164-191-1A

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.

[Redacted Signature]

Signed declined to sign b6 b7C

Witness [Redacted]

SA FBZ Dallas answer questions freely + voluntarily.

Witness [Redacted]

Time: 3:28 pm

[Redacted]

SA FBZ Dallas 2/16/72 [Redacted]

[Redacted]

b6
b7c

164-81-1A (635)

File No. ~~164-191-1A~~

Date Received 2-16-72

From [Redacted]

(ADDRESS OF CONTRIBUTOR)

Birmingham, Neb

b6
b7c

By [Redacted]

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Interview log

31-722

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 forms.

3:30 pm Interview began

3:50 pm interview ended

Record of requests: none

[redacted]
SA/ FBI

b6
b7C

Dallas, Texas 2/16/72

sub 700

164-81-1A (636)

File No. *164-191-1A* //

Date Received *2-28-74*

From *Dallas SO*
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

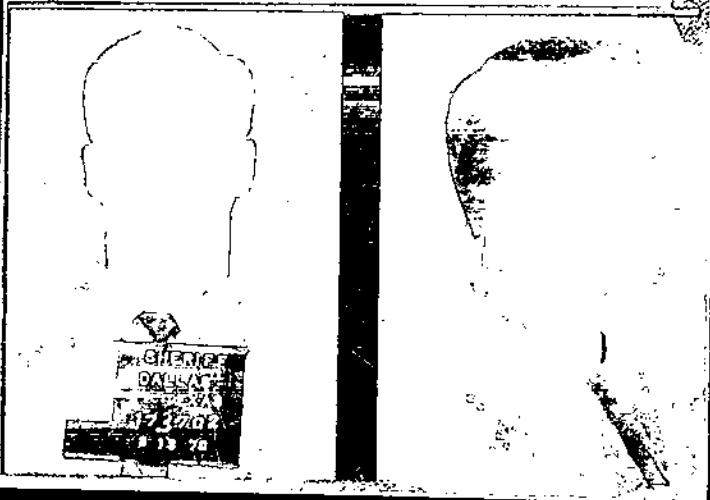
By *SC*

b6
b7c

To Be Returned Yes No

Receipt given Yes No

Description: *photo of Richard Frank Schwartz*



DB Cooper-38070

Richard Frank Schwandt

164-192-1A¹¹ DB Cooper-38071

Sub 700

169-81-637

File No. *164-191-1A¹⁰*

Date Received *2/22/74*

From b6
b7C

(NAME OF CONTRIBUTOR)

Irving PD

(ADDRESS OR CONTRIBUTOR)

Tramac Tex

By

To Be Returned Yes No

Receipt given Yes 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 FWC SENTENCE 2 years
COURT No. 195th Judicial District DOCKET No. C71-2907-KW
DATE OF PROBATION 3-10-72 PROBATION CASE No. 7-72-532
PROBATION OFFICER b6
b7C
FBI No. _____ DPS No. 1,486,738 SO No. 173702 DPD No. NV (Prob 12084)

REMARKS

Form 69-94

POLICE DEPARTMENT - DALLAS, TEXAS

17439

*Below Blue line
Disregard*

ATTEST:
TOM E. ELLIS, County Clerk

By: Deputy

Pd. Rec. #3036

~~4-14-72 \$53.00~~

DSO 209 520

DPD

DPS

FBI

681 111 C

DB Cooper-38073

b6
b7C

WILSON E. SPEIR
Director

THE STATE OF TEXAS
DEPARTMENT OF PUBLIC SAFETY
AUSTIN

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

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	PAID FINE IN JAIL OFFICE 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

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 Rocheester, Minn.

Employer Plans to attend school Address: _____ Phone: _____

Marital Status: S _____ M _____ W _____ O X Sep. _____ Health: 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 _____ 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 _____

Employer: ESTATE or Mother _____ b6
b7C

Father-in-law _____ Address _____

Mother-in-law _____ Address _____

Siblings _____ Address _____ (no # and add unknown) b6
b7C

Classed by: _____
Searched by: _____
Filed by: _____

LEAVE THIS SPACE BLANK

CLASS 17/S 9 U IOM 15
L.2 U 00I 17 b6

REF. I 00 b7C

178915 P. 1522 12 19 P I 17

NAME SCHWANDT 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 BLUE HAIR BLOND COMP. _____
RES. 1912 WINSTON, IRVING, TEXAS OCC. SALESMAN - Sky Diver ARR. NO. 450004
7-18-69 618 N. Rogers, Irving
PLACE OF BIRTH ROCHESTER, MINN DATE OF BIRTH 8-3-44

DATE 10-11-68 CHG. DRUNK & DISORDERLY ARR. BY _____ DSO _____

[Handwritten Signature]
Signature



b6
b7C

SCARS, MARKS AND TATTOOS: TATT: USA L/SHOULDER

SOC. SEC. NO. UNKNOWN ADMITS DRAFT REGIS. NO. PREVIOUS ARRESTS HOW RELEASED
DATE INSTITUTION OR TOWN CHARGE

FATHER: WILLARD SCHANDT (DEC)

ADD: FAI

MOTHER: DEC

ADD:

HUS. OR WIFE: [REDACTED]

ADD:

CHILDREN: [REDACTED]

ADD:

7-13-70

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~~
(Sky Diver)
US ELEC SUPPLY

ADD: *At Residence*
DALLAS

ORGANIZATIONS, LODGES, OR UNIONS:

Info OK 7-18-69

b6
b7C

b6
b7C

Q

164-81-A (638)

File No. ~~164-191-1A7~~

Date Received 4-4-72

From [Redacted Box]

b6
b7C

(ADDRESS OF CONTRIBUTOR)

Richardson, JF

(CITY AND ST)

By JG Morgan [Redacted Box]

(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt given Yes No

Description:

Advice of rights form

see sub Q
2nd Vol.
4-10-72a 4/4/72 10307
L. Ballin

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 1:08pm

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: Larry D Morgan SA, FBI, Dallas, Tex 4/4/72

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

Time: 1:10pm

Q

164-81-A (639)

File No. 164-191-1A⁸

Date Received 4-4-72

From [Redacted]

b6
b7C

(ADDRESS OF CONTRIBUTOR)

Richardson, J. J.

(CITY AND STATE)

By J. J. Morgan (NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt given Yes No

Description:

Interview log

see sub A
2nd Vol
4-10-72 4/4/72 FD 302 2 Pages

Interview log

Person interviewed: [redacted] b6 b7C

Interviewing Agents: Harry J Morgan and [redacted]

Date 4-4-72

place [redacted] 24 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.

1:14 pm signed waiver

Interview began 1:14 pm

1:38 pm interview ended

Record of requests: none

Harry J Morgan
SA, FBI & Dallas Sec
4-18-72

164-81-A (640)

File No. ~~164-191-1A~~¹²

Date Received 3/7/75

From [Redacted] b6 b7C

(NAME OF CONTRIBUTOR)

BRANIFF AIRWAYS

(ADDRESS OF CONTRIBUTOR)

DALLAS, TEX.

[Redacted]

(NAME OF SPECIAL AGENT)

To Be Returned Yes No Receipt Given Yes No

Description:

2 Photos of

[Redacted]

b6 b7C

sent SE 2-13-75 [Redacted]

b6 b7C

~~1621-8K-1A¹²~~

b6

b7C

1621-8K-1A (640)

DB Cooper-38086

164-81-1A (641)

File No.

~~164-191-1A~~⁴

Date Received

~~12/1/71~~ 12/27/71

From

[Redacted]

(NAME OF CONTRIBUTOR)
Federal Records Center

(ADDRESS OF CONTRIBUTOR)
Fort Worth, Texas

(CITY AND STATE)

By

IC

[Redacted]

(NAME OF SPECIAL AGENT)

To Be Returned Yes

No

Receipt given Yes

No

Description:

Photo of

[Redacted]

12/27/71

[Redacted]

[Redacted]

W M

[Redacted]

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

[Redacted]

104 81-VA (641)

~~104-191-1A⁴~~



b6
b7C

Field File No.

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

Date Received 2/15/78

From

b6
b7C

(NAME OF CONTRIBUTOR)

DMV

(ADDRESS OF CONTRIBUTOR)

By Olemissa, Wash.

To Be Returned Yes No

Receipt Given Yes No

Description:

Drivers License Photo;

b6
b7C

then 5/77

Sub 437

SE 164-81 (643)

File No. ~~164-98-1A-11~~

Date Received 4/24/73

From Alvin Curtis Haultey
(NAME OF CONTRIBUTOR)

Dave Henderson
(ADDRESS OF CONTRIBUTOR)

Pennington, Colo
(CITY AND STATE)

By Reagan
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

address of receipt form
on Alvin Curtis Haultey

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

164-81-1A (643)

Place Kenai, 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 Stephen Brown J. Special Agent, FBI, Glenwood Springs, Colo 4/24/73

Witness: _____

Time: 3:06 PM

Waltley read the above form, advised he was fully aware of his rights and declared to sign the form advising he was willing to talk about aircraft registration.

Sub 437

SE 164-81-1A (644)

File No. ~~164-98-1A~~ (12)

Date Received 7/11/73

From FBI
(NAME OF CONTRIBUTOR)

Box 4 Bank of Glenwood
(ADDRESS OF CONTRIBUTOR)

Glenwood Springs
(CITY AND STATE)

By [Signature]
(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt given Yes No

Description:

1. advice of right
form for Glenn
Curtis Hartley

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

164-81-1A (644)

Place Wenwood 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 Grossing, ^{FBI} Wenwood Springs 8/20/73

Witness: _____

Time: 7:42 AM

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

sub 437

SE 164-81-A (645)

File No. 164-971A (2)

Date Received 7/11/73

From FBI - Birmingham
(NAME OF CONTRIBUTOR)

Rm of Prof Glenard
(ADDRESS OF CONTRIBUTOR)

Glenard Springs AL
(CITY AND STATE)

By Birmingham
(NAME OF SPECIAL AGENT)

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Interview log of
Alvin Curtis Hartsley

Interview by

7/11/73

Subject Alvin Curtis Haulty

Place Glenwood Springs, Colo

Date 7/11/73

Interviewing agent SA Clifton Brumby, JR

Interview commenced 7:38 AM

Furnished Waiver of Rights 7:38 AM

Subject advised he understood rights

and refused to sign 7:42 AM

Interview terminated re Requesting 8:22 AM

Maggi case prints obtained at 8:22 AM

Glenwood Springs P.D. 9:11 AM

164-81-1A (645)

781

SE 164-81-1A (646)

File No. ~~164-74-1A5~~

Date Received 3/17/76

From [Redacted] b6 b7C

~~BWS~~
(ADDRESS OF CONTRIBUTOR)
RK

[Redacted]

To Be Returned Yes No Receipt Given Yes No

Description:
Copy of Birth Certificate # 6691

Department of Commerce
Bureau of the Census

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

Registered No. **6691**
62

1. PLACE OF BIRTH
(a) County Wellington Registration District No. 20
(b) Magisterial District _____
(c) City or town _____
(d) Name of hospital or institution Wellington Hospital
(e) Is place of birth within corporate limits? _____

2. USUAL RESIDENCE OF MOTHER
(a) State Virginia 0290
(b) County Stafford
(c) City or town Wellington
(d) Street no. _____
(e) Is place of residence within corporate limits? Yes

3. Full name of child Jerry Arthur Cooper If child is not yet named, leave blank.
4. Sex Boy Write word
5. Twin or Triplet _____ If so, born 1st, 2nd, or 3rd 1
6. Months of pregnancy _____
7. Is mother married to father of child? Yes
8. Date of birth Feb 4 1945
Month by name, Day, Year

FATHER OF CHILD
9. Full name _____
10. Color or _____
11. Birthplace _____
12. Usual occupation _____
13. Industry _____

21. Children born to this mother: 0
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. I hereby certify that I attended the birth of this child who was born alive at the hour of 3:35 pm on the date above stated and that the information given was furnished _____ Mother

24. Were eyedrops used? Yes
Attendant's own signature _____
Physician, Midwife, or other _____
Date signed 2/7/45
Address _____
Business signature _____
When signed by mark _____

25. Date rec. by reg. FEB 14 1945

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

ENCLOSURE TO SEATTLE FROM BUFFALO

Sub J.

SE 164-81-A (647)

File No. *164-46*

Date Received *2/15/78*

From [Redacted] b6 b7C

(NAME OF CONTRIBUTOR)

[Redacted]

(ADDRESS OF CONTRIBUTOR)

Cuba, NY

(STATE)

[Redacted]

(NAME OF SPECIAL AGENT)

To Be Returned Yes Receipt Given Yes

No No

Description: *photo of* [Redacted]

b6 b7C

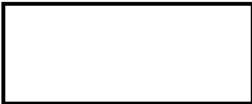
By Buffalo letter dated 3/6/78.

see ser. 7810

b6
b7c

164-81-1A (647)

DB Cooper-38102



b6
b7C

164-81-1A (648)

File No. 164-98-1A (6)

Date Received 7/19/73

From FBI
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

b6
b7C

To Be Returned Yes No

Receipt given Yes No

Description:
advice of rights &
interview log

Interview log of
[redacted] at
Lamas, Colo, on 7/19/73

b6
b7C

10:40 A - [redacted] advised of identity of
SA [redacted] and advised of
rights per FD-395, which was
stated by [redacted] to be understood
and at [redacted]

b6
b7C

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

at 11:12 A - Interview ended

[redacted]

Sp. Agent

b6
b7C

Dennis DeW

164-81-A (648)
REF 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:

*(Robert H.) Special Agent
FBI Denver*

Time: 10:46 AM

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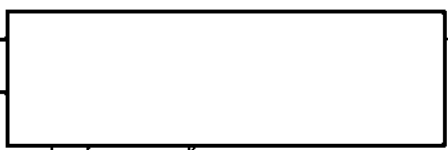
File - Serial Charge Out
FD-5 (Rev. 6-17-70)

File 164 81 _____ Date _____
 Class. Case No. Last Serial

Pending Closed

Serial No. _____ Description of Serial _____ Date Charged _____

1A659 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

Location

(Title) _____

(File No.) _____

Date Filed			Disposition
649	11/6/78	Witness of rights [redacted]	see [redacted]
650	"	Notes interview log [redacted]	see [redacted]
651	"	Photos of Robert Wesley Rockatans	see sub 933
652	"	" " " " " " " "	" " " " " " " "
653	"	" " " " " " " "	" " " " " " " "
654	11/18/78	Photos of Robert Rockatans	see sub 933
655	"	Invest notes [redacted]	see [redacted]
656	5/3/78	Neg of black and white photo of truck w/ glasses	
657	5/17/78	Photos of [redacted]	Sub J
658	6/9/78	Photos of [redacted]	
659	6/16/78	78 photos of latent print + one latent impression	Sub H, I, J
660	6/23/78	Photos of Coffelt	Sub 253
661	6/23/78	Copy of Wash. Drivers license	[redacted]
662	8/31/78	Calif. Radio Drivers License of [redacted]	[redacted]
663	10/13/78	Photo of [redacted]	[redacted]
664	11/11/78	Photo of [redacted]	[redacted]
665	1/9/79	Copy of Boeing Aircraft Corp. doc. call BAC 27DA-152	

b6
b7C
b7D
b6
b7C
b7D
b6
b7C

64-812-4

SEARCHED	INDEXED
SERIALIZED	FILED

APR 10 1978

FBI - SALT LAKE

(Title) _____

(File No.) _____

Item	Date Filed	To be returned		Disposition
		Yes	No	
666	1/8/79		X	Blueprint depicting location of decal on 727
667	5/15/79		X	Rough draft notes re: [redacted]
668	5/15/79		X	Original Notes of interview w/ [redacted]
669	5/16/79		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			X	Rights & Waives form re: [redacted]
673			X	Interview log - Janet Sparks
674			X	Waiver & Rights form re: Sparks
678			X	Waiver & Rights form re: [redacted]
675			X	Waiver & Rights form re: [redacted]
676			X	Copy of [redacted] Sub 386
677			X	Copy of [redacted]
678			X	Copy of [redacted]

b6
b7C

b6
b7C
b7D

(Title) _____
 (File No.) _____

Item	Date Filed	To be returned		Disposition
		Yes	No	
606	1/8/79			Blueprint depicting location of deal on 727
607	3/13/79	X		Rough draft notes re [redacted]
608	6/19/79	X		Original notes re interview w/ [redacted]
609	5/18/79	X		Business card of D. B. Cooper, King County School
610	5/18/79	X		original notes re interview w/ [redacted]
611		X		Interview notes re [redacted]
612		X		Rights waiver form re [redacted]
613		X		Interview log - Kelly Jewel Sparks
614		X		Waiver of Rights form re Sparks
615		X		Waiver of Rights form re [redacted]
616		X		Copy of [redacted] Sub 386
617		X		[redacted]
618		X		[redacted]

b6
b7C

b6
b7C
b7D

44-81-1A
 SEARCHED _____ INDEXED _____
 SERIALIZED _____ FILED _____
 JAN 8 1979
 FBI - SEAT

b6
b7C

164-8MA (b7D)

Sub 386

File No. 164-101-1A6

Date Received 4/12/72

From

[Redacted]

By

[Redacted]

(NAME OF SPECIAL AGENT)

b6
b7C
b7D

To Be Returned Yes No

Receipt given Yes No

Description:

Copies of

[Redacted]


b6
b7C
b7D

[Redacted]

164-81-1A (67) Sub 386

File No. 164-101-1A5

Date Received 4/13-14/72

From 

By 

(NAME OF SPECIAL AGENT)

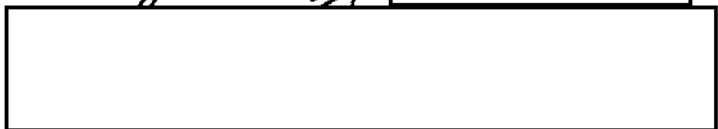
b6
b7C
b7D

To Be Returned Yes No

Receipt given Yes No

Description:

Copies of



b7D

Date _____

To: Director

Att.: _____ FILE 1164-101

SAC _____ Title _____

ASAC _____ NOTAS

Supv. _____

Agent _____

SE _____

IC _____

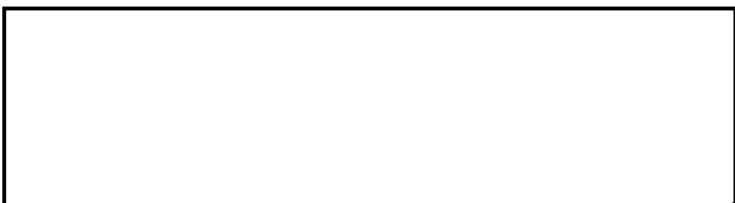
CC _____ RE: _____

Steno _____

Clerk _____ Rotor #: _____

ACTION DESIRED

- | | |
|--|---|
| <input type="checkbox"/> Acknowledge | <input type="checkbox"/> Open Case |
| <input type="checkbox"/> Assign _____ Reassign _____ | <input type="checkbox"/> Prepare lead cards |
| <input type="checkbox"/> Bring file | <input type="checkbox"/> Prepare tickler |
| <input type="checkbox"/> Call me | <input type="checkbox"/> Return assignment card |
| <input type="checkbox"/> Correct | <input type="checkbox"/> Return file |
| <input type="checkbox"/> Deadline _____ | <input type="checkbox"/> Search and return |
| <input type="checkbox"/> Deadline passed | <input type="checkbox"/> See me |
| <input type="checkbox"/> Delinquent | <input type="checkbox"/> Serial # _____ |
| <input type="checkbox"/> Discontinue | <input type="checkbox"/> Post <input type="checkbox"/> Recharge <input type="checkbox"/> Return |
| <input type="checkbox"/> Expedite | <input type="checkbox"/> Send to _____ |
| <input type="checkbox"/> File | <input type="checkbox"/> Submit new charge out |
| <input type="checkbox"/> For information | <input type="checkbox"/> Submit report by _____ |
| <input type="checkbox"/> Handle | <input type="checkbox"/> Type |
| <input type="checkbox"/> Initial & return | |
| <input type="checkbox"/> Leads need attention | |
| <input type="checkbox"/> Return with explanation or notation as to action taken. | |



b6
b7C
b7D

See reverse side Office _____

Sub 386

164-81-1A (b7c)

File No. 164-101-1A4

Date Received 4/22/72

From [Redacted]

b6
b7C
b7D

[Redacted]

To Be Returned Yes No

Receipt given Yes No

Description:

Copy of

[Redacted]

[Redacted]

b6
b7C
b7D

UNITED STATES GOVERNMENT

Memorandum

TO : SAC (164-101)

DATE: 4/21/72

FROM : SA

b6
b7C
b7D

SUBJECT:

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

b6
b7C
b7D

Knowledgeable source is

b6
b7C
b7D



164-81-1A (675)

File No. 164-59-1A3

Date Received 12/27/71

From

(ADDRESS OF CONTRIBUTOR)

b6
b7C

By

To Be Returned Yes
 No

Receipt given Yes
 No

Description:

Waiver and Warning
form.

YOUR RIGHTS

Place Anchorage
Date 12/27/71
Time 10:55 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.

[Redacted signature area]

b6
b7c

Witness [Redacted]

SA, FBI Anchorage

[Redacted]

Witness _____

Time 10:56 PM

164-81-1A (674)

File No. 164-59-1A12Date 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

No

Description:

Waiver of rights from
Betty Jewel Sparks.

INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Anchorage, AK.
Date 3/31/77
Time 12:58 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 _____

b6
b7c

Witne

*FBI, Anchorage, Ak.
S.A. FBI Anchorage, Ak.*

Time: 12:58 pm

*Bill J. [unclear] [unclear],
[unclear], 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)

Charles N. Steele
(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt Given Yes No

Description:

Interview by - Billy Jewel Sparks.

Herrin by - Betty Jewel Sparks,
Anchorage, Alaska, 3/31/77.

12:55 pm - Sparks contacted at AOS, 4334
General Ad. Revised of Identity
of agents, purpose of interview &
letter, constitutional rights by
Sgt. Steele, read a few rights
from & declined to sign.

12:58 pm - Herrin by.

1:22 pm - Herrin terminated.

Small at Club - F. Bet, Anchorage
[Redacted] SA F. B. Anchorage ak.

b6
b7c

164-81-1A (672)

File No. 164-59-1A¹⁴

Date Received 1/30/72

From

b6
b7C

ADDRESS OF CONTRIBUTOR

Fairbanks Alaska

To Be Returned Yes No

Receipt Given 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

[Redacted Signature Box]

b6
b7c

Witness:

[Redacted Witness Box]

SA, FBI

Witness:

Time:

3:42 PM

164-81-1A 621

File No. 164-59-1A¹⁵

Date Received 1/30/78

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

b6
b7C

To Be Returned Yes No Receipt Given Yes No

Description:

*Interview Log on
interview of* _____

b6
b7C

Interview Log

Date: Jan. 30, 1978

Place: 101 12th Ave, Fairbanks, AK.

Interviewees: [redacted]

b6
b7C

TIME

3:35 PM - [redacted] appeared @ RA, informed
F.D. of interviewing Agent +
purpose of interview.

b6
b7C

3:40 PM - [redacted] furnished rights + Waivers
form, read, advised he understood.

3:42 P.M. - and signed.

3:44 P.M. - Interview commenced.

4:28 P.M. - Interview concluded, description

4:40 P.M. - and background obtained.

Witness:

[redacted]

, SA, FBI.

b6
b7C

164-81-1A ^(67C)

File No. 164-59-1A¹³

Date Received 1/30/78

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

[Redacted Box]

b6
b7C

To Be Returned Yes No

Receipt Given Yes No

Description:

*original notes on
interview of* [Redacted Box]

[Redacted Box]

b6
b7C

1/30/78

1971
Golden Gate
S.F., U.

S.F.

[Redacted]

b6
b7C

res: S.F., CALIF.

[Redacted]

was broke & would not have
traveled @ that time -

interviewed by F.B.I. @ S.F.,
since he was member of America
Parashuters Assoc.

DB Cooper-38315

[Redacted]

the P.B. Cooper case

b6
b7C

as a case study in [Redacted]

Admires 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.

[Redacted]

b6
b7C

DOB

[Redacted]

5'11" 175

Bun Hazel

SS: [Redacted]

[Redacted]

Res:

[Redacted]

Employed: U.S.A -

[Redacted]

[Redacted]

[Redacted]

b6
b7C

[Redacted]

FBKS

Prior:

[Redacted]

Dismissed

Military: Navy -

[Redacted]

b6
b7C

[Redacted]

[Redacted]

Hobby: Sport jumping - test para.
paratrooper.

Self employed - manufacture
& modification of parachutes

[Redacted]

b6
b7C

[Redacted] - Defense Dept. -
Vietnam -
Tech Rep. - Lockheed
& Brand X

[Redacted]

b6
b7C

Don -

[Redacted]

[Redacted]

No 4-81-1A (670)

4
C. 1. 2
4.

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

To Seattle, File # 164-81-169

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 ser 5180



Cooper's Sky Diving School

*Specializing in Night Jumps
From Large Jet Aircraft*

D. B. Cooper
Director
Airline Jump Operations

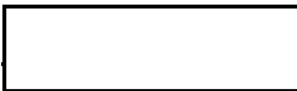
Sky Harbor Field
Salem, Oregon
503 \$200,000

164-51-1A [669]

DB Cooper-38321

FD-250 (11-30-5

DB Cooper-38322



b6
b7C

Field File No. 164-81-1A ^(66P)

OO and File No. 164-174

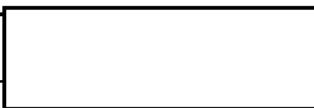
Date Received 3/19/79

From 1 ELVEN

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By



(DATE)

(AGENT)

b6
b7C


To Be Returned Yes

Receipt Given Yes

No

No

Description:

ORIGINAL NOTES OF
INTERVIEW WITH 

b6
b7C



see ser 8063

164-81-1A (668)

3/19/79

b6
b7c

LOUISVILLE KY

w/m

1 YR. COLLEGE

b6
b7c

WENT INTO

NO TROUBLE AS JUN. OR AD ADULT LIFE

IS

HAST SAW NOV. '78

WORKS

AT MINE

IS

b6
b7c

WON AWARDS FOR HIS

Also now he works at a

CHURCH CAMP IN THE MOUNTAINS OF COLORADO

(LOCATION UNKNOWN)

DB Cooper-38325

NO LARGE MENTIONS TO KNOWLEDGE HAS HAD

TO

b6
b7c

NOV. OF 1971 BUT SHE COULD

NOT RECALL THE EXACT DATE. DURING THIS TIME

TOOK OFF WORK FOR ABOUT 1 WK SO

STAYED WITH

UNTIL AFTER THANKSGIVING. EVENING APPEARED

NORMAL EXCEPT THAT HE WAS

b6
b7c

REALLY UPSET

AIM

164-81-1A (b6)7

Field File No. 164-640-10⁽²⁾

OO and File No. Seattle 164-81

Date Received 8/21/79

From _____
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By _____
(NAME OF SPECIAL AGENT)

To Be Returned Yes No

Receipt Given Yes No

Description:

*R/P notes re
interview of* _____

see ser 8061

104-81-1A

667

DB Cooper-38328

2/21

[Redacted]

AMAY,

b6
b7C

Applications 4/1/65

[Redacted]

b6
b7C

518 1/2 168 B + B 50

[Redacted]

Contract

[Redacted]

[Redacted]

[Redacted]

b6
b7C

Proc

[Redacted]

Cost

[Redacted]

Boeing Aircraft, Seattle, 12/61 - 10/64

[Redacted]

b6
b7C

Off Shore Pass, WOLA

[Redacted]

4/61 - 12/61

[Redacted]

b6
b7C

[Redacted]

b6
b7C

10/22/71 -

[Redacted]

[Redacted]

11/1/71

b6
b7C

[Redacted]

5'8 1/2" 180 lbs Br. Eyes
Brown Hair - (part on left side)
SSA [Redacted]

1-yr College - [Redacted]

grad - [Redacted]

[Redacted]

Military [Redacted]

[Redacted]

b6
b7C

Navy - [Redacted]

USAF - [Redacted]

[Redacted]

- no parachute experience.
- drop 100' for USN - survival w/ harness.
- never smoke - smoke both in confined area.

[Redacted] to

b6
b7C

smoke.

Employment -
- moved into present.

House 2/70 or 71#

6/2/25 employed.

@ Henderson -

[Redacted] per yr.

b6
b7C

bought [Redacted]

sale price - [Redacted] known.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Other personal Employment
Off shore Navigation
- Now Petroleum Helicopters

b6
b7C

applied Boeing Aircraft

~~1963~~

12/64 -

b6
b7C

6/62

- Montana

SP.

Mo.

b6
b7C

1964 -

Del.

1964 -

Rec'd 6/65 - AMAX

Hobbies - pilot -
ceramics

b6
b7C

- 1965

- 10/77

DB Cooper-38331

[Redacted]

b6
b7C

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

Bank - Jiff Bank & Trust

[Redacted]

b6
b7C

service [Redacted]

Concerning Deck 1/21/71 - 25/71
- initials can't recall.
activities will reconstruct w/

[Redacted] + advise - [Redacted]

[Redacted]

AMAX

b6
b7C

[Redacted]

b6
b7C

[Redacted]

[Redacted]

no large amount of \$
- inheritance

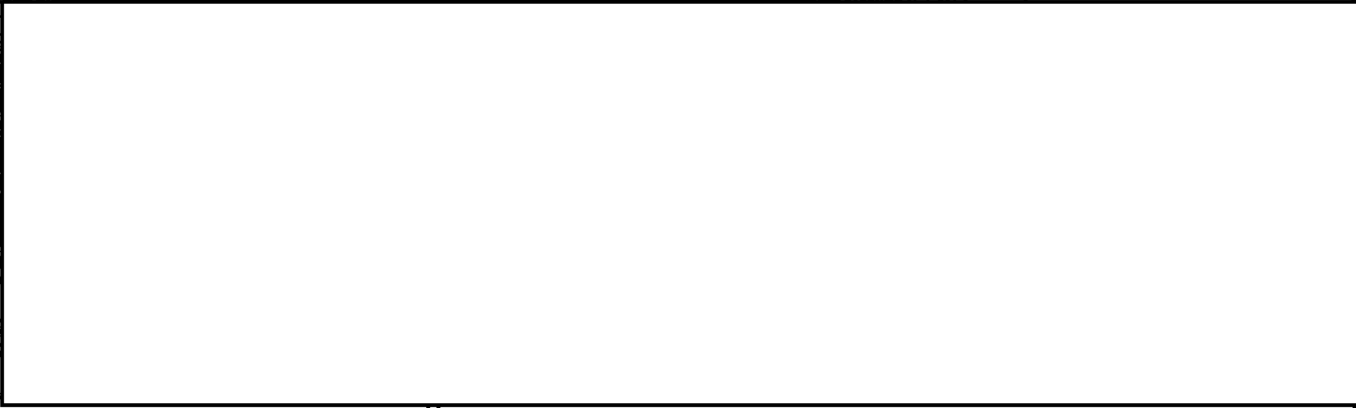
DB Cooper-38332

b6
b7C

[Redacted]



b6
b7C



current [redacted] per year

b6
b7C



*neg re DB Cooper
neg re Carpenter
wire welders*



b6
b7C

will furnish photo.

2/2/19

[Redacted]

(Tel Call)

b6
b7C

Week of 1/24

[Redacted]

[Redacted]

currently
in



[Redacted]

Canada

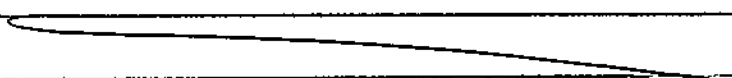
[Redacted]

[Redacted]

Was with entire week.

[Redacted]

b6
b7C



See SUB P
Field File No. MP 164-73 (666)

OO and File No. SE 164-81-1a

Date Received 12-1-78

From
(NAME OF CONTRIBUTOR)

NWAL
(ADDRESS OF CONTRIBUTOR)

Mpls - St. Paul Airport
(STATE)

By (SPECIAL AGENT)

To Be Returned Yes No

Receipt Given Yes No

Description:

*Blueprints depicting
location of seal on
727*

See Serial 164-81-9040

b6
b7C

LET	CHANGE	DATE	BY
J	REVISED NOTE 22 & DETAIL FOR LOWER WING PAINT (M) ADDED NOTE 24	3-22-76	

b6
b7c

SE 164-81-1a (666)
KEEP ATTACHED TO EXHIBIT

8C11-33163-12 LOGO

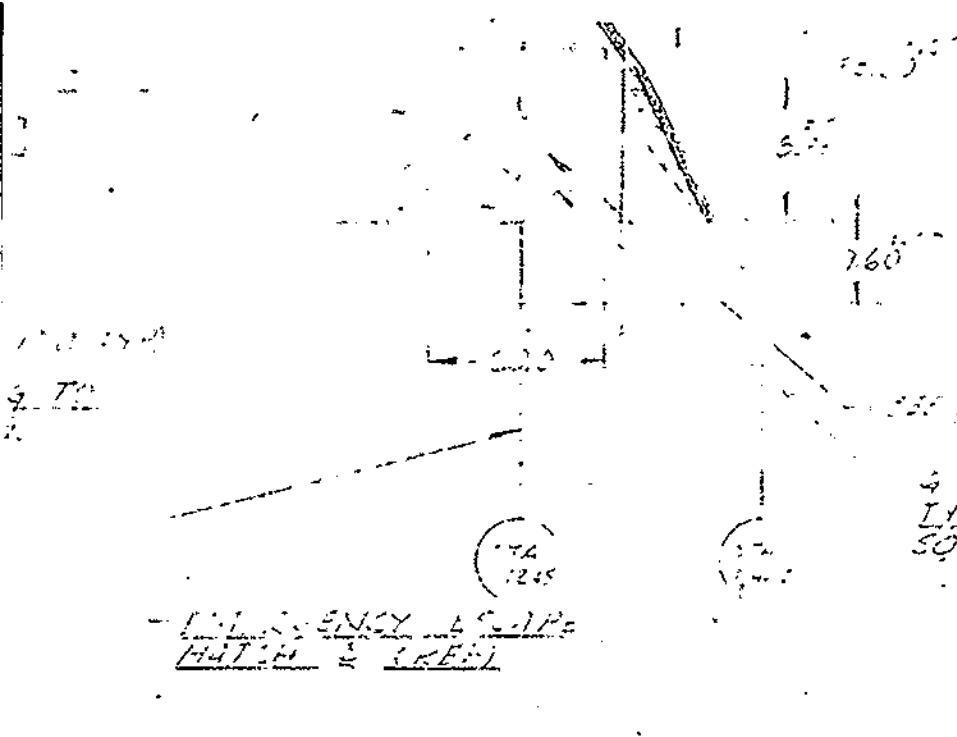
NOTES CONT.

- 19. LEAVE A .15" WIDE BARE METAL STRIPE AROUND ALL COCKPIT & EYEBROW WINDOWS
- 20. EPOXY PRIMER PER BMS 10-79 (DESOTO P/N 513-731 OREQUM) 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.
- 22. PAINT ENTIRE INSPAR SKIN FROM BEL TO 5 TO WS 760.5 BETWEEN FRONT & REAR SPAR (OPTIONAL) PAINTING FASTENER ROWS 5-6 & 5-8 ONLY (PREFERRED) APPLY BMS 10-79 PRIMER (S/N 181-PR-720) BMS 5-95 TYPE F SEALANT (S/N 185-SE-195) 2" BAND AT FASTENER ROWS ONLY AND BMS 10-60 TYPE II GREY ENAMEL (S/N 181-EN-599) (REF CORROSION PREVENTION MANUAL DG-41910 PART II 57-30-27 FIG. 4)
- 23. PLACARDS BAC 27DPA152, BAC 27DPA151, BAC 27DPA 66 & BAC 27DPA138 ARE NOT REQUIRED ON 727C A/C (488-499) WHICH HAVE BEEN MODIFIED PER E.O. 35166 SECT. II & III.
- 24. REF NWA DWG 4011-34338 - MAINTENANCE MARKINGS & PROTECTIVE PAINT.

165-16-2 KIT

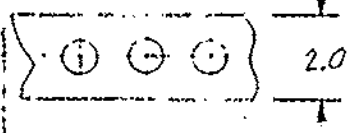
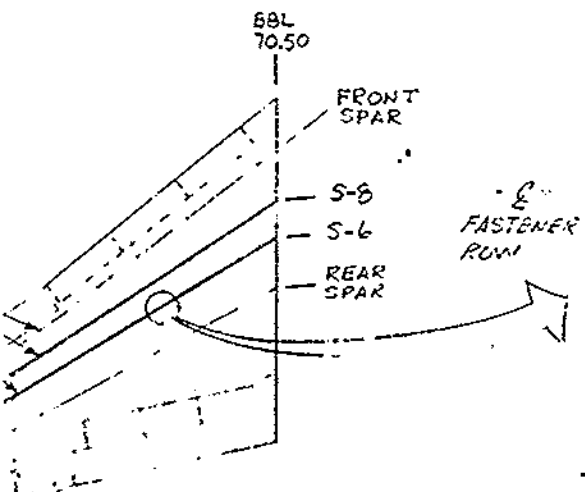
WHITE SEMI GLOSS POLYURETHANE ENAMEL 16

1-10
25



4 YEAR GRAYED 1862 WHITE,
 LIKE I. S. 150. H. 11. 4. 1. IN A
 SOLID PATTERN III.

EFFICIENCY AS APPLIED
HATCH & GREEN



TYPICAL PAINT
INSTALLATION AT
TITANIUM FASTENER
RWD S-6 & S-8

DB Cooper-38337

QUANTITY REQUIRED		PART NO.	DESCRIPTION	STOCK SIZE	SPEC'S.	NWA STK. NO.
DR						
CK	6/25/69					
CK						
AP	9-19-69	DESIG 727-100				
REASON CODE						

LIMITS UNLESS NOTED	FINISH	NORTHWEST AIRLINES, INC.		ISSUED	REV
FRACTION ± 1/32	HEAT TR.	COLOR SCHEME INSTL - 727 EXTERIOR		PROJ	J
DECIMAL ± .010	SCALE			35459	
ANGLE ± 1/2°	NEXT ASS'Y			4D11-33176	
				SHEET	2 OF 2

EW
 SURFACE
 M

b6
 b7c

12/1/78

LET	CHANGE	DATE	BY
A	ADDED OVERWING ESCAPE ROUTE	2/14/79	
B	ADDED BAC M9L2AY, BAC M9L2AY & BAC M9L2Z DECALS	2/14/79	
C	ADDED NOTE 19		
D	BAC 751 GRAY WAS BAC 7051	11/19/72	
E	ADDED NOTE 20	2/2/73	
F	ADDED NOTE 21	2/14/75	
G	ADDED NOTES 22 & 23, DETAIL XX	5/11/76	
H	DELETED 2" STRIPE AROUND CAPT F1 OFF SLIDING WINDOW, REVLED NOTE 19, REF BAC TWX NVMSP 76R2221267	12/10/78	

b6
b7c

PAIN THE LOWER SURFACE OF HORIZONTAL STABILIZER & THE LOWER SURFACE OF THE ELEVATOR AND TAB MAY BE PAINTED BUT MUST BE REBALANCED OR BALANCE CHECKED AND PLACARDED (BAC 751 GRAY ENAMEL)

SE 164-81-10 (666)
KEEP ATTACHED TO EXHIBIT

PAINT BAC 702
LUE GLOSS

NOTE

1. ALL EXPOSED PRIMED SURFACES OF THE DECORATIVE PATTERNS SHALL RECEIVE ONE COAT OF BMS 10-11 TYPE 2 ENAMEL COLOR GREY BAC 707 GLOSS APPLIED PER DG-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. NVA IN 7023-31726-2 THRU-11 AS REQ. (PAINT PER DWG 7023-31726 OPT)
6. NVA IN 7023-31721-2 THRU-14 AS REQ. (PAINT PER DWG 7023-31721 OPT)
7. EDGE SEAL DECALS 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 727-1, 727C AIRCRAFT.
10. 727C AIRCRAFT ONLY.
11. ROUTE RADOME TO PAINT SHOP. DO NOT

- 12. REF DWG 9811-32616 FOR GENERAL PAINT USAGE
2 P/W'S.
- 13. SIMS 10-60 OR EQUIV.
- 14. SEE FAC DWG 65-38578 FOR OTHER STANDARD EXTERIOR MARKINGS.
- 15. FOR LETTER SPACING ON 727C SEE SHEET 2
- 16. **APPLY GOODYEAR GRIPTRED A862 WHITE, SMOOTH SLIP RESISTANT WALKWAY STRIPS OVER U.S. PAINT AA-92-B-16 WHITE POLYURETHANE ENAMEL. APPLY GRIPTRED STRIPS OVER U.S. PAINT AA-92-B-16 BLACK POLYURETHANE ENAMEL INDICATORS.**
- 17. **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.**
- 18. **EDGE OF GOODYEAR GRIPTRED SLIP-RESISTANT WALKWAY.**
(NOTES CONT. SHT 2)

CM9L2AX	DECAL		BAC	014-ME-953
CM9L2AY	DECAL			014-ME-959
CM9L2Z	DECAL			018-ME-925
M951AS	DECAL			018-ME-921
CM9L2BC	DECAL			018-ME-919
CM9L2AW	DECAL			018-ME-920
CM9L2UAA	DECAL			018-ME-922
CM9L2AP	DECAL			018-ME-924
CM9E2Y	DECAL			018-ME-923
CM9E2X	DECAL			018-M-926
227DPA45Z	PLACARD			014-PL-164
227DPA6G	PLACARD			014-PL-161
227DPA51	PLACARD			014-PL-163
227DPA13B	PLACARD		BAC	014-PL-162
11-33033	DECAL		NWA	014-DE-212
11-33165-12	"LOGO"			018-DE-340
23-31726	DECAL			
23-31721	DECAL			
11-33165-2	KIT "ORIENT"			
11-33165-1	KIT "NORTHWEST"		NWA	

PART NO.	DESCRIPTION	STOCK SIZE	SPEC'S.	NWA STK. NO.																								
<table border="1"> <tr> <td>FINISH</td> <td></td> </tr> <tr> <td>HEAT TR.</td> <td></td> </tr> <tr> <td>SCALE</td> <td>$\frac{2}{16} = 1/8$ NOTED.</td> </tr> <tr> <td>NEXT ASS'Y</td> <td>FINAL</td> </tr> </table>		FINISH		HEAT TR.		SCALE	$\frac{2}{16} = 1/8$ NOTED.	NEXT ASS'Y	FINAL	NORTHWEST AIRLINES, INC. COLOR SCHEME INSTL - 727 EXTERIOR		<table border="1"> <tr> <td>ISSUED</td> <td></td> <td>REV</td> <td></td> </tr> <tr> <td>PROJ</td> <td>35459</td> <td></td> <td>U</td> </tr> <tr> <td colspan="4">4011-33176</td> </tr> <tr> <td>SHEET</td> <td>1</td> <td>OF</td> <td>2</td> </tr> </table>	ISSUED		REV		PROJ	35459		U	4011-33176				SHEET	1	OF	2
FINISH																												
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ISSUED		REV																										
PROJ	35459		U																									
4011-33176																												
SHEET	1	OF	2																									

12/1/78

b6
b7c

SLIP RESISTANT WALKWAY STRIPS OVER U.S. PAINT
 A-92-B-16 WHITE POLYURETHANE ENAMEL. APPLY
 GRIPTRED STRIPS OVER U.S. PAINT AA-92-B-16
 BLACK POLYURETHANE ENAMEL INDICATORS.

11. 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.

12. EDGE OF GOODYEAR GRIPTRED SLIP-RESISTANT WALKWAY.
 (NOTES CONT. SHEET)

AR	BACM9L2AX	DECAL		BAC	014-ME-953
AR	BACM9L2AY	DECAL			014-ME-959
AR	BACM9L2Z	DECAL			018-ME-925
1	BACM9S1AS	DECAL			018-ME-921
1	BACM9L2BC	DECAL			018-ME-919
2	BACM9L2AV	DECAL			018-ME-920
2	BACM9L2AAX	DECAL			018-ME-922
1	BACM9E2AP	DECAL			018-ME-924
1	BACM9E2YK	DECAL			018-ME-923
1	BACM9E2YK	DECAL			018-M-926
1	B27DPA152	PLACARD			014-PL-164
1	B27DPA66	PLACARD			014-PL-161
1	B27DPA151	PLACARD			014-PL-163
1	B27DPA158	PLACARD		BAC	014-PL-162
1	8C11-33033	DECAL		NWA	014-DE-212
2	8C11-33165-12	"LOGO"			018-DE-340
AR	7023-31726	DECAL			
AR	7023-31721	DECAL			
2	8C11-33165-2	KIT "ORIENT"			
2	8C11-33165-1	KIT "NORTHWEST"		NWA	

QUANTITY REQUIRED		PART NO.	DESCRIPTION	STOCK SIZE	SPEC'S.	NWA STK. NO.
DR	6-25-69					
CK	6/25/69					
CK						
AP	9-19-69	DESIG. 727-100	FINISH			
REASON CODE			HEAT TR.			
			SCALE			
			NEXT ASS'Y			
				NORTHWEST AIRLINES, INC.		ISSUED
				COLOR SCHEME INSTL -		PROJ 35459
				727 EXTERIOR		REV ✓
						4011-33176
						SHEET 1 OF 2