



OFFICIAL USE ONLY
FINANCIAL CRIMES
ENFORCEMENT NETWORK

P.O. Box 39, Vienna, VA 22183-0039
1-800-SOS-BUCK
FAX: 703-905-3526

(FAX request will be accepted in lieu of original.)

REQUEST FOR RESEARCH

A. REQUESTOR Foreign U.S. Federal U.S. State/Local

Name: Pierre Tran Requesting Agency: USACIDC

Title: Special Agent Operation/Project Name: _____

Address: PO Box 105077, Fort Irwin, CA 92310

Telephone: 760-380-5885 Agency Case Number: 0162-10-CID146-25272

Fax: 760-380-4968 E-mail Address: pierreminh.tran@us.army.mil

B. CERTIFYING OFFICIAL (Supervisor)

I hereby certify, on behalf of the agency listed above, that this request for research is being submitted in support of a law enforcement, regulatory, or tax investigation or proceeding, or a national security matter, including the conduct of intelligence or counterintelligence activities to protect against international terrorism.

Name: Iris O. Astorga Title: Special Agent

Address: PO Box 105077, Fort Irwin, CA 92310

Telephone: 760-380-5956 Fax: 760-380-4968 Email Address: iris.o.astorga@us.army.mil

Signature/Date: *[Signature]* 2/6/06

C. NETWORKING WAIVER

It is FinCEN's policy to network (i.e., notify) different requestors that have submitted requests for information to FinCEN on the same subject. Networking gives the requestors the opportunity to coordinate their efforts with other FinCEN requestors, both domestic and international, on matters of mutual interest. FinCEN will disclose only the identity of your agency, your telephone number, your case number, and the common subject(s).

Are you interested in participating in the networking program? Yes No

If no, please explain: _____

D. INVESTIGATIVE INFORMATION Criminal Civil Regulatory

1. Are other Agencies participating in this investigation? Yes No

If so, please identify the agencies here: _____

2. In order to help us respond to your request, please provide a detailed overview/purpose (e.g., asset identification) of this investigation and the principal violation(s) and what type of information you need from FinCEN. Use a separate page if needed.

This office is investigating the offenses of Rape, Assault, Communicating a threat, and Indecent Exposure. The Victim of the offense is Mrs. Houda BELKHATIR (Maiden Name: CHAJI) who reported the subject, SPC Gary Walter SALEH has committed the offenses stated above. Investigative leads have led this office to inquire about Mrs. CHAJI's travel and financial history. This office requests Mrs. CHAJI's FINCEN Report and Passenger Activities Report. If more information is required, contact the Requestor.

SUBJECT INFORMATION

Total Number of Subjects in Request: 1

Primary Subject(s) of Investigation (individual or business):

Name: BELKHATIR (Maiden Name: CHAJI) Houda NMN
Last First Middle

A.K.A.s: _____

Address 5319 Cotton Tail Lane B
Number Street Apt. or Suite #

CA CA 92310 US
City State Zip Country

Telephone #: _____ FBI # / SID #: _____

DOB: 8 Apr 80 SSN/EIN: 804-81-8483

POB: Morocco Gender: F Race: Moroccan

Passport #: _____ Country: _____

Alien Reg. #: _____ Driver's License # / State: _____

Other information or comments:

Interviews have led this office to believe Mrs. BELKHATIR has entered the U.S. through Canada. Further, Mrs. BELKHATIR has been known to deposit large sums of U.S. Currency.

Additional Subject(s) of Investigation (individual or business):

Name: _____
Last First Middle

A.K.A.s: _____

Address _____
Number Street Apt. or Suite #

_____ City State Zip Country

Telephone #: _____ FBI # / SID #: _____

DOB: _____ SSN/EIN: _____

POB: _____ Gender: _____ Race: _____

Passport #: _____ Country: _____

Alien Reg. #: _____ Driver's License # / State: _____

Other information or comments:

Attach additional sheets as needed. Number of additional sheets: _____