U.S. Postal Inspector Liaison USPIS/NCMEC Post Office Box 320401 Alexandria, VA 22320-4401

RE: NEWLY IDENTIFIED CHILD VICTIM SUBMISSION.

Enclosed please find material related to a newly identified child victim that we wish to have entered into the Child Recognition and Identification System (CRIS).

This template form should be included as a hard-copy enclosure with the submission. When possible, please also include this document electronically as a pdf file on the submitted media.

## Case Information:

# of images submitted: Enter # of images # of videos submitted: Enter # of videos

Type and Number of Media: CD; DVD; hard copies; VHS; hard drive; thumbdrive

Operation: Enter Operation Name Case Number: Enter Case Number

Subject Name: Enter Subject Name	
Contact Information for this series* Primary Point of Contact**	
Name: Investigating Officer's name	
Agency: Investigating Officer's agency	
Mailing Address: Investigating Officer's mailing	
Phone Number: Investigating Officer's phone nu	ımber
Email Address: Investigating Officer's email Preferred method of contact?  Phone	☐ Email
Additional Point of Contact	
Name: Investigating Officer's name	
Agency: Investigating Officer's agency	
Mailing Address: Investigating Officer's mailing	address
Phone Number: Investigating Officer's phone nu	
Email Address: Investigating Officer's email	
Preferred method of contact?  Phone	Email
Additional POC will serve as:   Secondary	Alternate
*Please add as many Points of Contacts as nece	
	investigating case agent, please list the point of
contact information for the case agent.	
Case Information	
Jurisdiction of production of files: Enter state/co	ountv
Date identified by LEA: MM/DD/YYYY	,
Number of child victims: #	
Date range of when media was produced: MM/D	D/YYYY to MM/DD/YYYY
Approximate number of media files in series: #	
Media type:	
Camera Phone Digital Photo	OS .
☐ Digital Videos ☐ Magazine	
☐ Videotape ☐ Web cam	
I   Polaroid	

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Known related CyberTipline/Technical Assistance reports: Enter CT/TA

## Subject Information (leave blank if Self-Production)

Please do not provide any juvenile names as CVIP does not maintain this information Name & Gender Email/Screenname/Social Networking Relationship of Offender DOB Ethnicity (Add more rows as Sites/IP Addresses/Other to Victim(s)\* necessary) \*If subject photos are included for case involving subjects, please denote which photo corresponds to each listed subject. Subject is a Registered Sex Offender? Yes No Subject is a Known Human Trafficker? ☐ Yes □ No **Victim Information (For Internal Records)** Please do not provide victim's full name as CVIP does not maintain this information Child Age Range of Corresponding (Add more rows DOB Gender child when media Ethnicity files/folder names as necessary) was produced Child # Child # Child # Permission for certain case information (such as hash values and files) to be submitted to Interpol: ☐ Yes □ No Distribution Is there confirmed distribution of these files? 

Yes ☐ No Indicate applications used by the suspect to acquire/distribute files: ☐ Website Email Instant Message Cell Phone Social Network Site (SNS) Online Gaming Peer to Peer ☐ Chat Room Newsgroup ☐ File Transfer Protocol (FTP) ☐ Webcam Internet Relay Chat (IRC) ☐ TOR Other: **Current Pending Charges (select all that apply)** ☐ Distribution ☐ Production ☐ Contact Offense ☐ Extortion Possession

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How was the Case Initiated?
Online Child Pornography Trading Investigation
Undercover Child Pornography Investigation
Other Criminal Investigation (e.g. fraud)
☐ Third Party Reporting of Child Pornography Offense (distribution or collection)
☐ Third Party Reporting of Hands-On Sexual Abuse (including production)
☐ Child Disclosure of Hands-On Sexual Abuse (including production)

<u>Brief Case Summary</u> Provide any additional, relevant case information below