

BUSINESS DATA FILE - "DUE DILIGENCE" and MISC. INTEL. (page 9 of 9)

This file re main report on: Subject Co. Owing Co. of Sub. Co. Subsidiary of Sub. Co. Sister Co. to Subj.

Company name: _____

Address: _____

Address: _____

Box: _____

Suite: _____

City: _____

County: _____

State: _____

Zip: _____

-

Main Phone: () _____

Fax: () _____

E-Mail: _____

Website/ICQ/UIN: _____

MISCELLANEOUS BUSINESS INTEL CHECKLIST

COMPANY

PERSONNEL

- List of officers/agents from State.
- All licensing verified.
- Better Business Bureau Report.
- State Office of Consumer Affairs (or equivalent) Report
- Copies of Articles of Incorporation.
- Copies of By-Laws
- Copies of Minutes from past 12-18 months.
- Copies of all Government licenses, and permits, etc.
- Complete listing all product and services w/pricing.
- Complete check of all governmental compliance regs. (OSHA, ADA, Health Dept., Occupancy, etc.)
- Copy of Internal newsletter, regular reports, past year.
- Copy of Stockholder's newsletter/report, past year.
- Copy of internal memorandum log, past year.
- Copy of all product or service manuals, documentation.

- Interview Owners. Complete Data File on each.
- Interview Co. Officers. Complete Data File on each.
- Interview Upper Mgt. Complete Data File on each.
- Interview Lower Mgt. Complete Data File on each.
- Intrvw Random Employees. Use "Other Contacts" file
- Acquire copy of organization chart of Co. ownership
- Acquire copy of organization chart of staff
- Copy of personnel policies/employee handbook.
- Employee stock option policy
- Employee retirement policy.
- List of all other Employee Benefits
- Contracts for employment (i.e. "No-Compete")
- Internal ownership/partnership agreements, contracts.
- Complete list of all employees resigned/fired past 2 yrs.

ASSETS

LIABILITIES

- Full Balance Sheet, Income, and Cashflow statements.
- Full report on property and real estate.
- Full inventory of equipment and other tangible property
- Full report on all intellectual property.
- Separate report on company owned/leased vehicles.
- List of top vendors and suppliers.
- Accounts receivable report.
- Full listing of Patents, Trademarks, and Copyrights.
- Full report on stock: Sold, Retained, Options, etc.
- Copies of Federal & State Tax returns.
- Full Credit report run.
- D & B Report run.
- Complete Documentation on ownership of property.
- Complete Documentation on ownership of equipment
- Copies of last 24 monthly bank statements, ea. Acct.
- Status Report on all loans, lines of credit.
- List of top 20 customers with all contractual details.
- Org. Chart showing all other businesses/sites owned.
- List all "off shore" or foreign investments.
- List of all foreign investors not listed in stock report.

- Complete report on Accounts Payable.
- Full report on employee benefits.
- Full report on Workers Comp costs and cases.
- Past, Current, Pending Litigation report filled out.
- Past, Current, Pending Criminal actions against Co.
- Pending equipment repairs/upgrades next 12 months.
- Pending governmental non-compliance actions.
- Delinquent Tax report.
- Delinquent accounts with vendors report.
- Copy of Depreciation Schedule: property & equipment

MISC. INVESTIGATIVE "TO-DO" ITEMS

- Subject Data File filled out on key officers, mgrs., emps
- Interview select terminated employees.
- Verify and cross-ref. ALL written reports.
- Interview all management and select employees
- Interview all parties to any litigation or criminal actions.
- Interview top 20 customers.
- Interview all vendors.
- Interview all governmental compliance offices.
- All financial reports reviewed by forensic accountant

INCIDENT REPORT – WRONGFUL DEATH

1	Deceased: <input type="checkbox"/> Subj. Data File Started		
2	Discovered/Reported on: Day: ___ Date: ___/___/___ Time: ___ am/pm Weather: _____		
3	Discovered/Reported by: <input type="checkbox"/> Subj. Data File Started		
4	Death occurred on or about: Day: ___ Date: ___/___/___ Time: ___ am/pm Weather: _____		
5	Deceased's relationship: To Discoverer: _____ To Client: _____		
6	Final location of body:		Death occurred:
7	Address: _____ Apt/Ste: _____		<input type="checkbox"/> At Location
8	City: _____ County: _____ St: _____ Zip: _____		<input type="checkbox"/> Elsewhere
9	Reason for being at location: _____		
10	If death occurred elsewhere, list location particulars on "Addendum Sheet".		
11	Preliminary Indications (fill in all that apply as early clues may conflict):		
12		Indicators:	Note:
13	<input type="checkbox"/> Natural		
14	<input type="checkbox"/> Accident		
15	<input type="checkbox"/> Homicide		
16	<input type="checkbox"/> Suicide		
17	If homicide, weapon was: _____		
18	Describe Incident: _____		
19	_____		
20	Crime(s) associated with this incident: _____		<input type="checkbox"/> Incident Report(s) Filled
21	Total numbers: # Involved in incident: ___ # Injured: ___ # Dead: ___		<input type="checkbox"/> "Other Contacts" Filled
22	Responding Official Personnel		
23	Official:	Name:	Phone:
24	Officer:		Case/File #:
25	Detective:		File
26	Fire:		<input type="checkbox"/>
27	EMS:		<input type="checkbox"/>
28	ER Physician		<input type="checkbox"/>
29	Surgeon		<input type="checkbox"/>
30	Nurse		<input type="checkbox"/>
31	Coroner:		<input type="checkbox"/>
32	Medical Ex.		<input type="checkbox"/>
33	Mortician:		<input type="checkbox"/>
34	<input type="checkbox"/> Each of the above officials' information listed on an "Other Contacts" sheet <input type="checkbox"/> Interviews complete w/all above.		
35	<input type="checkbox"/> Autopsy Report Attached		
36	Personal effects on deceased: _____		
37	_____		
38	<input type="checkbox"/> Correlation or connection to deaths in other cases / jurisdictions investigated.		
39	<input type="checkbox"/> Use additional sheets for other deaths. This is page ___ of ___ <input type="checkbox"/> List of suspects attached on an "Other Contacts" sheet.		
40	<input type="checkbox"/> "Crime Scene Analysis" Report started <input type="checkbox"/> "Witness Tracker" Sheet started <input type="checkbox"/> "Case Event Timeline" started		

Surveillance Checklist

Basic Background:

- Case File with pertinent data Surveillance Report Form Work order Photos of subject Description of Subject
 Maps Arial Photos of area Neighborhood Diagram
 List of potential destinations of daily travel (in case you lose the subject during moving surveillance)

Vehicle:

- Gas Oil Water Tires & Spare Lights Travel Emergency Kit First Aid Kit Heating / Cooling Unit
 Removable Features and Signs (Vehicle Disguise) Spare gas can (empty)

General Equipment:

- Video Camera Still Camera Video Tapes Film Batteries Binoculars Cell Phone Cigarette Lighter
 Adapter Communications Radio Trash Bags Work Gloves Night Vision Tape Recorder Blank Tapes
 Watch or Clock

Personal Equipment:

- Cash Food & Water Toiletries Prescription Meds Spare eye glasses, etc. Professional and Personal ID
 Sunglasses Work Gloves Personal Information Notebook / Journal Personal Disguises
 Non-visual entertainment (radio, "Walkman", etc. if allowed) Personal Defense Items Change of clothing
 Misc. Comfort: Sunscreen, Bug spray, Hat, etc. "Portable Restroom Equipment"

Data To Record:

Stationary Surveillance:

- | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject: | <input type="checkbox"/> Activities and Times <input type="checkbox"/> Description and Photo for Identification <input type="checkbox"/> Video Footage of Activity |
| Location: | <input type="checkbox"/> Video and/or Photos <input type="checkbox"/> Description of Location |
| Visitors: | <input type="checkbox"/> Time <input type="checkbox"/> Personal or Commercial <input type="checkbox"/> Vehicle ID Info <input type="checkbox"/> Video / Photo / Description |
| Services: | <input type="checkbox"/> Type (Mail, Utility, Garbage, etc) <input type="checkbox"/> Pickup or Delivery <input type="checkbox"/> Name of Company <input type="checkbox"/> Time |
| | <input type="checkbox"/> Description of Person(s) <input type="checkbox"/> Vehicle ID Info <input type="checkbox"/> Video / Photo all the above |

Moving Surveillance

- Travel Times Times, Duration, Location of Stops Video / Photos / Descriptions of Person(s) Met
 Final Destination Vehicle Info of Person(s) Met Potential Witnesses of Subject's Activity
 Video / Photos / Descriptions of Subject for ID verification

- Additional notes / instructions from attorney attached.

CRIME SCENE ANALYSIS (page 1 of 9)

BASIC INTEL

1. Case #:

2. Case: Homicide Theft Arson Assault Rape Accident Kidnapping Drug _____

3. More specifically:

4. If not death investigation, was death involved? ____ Number of deaths ____ # Injured: ____ at this scene.

5. Date of crime / event occurring at scene: ____/____/____ Time of event: ____ am/pm

6. Weather at time of crime: Precipitation: ____ Temp: ____ Visibility: ____ Other: ____

7. Date of scene analysis: ____/____/____ Duration: ____ am/pm on ____/____/____ to ____ am/pm on ____/____/____

8. Secondary analysis: ____/____/____ Duration: ____ am/pm on ____/____/____ to ____ am/pm on ____/____/____

Initial Contact List of Official Personnel

10. Circle first official on scene. In case of multiples each agency, list highest rank or most heavily involved person.

	Agency	Name	Phone	Case/Report #	Arrive Time	File
11.						
12.	LEO 1					<input type="checkbox"/>
13.	LEO 2					<input type="checkbox"/>
14.	Detective 1					<input type="checkbox"/>
15.	Detective 2					<input type="checkbox"/>
16.	EMT					<input type="checkbox"/>
17.	Fire					<input type="checkbox"/>
18.	SWAT					<input type="checkbox"/>
19.	Med. Ex					<input type="checkbox"/>
20.	Coroner					<input type="checkbox"/>
21.	HazMat					<input type="checkbox"/>
22.	Forensics					<input type="checkbox"/>

Each of the following forms gathered:

24. "Incident Report" Cover Sheet for specific crime(s) investigated ,

25. Blank "Crime Scene Diagrams" "Forensic Evidence Lists" for each Crime Scene Diagram

26. "Witness Data" Sheets and "Witness Tracker" Sheets "Property Inventory" Sheets (confiscation/recovery)

Background Data and Official Reports

28. Declared crime scene due to: Warrant Svc 911 Call Investigation w/ Consent to Search Probable Cause

29. Attach: Copy of Warrant 911 Tape Review Copy of Consent to Search

30. Copy of Witness Statements Copy of Police Report Full copy of Case File Incident Reports

General Procedure

	Activity	Date	IN	Activity	Date	IN
32.						
33.	Crime Scene sealed			All witness interviews complete		
34.	Diagrams completed			Autopsy results compiled and noted		
35.	Photo Series completed			All lab results compiled and noted		
36.	Video Series completed					
37.	Forensic Evidence gathered					
38.	Control Items gathered			Crime Scene unsealed		
39.	Confiscation/Recovery list filled out			Case closed (see "Clerical Activity")		