



COUNTY OF LEHIGH
EMERGENCY MANAGEMENT AGENCY
9-1-1 Communications Center

**Violent Gang & Terrorist
Organization File**

DEPARTMENT INFORMATION	
AGENCY NAME:	OFFICER NAME:
AGENCY ORI:	DATE OF REPORT:
GANG INFORMATION	
GROUP NAME (GNG):	
SUBGROUP NAME (SGP):	
POINT OF CONTACT (POC):	
IDENTIFYING TATTOOS (TTO):	
IDENTIFYING DRESS (DRS):	
IDENTIFYING HAND SIGNALS (HND):	
IDENTIFYING GRAFFITI (GTI):	
MISCELLANEOUS:	
Authorized Signature & Badge #	