

July 15, 1965

MEMORANDUM:

TO: All SCOPE Chapters
FROM: HOSEA L. WILLIAMS, Director
RE: Security

For security purposes, if any incident occurs in your county involving physical contact with hostile local people, please fill out and return to us IMMEDIATELY the enclosed Security Form.

As you know, all incidents should be immediately reported to the FBI and the U. S. Department of Justice, as well as to this office. Try to get as much information as you can regarding names and addresses of all persons involved (and also any witnesses).

Be sure to state specifics clearly. (Day, date, time, number involved, where and how incident occurred).

SECURITY FORM

COUNTY: _____ STATE: _____

YOUR NAME AND CAPACITY: _____

DATE AND TIME OF INCIDENT: _____

EXACT LOCATION: _____

DESCRIPTION OF WHAT OCCURRED _____

PERSONS INVOLVED: STATE NAME, ADDRESS, AGE, PHONE, WHETHER SCOPE
VOLUNTEER OR LOCAL PERSON AND HOW INVOLVED:

WITNESSES, IF ANY: STATE NAME, ADDRESS, AGE AND PHONE

WHO NOTIFIED FBI AND JUSTICE DEPARTMENT: _____

WHEN WERE THEY NOTIFIED, AND WAS IT BY PHONE OR IN PERSON: _____

WHO ELSE WAS NOTIFIED: _____

SECURITY FORM --- PAGE TWO

IF CARS WERE INVOLVED, GIVE COMPLETE DESCRIPTION, INCLUDING LICENSE NUMBER, COLOR, MAKE, YEAR, MODEL, NAME OF OWNER, NUMBER OF OCCUPANTS AND THEIR NAMES: _____

GIVE ALL INFORMATION AVAILABLE ON ASSAILANTS: _____

GIVE BACKGROUND OR HISTORY OF WHAT LED TO INCIDENT: _____

HOW AND WHEN DID YOU FIRST LEARN OF THE INCIDENT? _____

ATTITUDE WHEN REPORTED --- OF FBI? _____

OF JUSTICE DEPARTMENT? _____

OF LOCAL POLICE, SHERIFF OR OTHER OFFICIALS? _____

IF MEDICAL TREATMENT WAS REQUIRED, GIVE NAME OF PERSONS TREATED AND NAME AND ADDRESS OF PHYSICIANS:+ _____

IF PERSONS WERE HOSPITALIZED, GIVE NAME AND ADDRESS OF HOSPITAL: _____

(PLEASE MAKE ANY FURTHER COMMENTS ON BACK OF THIS PAGE)