



Protected B

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FOSS-ATIP: RICHARD RIESS 6002-8504

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FOSS Personal Details

|                        |                          |                           |   |
|------------------------|--------------------------|---------------------------|---|
| UCI                    | 60028504                 | AOC                       |   |
| Citizenship            | UNKNOWN                  |                           |   |
| Country Of Birth       | UNITED STATES OF AMERICA | Medical Surveillance      |   |
| Place of Birth         |                          | Photo/Fingerprints        | N |
| CLPR                   | UNKNOWN                  | Photo                     |   |
| Gender                 | MALE                     | Fingerprints              |   |
| Marital Status         |                          | Criminal Deportee         |   |
| Appearance             |                          | Canadian Fingerprints #   |   |
| Height                 |                          | USA Fingerprints #        |   |
| Weight                 |                          | Office                    |   |
| Eyes                   |                          |                           |   |
| Language of Preference |                          | Passport #                |   |
| Lang Spoken            | UNKNOWN                  | Passport Expiry Date      |   |
|                        |                          | Passport Country of Issue |   |
| Distinguishing Marks   |                          | Location                  |   |
| Distinguishing Marks   |                          | Location                  |   |
| Distinguishing Marks   |                          | Location                  |   |

Aliases

| #  | Family Name | Given Name(s) | DOB        |
|----|-------------|---------------|------------|
| 00 | RIESS       | RICHARD       | 1973/11/24 |

Client Addresses

|      |           |          |                |                  |           |                         |         |             |              |              |                |             |        |             |
|------|-----------|----------|----------------|------------------|-----------|-------------------------|---------|-------------|--------------|--------------|----------------|-------------|--------|-------------|
| Type | From Date | Street # | Street Address | Street Address 2 | City/Town | Province/State/District | Country | Postal Code | Intelligence | Home Phone # | Telephone Type | Telephone # | Source | Create Date |
|------|-----------|----------|----------------|------------------|-----------|-------------------------|---------|-------------|--------------|--------------|----------------|-------------|--------|-------------|

FOSS Medical History

DMP Doctor

IMS Doctor

Date Exam

HW File No

Furthered Date

Reason

EIC File No

Medical Diagnosis

Date Appr/Denied

Surv. Code

Medical Profile

H

D

T

S

E

M

If Inadmissible - ICD No