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## **VALUES ACT: TASK FORCE PARTICIPATION**

Date: 12/19/2019			Reporti	<b>ng Year:</b> 2019	
Submitting Agency ORI: CA0195500					
Submitting Agency Name: Pomona Police Departm	nent	<del></del>			
Task Force Name: FBI San Gabriel Valley Safe Stre	eets Task Force				
Task Force Purpose: To combat gang violence and	drug trafficking within the	San Gabriel Valle	ey and the Los	s Angeles	
County Jail.					
Law Enforcement Agencies Involved:	T				
Agency Name	ORI	Federal	State	Local	
Pomona Police Department	CA0195500			Yes	
Federal Bureau of Investigation (FBI)	FBILA00	Yes			
CA Department of Corrections & Rehabilitation	CA34175C		Yes		
Drug Enforcement Administration (DEA)	CADEA0200	Yes			
Los Angeles County Sheriff's Department	CA0190050			Yes	
El Monte Police Department	CA0192200			Yes	
Total Arrests Made: 25	Total Number of People Arrested for Immigration Enforcement Purposes: 0				
Request Exclusion from Disclosure (Please comp	blete the BCIIS-SB54-1A fo	rm and submit w	rith the BCIIS-S	SB54-1 form)	
My agency did not participate in any task force.					
Name of person completing form: R.RODRIGUEZ					
Phone: 909-620-3645	E-mail: <u>ryan_rodriguez1@</u> c	i.pomona.ca.us			



## JUSTIFICATION FOR REQUEST FOR EXCLUSION FROM DISCLOSURE

This form should accompany the form BCIIS-SB54-1 if the submitting agency is requesting exclusion from disclosure because they believe disclosing the information would endanger the safety of a person involved in an investigation or endanger the successful completion of the investigation or a related investigation.

Date:	12/19/2019	Reporting Year: 2019
Cubmi	tting Agency OBI: CA0105500	
Submi	tting Agency ORI: CA0195500	
Submi	tting Agency Name: Pomona Police De	epartment
Task F	Force Name: FBI San Gabriel Valley Sa	fe Streets Task Force
Task F	Force Purpose: To combat gang violence	ce and drug trafficking within the San Gabriel Valley and the Los Angeles
County	/ Jail.	
	e identify the specific information you orting that belief:	r agency believes meets the exclusion criteria and the facts
N/A		
Name	of person completing form: RYAN ROD	RIGUEZ
Phon	e: 900=9-620-3645	E-mail: ryan_rodriguez1@ci.pomona.ca.us



## **VALUES ACT: TRANSFER REPORTING**

No trans	sfers to report						
umber of ransfers	Offense Code	Offense Type	Offense Level	Number of Transfers	Offense Code	Offense Type	Offens Level