

APPENDIX

EXHIBIT A

February 21, 2023

Drug Enforcement Agency
Freedom of Information/Privacy Act Unit
FOI/Records Management Section
8701 Morrisette Drive
Springfield, VA 22152

Re: Request for Final Lab Reports - Federal Case No. 3:19-cr-00137-1 (United States v. Bogle

To Whom It May Concern:

I am requesting final copies of the lab reports from the above referenced federal case.

Between April 2019 and September 2019, in Montgomery County, Ohio, I was investigated by your Dayton, Ohio field office. As a result of the investigation, the D.E.A. seized 800 grams of methamphetamine and 300 grams of fentanyl. I was charged and convicted as a result.

I am invoking my right under the Freedom of Information Act, 5 U.S.C. §552, and the Privacy Act, 5 U.S.C. §552, to request the following records:

1. The final laboratory analysis for the 800 grams of methamphetamine seized from 21 Valley View in Dayton, Ohio;
2. The final laboratory analysis for the 300 grams of fentanyl that was seized from 21 Valley View, Dayton, Ohio.

In the event that a final report was not issued for either, or both, I request the preliminary lab result(s).

The requested documents are relevant in pending judicial matters related to my case. Therefore, I request that you make a determination regarding the release of this information with 20 days of receipt of my request pursuant to 5 U.S.C.(a)(6)(i), and mail the results to the above listed address. In the event you deny all or part of this request, I request that you please cite each specific reason for declination.

Moreover, I request your consideration to waive any fee that might be imposed as these documents will be submitted to the U.S. District Court - Southern District of Ohio as part of my legal motion, and the fact that I am currently incarcerated.

Attached is a copy of my FBOP identification card as my form of identity.

I thank you in advance for your assistance with my request.

Very truly yours,

Crawford Bogle
Registration No. 71461-061
FCI Fort Dix
P.O. Box 2000
Joint Base MDL, NJ 08640

EXHIBIT B

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Maurice White</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Drug Enforcement Agency Freedom of Information/Privacy Act FOI/Records Management Sec 8701 Morrisette Drive Springfield, VA 22152	<i>Maurice White</i>	<i>3/9/23</i>
 9590 9402 5472 9249 5359 35	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7020 2450 0000 2169 6587	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt	

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RECEIPT

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 Adult Signature Restricted Delivery

Postage: \$3.50
 Total Postage and Fees: \$7.25

Spec To: *Dept of Justice*
 Street and Apt. No.: *Freedom of Information Privacy Act*
 City, State, ZIP+4: *8701 Morrisette Drive, Springfield, VA 22152*

PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions