

FBI

TRANSMIT VIA:

- Teletype
- Facsimile
- AIRTEL

PRECEDENCE:

- Immediate
- Priority
- Routine

CLASSIFICATION:

- TOP SECRET
- SECRET
- CONFIDENTIAL
- UNCLAS E F T O
- UNCLAS

Date JAN 18 1979

TO: DIRECTOR, FBI (89-4286)
(ATTN: RYMUR COMMAND POST)

FROM: SAC, BROOKLYN-QUEENS (89-495) (P)

SUBJECT: RYMUR

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/12/92 BY 1048 DLM/judal

ReNYteletype to Bureau and San Francisco, 1/17/79. (u)

Enclosed for the Bureau are two fingerprint cards. (u)

On 1/16/79, the following individuals arrived at JFKIA, Queens, NY and was fingerprinted and photographed:

<u>Name</u>	<u>DOB</u>
ROBIN FAYE TSCHETTER	[Redacted]
JOAN PURSLEY	8/28/57

ARMED AND DANGEROUS - SUICIDAL TENDENCIES.

- 2 - Bureau (Encls. 2) ENCLOSURE (JLD)
- 1 - San Francisco (89-250) (INFO)
- 1 - Brooklyn-Queens (89-495) (109)

DCC:pm
(5)

REC-9

89-4286-16816

17 JAN 20 1979

[Handwritten signature]

58 JAN 25 1979

Transmitted

(Number)

(Time)

Per

FBI/DOJ

b6
b7c

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/17/92 BY 1048 DCM/nda

UNCLASSIFIED INFORMATION ENCLOSED

ENCLOSED FOR THE BUREAU 2:

Fingerprint cards.

BQfile 89-495
Bufile 89-4286

89-4286

1686

ENCLOSURE

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

PURSLEY JOAN —

STATE USAGE

ALIASES

CONTRIBUTOR

ORI NYFBIN00

SIGNATURE OF PERSON FINGERPRINTED

Joan Pursley

FBI
NEW YORK

DATE OF BIRTH DOB
Month Day Year
8 28 57

THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES

DATE ADDED OR RECEIVED DOA

SEX F RACE N HGT. 5'4 1/2" WGT. 130 EYES BRN HAIR BRN PLACE OF BIRTH POS
OAKLAND, CALIF

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

1/16/79 Dennis C. Collins-SA-FBI

YOUR NO. OCA

NY 89-495

LEAVE BLANK

CHARGE

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 4/12/92 BY 1048 OKM/nda

FBI NO. FBI

SID NO. SID

CLASS.

REF.

FINAL DISPOSITION

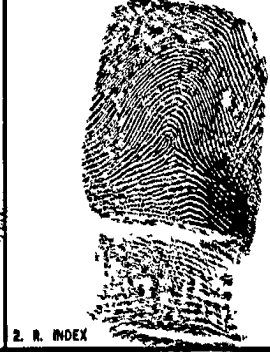
SOCIAL SECURITY NO. SOC

NCIC CLASS - FPC

CAUTION



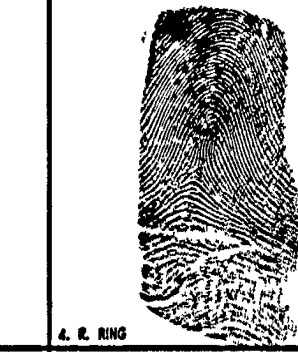
1. R. THUMB



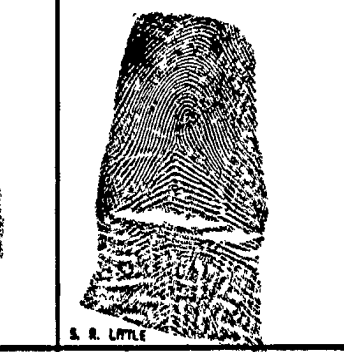
2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



7. L. INDEX



8. L. MIDDLE



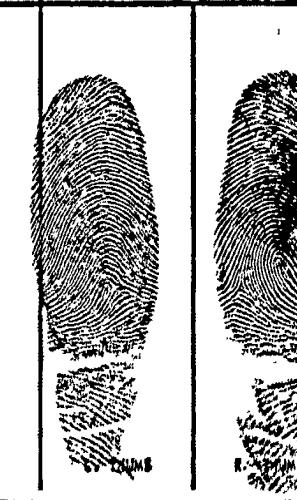
9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



THUMB



MIDDLE



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON-D.C.-20537

PALM PRINTS TAKEN? YES NO

PHOTO AVAILABLE? YES NO

IF AVAILABLE, PASTE PHOTO OVER INSTRUCTIONS IN DOTTED AREA. →
(DO NOT USE STAPLES)

SINCE PHOTOGRAPH MAY BECOME DETACHED INDICATE NAME, DATE TAKEN, FBI NUMBER, CONTRIBUTOR AND ARREST NUMBER ON REVERSE SIDE, WHETHER ATTACHED TO FINGERPRINT CARD OR SUBMITTED LATER.

IF ARREST FINGERPRINTS SENT FBI PREVIOUSLY AND FBI NO. UNKNOWN, FURNISH ARREST NO. _____ DATE _____

STATUTE CITATION (SEE INSTRUCTION NO. 9) CIT

- 1.
- 2.
- 3.

ARREST DISPOSITION (SEE INSTRUCTION NO. 5) ADN

EMPLOYER: IF U. S. GOVERNMENT, INDICATE SPECIFIC AGENCY.
 IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.

OCCUPATION _____

RESIDENCE OF PERSON FINGERPRINTED _____

SCARS, MARKS, TATTOOS, AND AMPUTATIONS SMT

BASIS FOR CAUTION ICO

DATE OF OFFENSE DOO

SKIN TONE SKN

MISC. NO. MNU

ADDITIONAL INFORMATION

INSTRUCTIONS

1. UNLESS OTHERWISE PROVIDED BY REGULATION IN YOUR STATE, FINGERPRINTS ARE TO BE SUBMITTED DIRECTLY TO FBI IDENTIFICATION DIVISION. FORWARD IMMEDIATELY FOR MOST EFFECTIVE SERVICE.
2. FINGERPRINTS SHOULD BE SUBMITTED BY ARRESTING AGENCY ONLY (MULTIPLE PRINTS ON SAME CHARGE SHOULD NOT BE SUBMITTED BY OTHER AGENCIES SUCH AS JAILS, RECEIVING AGENCIES, ETC.). REQUEST COPIES OF FBI IDENTIFICATION RECORD FOR ALL OTHER INTERESTED AGENCIES IN BLOCK BELOW. GIVE COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE.
3. TYPE OR PRINT ALL INFORMATION.
4. NOTE AMPUTATIONS IN PROPER FINGER BLOCKS.
5. LIST FINAL DISPOSITION IN BLOCK ON FRONT SIDE. IF NOT NOW AVAILABLE, SUBMIT LATER ON FBI FORM R-84 FOR COMPLETION OF RECORD. IF FINAL DISPOSITION NOT AVAILABLE SHOW PRE-TRIAL OR ARRESTING AGENCY DISPOSITION, e. g., RELEASED, NO FORMAL CHARGE, BAIL, TURNED OVER TO, IN THE ARREST DISPOSITION BLOCK PROVIDED ON THIS SIDE.
6. MAKE CERTAIN ALL IMPRESSIONS ARE LEGIBLE, FULLY ROLLED AND CLASSIFIABLE.
7. CAUTION - CHECK BOX ON FRONT IF CAUTION STATEMENT INDICATED. BASIS FOR CAUTION (BCO) MUST GIVE REASON FOR CAUTION, e. g., ARMED AND DANGEROUS, SUICIDAL, ETC.
8. MISCELLANEOUS NUMBER (MNU) - SHOULD INCLUDE SUCH NUMBERS AS MILITARY SERVICE, PASSPORT AND/OR VETERANS ADMINISTRATION (IDENTIFY TYPE OF NUMBER).
9. PROVIDE STATUTE CITATION, IDENTIFYING SPECIFIC STATUTE (example - PL for PENAL LAW) AND CRIMINAL CODE CITATION INCLUDING ANY SUB-SECTIONS.
10. ALL INFORMATION REQUESTED IS ESSENTIAL.

SEND COPY TO: _____

REPLY DESIRED? YES NO

(REPLY WILL BE SENT IN ALL CASES IF SUBJECT FOUND TO BE WANTED)

IF COLLECT WIRE OR COLLECT TELEPHONE REPLY DESIRED, INDICATE HERE: (WIRE SENT ON ALL UNKNOWN DECEASED)

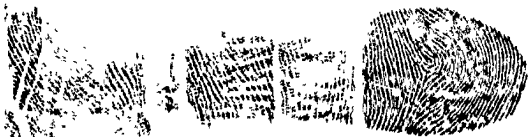
WIRE REPLY TELEPHONE REPLY TELEPHONE NO. AND AREA CODE _____

LEAVE BLANK.

LEAVE BLANK.

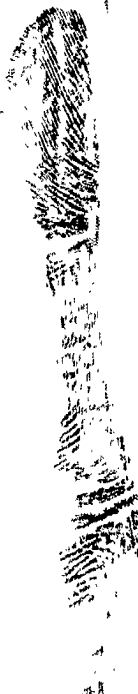
Right hand of JOAN PURSLEY
SA Denis C. Collins 1-16-79

Joan Pursley

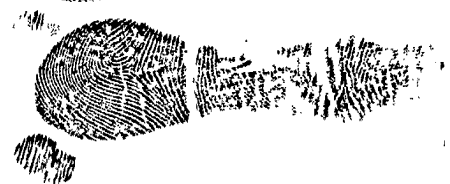


2

3



4



4



Right hand of
JOAN PURSLEY
SA Denis C. Collins 1-16-79

Joan Pursley

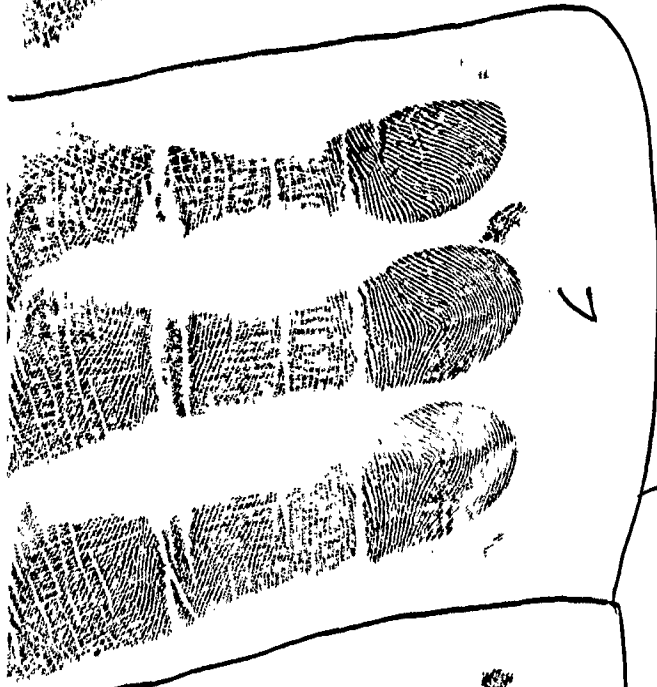


Left hand of JOAN PURSLEY
S/A Denis C. Collins 1/16/79

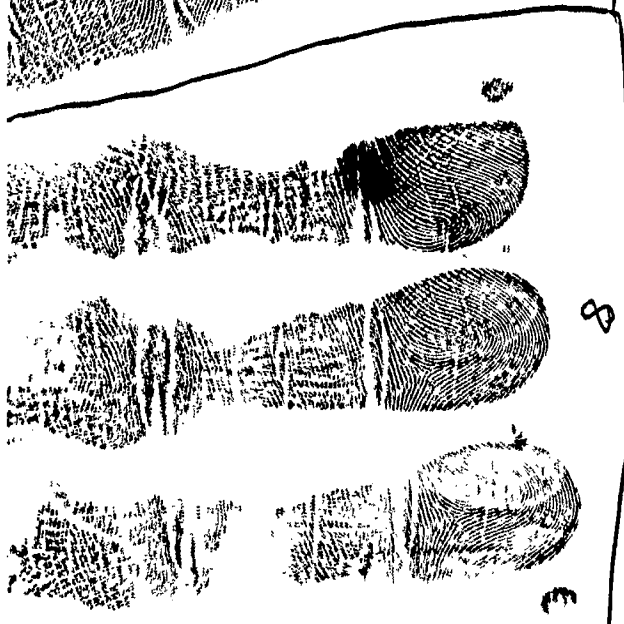
Joan Pursley



6

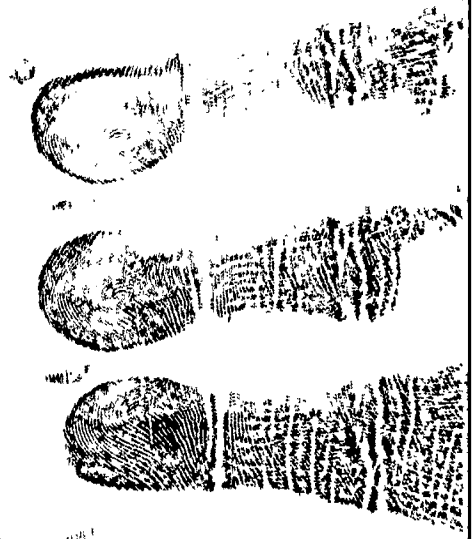


7



8

9



10



9

Left hand of
JOAN PURSLEY
SA Denis C. Collins
1-16-79

Joan Pursley



LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

Tschetter Robin FAYE

STATE USAGE

ALIASES

CONTRIBUTOR

ORI NYFBINY00

SIGNATURE OF PERSON FINGERPRINTED

Robin Tschetter

FBI
NEW YORK

DATE OF BIRTH DOB
Month Day Year
8 13 57

THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES

DATE ARRESTED OR RECEIVED DOA

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB
F W 5'7" 130 BRN BRN Beach Grove,
INDIANA

DATE 1/16/79 SIGNATURE SA [Signature] FBI

1-16-79

YOUR NO. OCA
NY 89-495

LEAVE BLANK INDIANA

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/1/92 BY 1049 OCU/ndm

FBI NO. FBI

CLASS. _____

SID NO. SID

REF. _____

FINAL DISPOSITION

SOCIAL SECURITY NO. SOC

NCIC CLASS - FPC

CAUTION

b6
b7c

**FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C. 20537**

PALM PRINTS TAKEN? YES NO

PHOTO AVAILABLE? YES NO

**IF AVAILABLE, PASTE PHOTO OVER INSTRUCTIONS
IN DOTTED AREA.** →
(DO NOT USE STAPLES)

SINCE PHOTOGRAPH MAY BECOME DETACHED INDICATE NAME,
DATE TAKEN, FBI NUMBER, CONTRIBUTOR AND ARREST NUMBER
ON REVERSE SIDE, WHETHER ATTACHED TO FINGERPRINT CARD OR
SUBMITTED LATER.

**IF ARREST FINGERPRINTS SENT FBI PREVIOUSLY AND FBI NO. UNKNOWN,
FURNISH ARREST NO. _____ DATE _____**

STATUTE CITATION (SEE INSTRUCTION NO. 9) CIT

- 1.
- 2.
- 3.

ARREST DISPOSITION (SEE INSTRUCTION NO. 9) ADN

EMPLOYER: IF U. S. GOVERNMENT, INDICATE SPECIFIC AGENCY.
IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.

OCCUPATION

RESIDENCE OF PERSON FINGERPRINTED

SCARS, MARKS, TATTOOS, AND AMPUTATIONS SMT

BASIS FOR CAUTION ICO

DATE OF OFFENSE DOO

SKIN TONE SKN

MISC. NO. MNU

ADDITIONAL INFORMATION

INSTRUCTIONS

1. UNLESS OTHERWISE PROVIDED BY REGULATION IN YOUR STATE, FINGERPRINTS ARE TO BE SUBMITTED DIRECTLY TO FBI IDENTIFICATION DIVISION. FORWARD IMMEDIATELY FOR MOST EFFECTIVE SERVICE.
2. FINGERPRINTS SHOULD BE SUBMITTED BY ARRESTING AGENCY ONLY (MULTIPLE PRINTS ON SAME CHARGE SHOULD NOT BE SUBMITTED BY OTHER AGENCIES SUCH AS JAILS, RECEIVING AGENCIES, ETC.). REQUEST COPIES OF FBI IDENTIFICATION RECORD FOR ALL OTHER INTERESTED AGENCIES IN BLOCK BELOW. GIVE COMPLETE MAILING ADDRESS, INCLUDING ZIP CODE.
3. TYPE OR PRINT ALL INFORMATION.
4. NOTE AMPUTATIONS IN PROPER FINGER BLOCKS.
5. LIST FINAL DISPOSITION IN BLOCK ON FRONT SIDE. IF NOT NOW AVAILABLE, SUBMIT LATER ON FBI FORM R-84 FOR COMPLETION OF RECORD. IF FINAL DISPOSITION NOT AVAILABLE SHOW PRE-TRIAL OR ARRESTING AGENCY DISPOSITION, e. g., RELEASED, NO FORMAL CHARGE, BAIL, TURNED OVER TO, IN THE ARREST DISPOSITION BLOCK PROVIDED ON THIS SIDE.
6. MAKE CERTAIN ALL IMPRESSIONS ARE LEGIBLE, FULLY ROLLED AND CLASSIFIABLE.
7. CAUTION - CHECK BOX ON FRONT IF CAUTION STATEMENT INDICATED. BASIS FOR CAUTION (ICO) MUST GIVE REASON FOR CAUTION, e. g., ARMED AND DANGEROUS, SUICIDAL, ETC.
8. MISCELLANEOUS NUMBER (MNU) - SHOULD INCLUDE SUCH NUMBERS AS MILITARY SERVICE, PASSPORT AND/OR VETERANS ADMINISTRATION (IDENTIFY TYPE OF NUMBER).
9. PROVIDE STATUTE CITATION, IDENTIFYING SPECIFIC STATUTE (example - PL for PENAL LAW) AND CRIMINAL CODE CITATION INCLUDING ANY SUB-SECTIONS.
10. ALL INFORMATION REQUESTED IS ESSENTIAL.

SEND COPY TO:

REPLY DESIRED? YES NO

(REPLY WILL BE SENT IN ALL CASES IF SUBJECT FOUND TO BE WANTED)

IF COLLECT WIRE OR COLLECT TELEPHONE REPLY
DESIRED, INDICATE HERE: (WIRE SENT ON ALL UNKNOWN DECEASED)

WIRE REPLY TELEPHONE REPLY TELEPHONE NO. AND AREA CODE

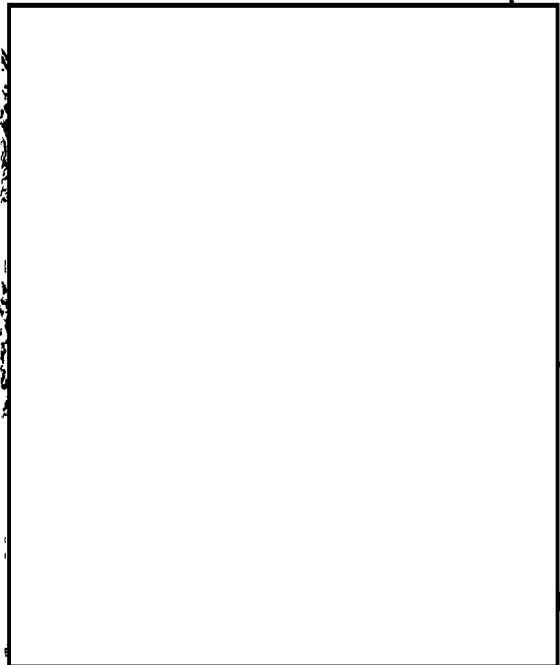
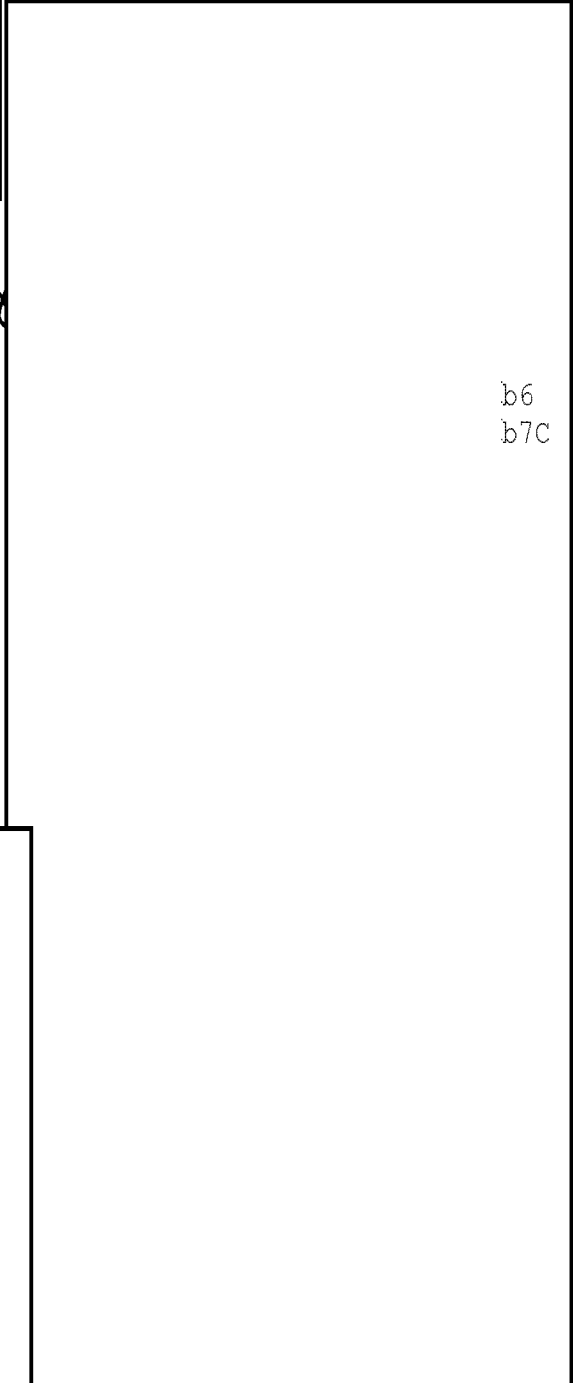
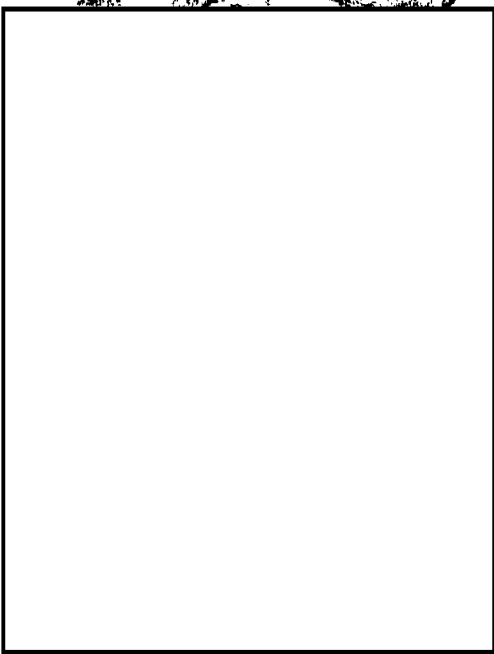
LEAVE BLANK

b6
b7c

Right hand of
ROBIN Tschetter

SA 1-16-79

Robin Tschetter



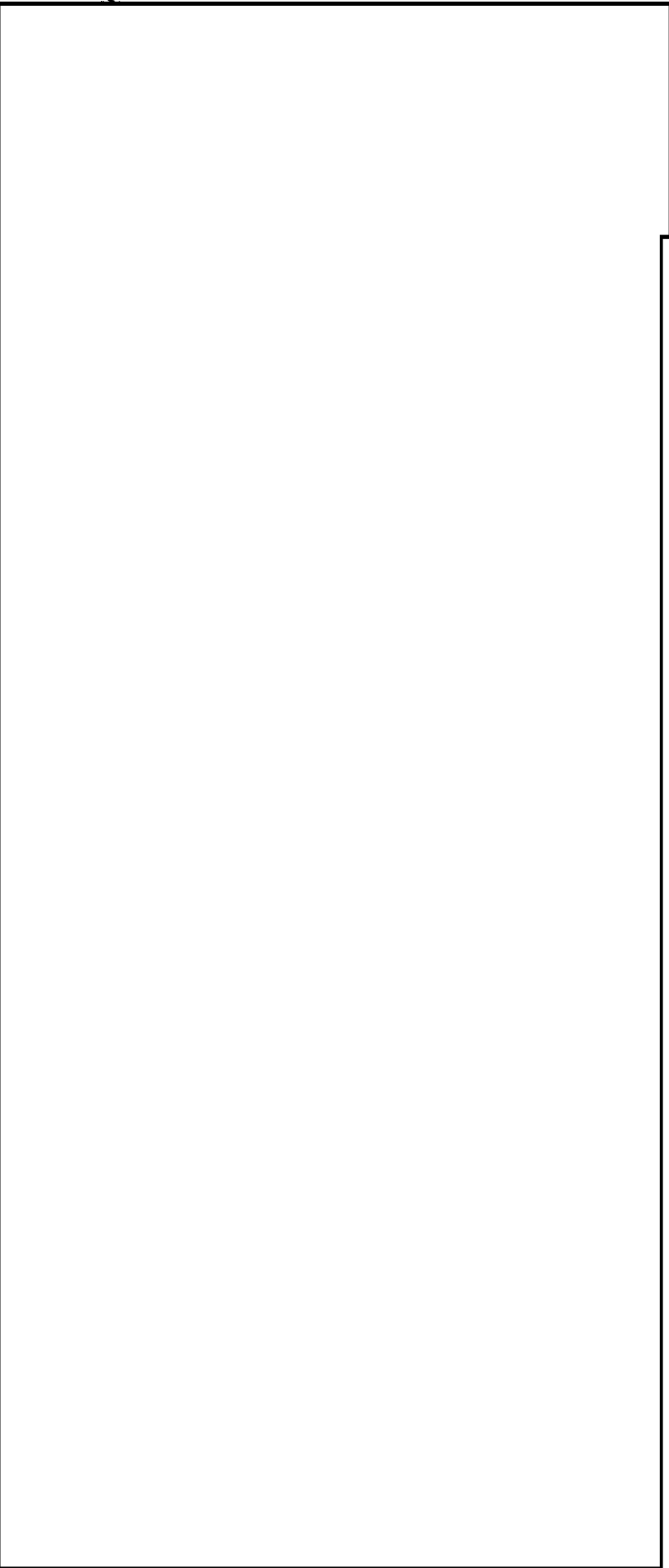
h

g

f

e

b6
b7c



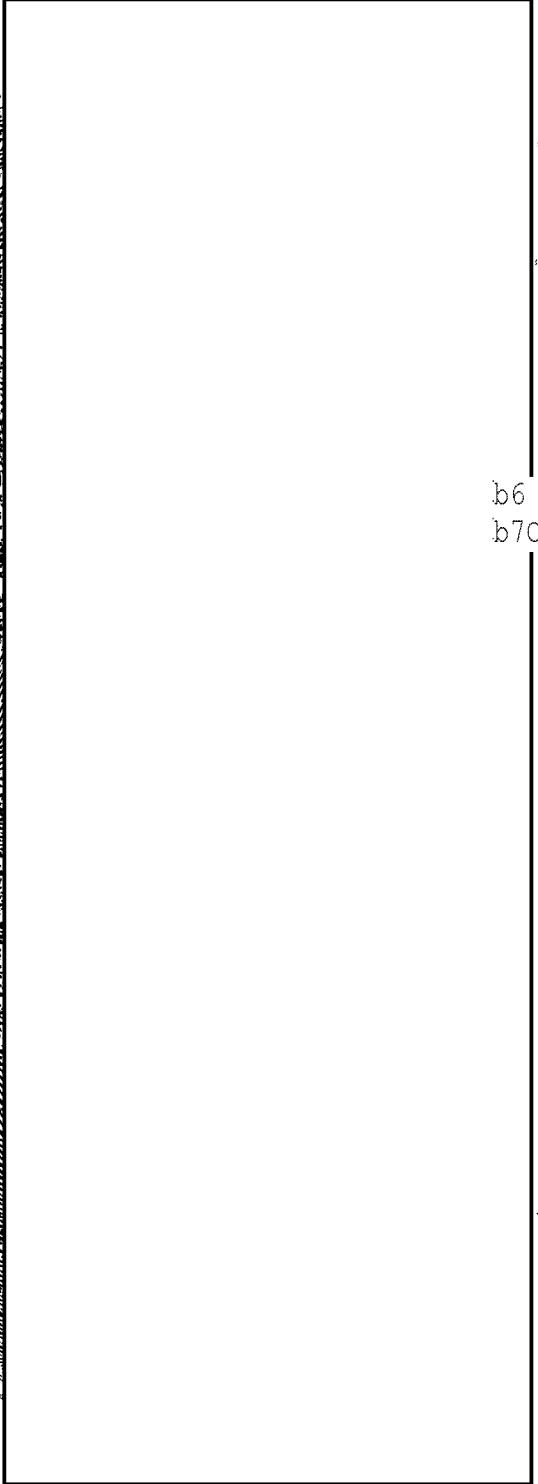
Right hand of

Robin FAYE Tschetter

SA 1-16-79



Robin Tschetter



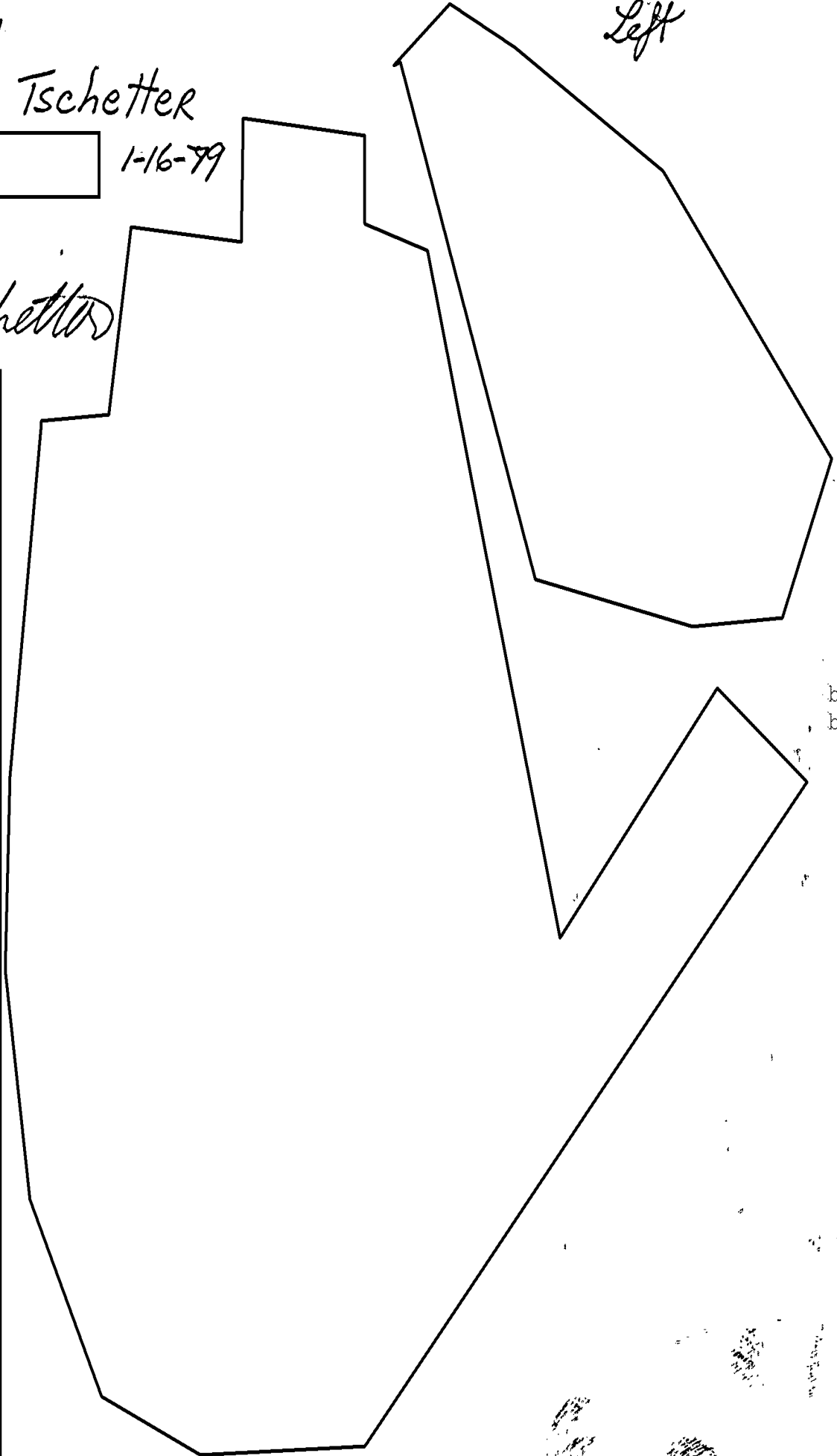
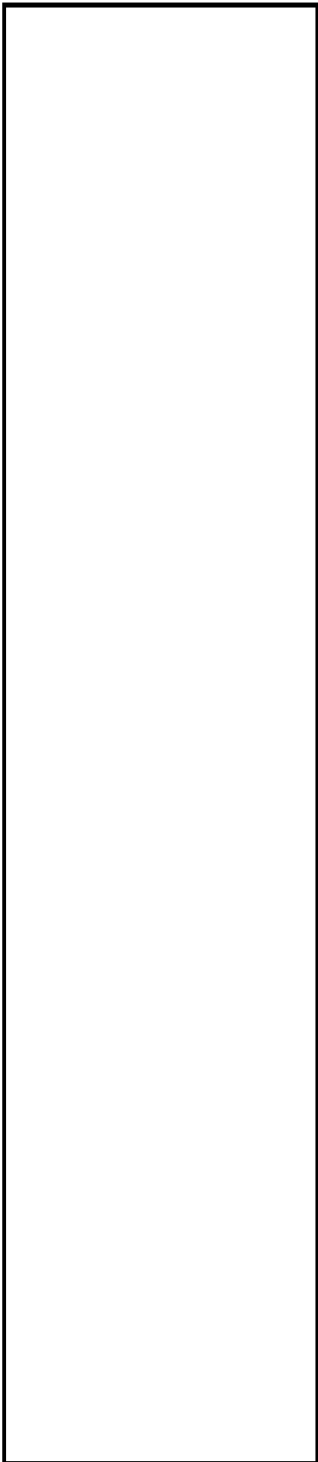
b6
b7C

Left hand of
Robin Faye Tschetter

SA 1-16-79

Left

Robin Tschetter



b6
b7C

9

Left hand of Robin FAYE

Tschetter

b6
b7C

SA



1-16-79

Robin Tschetter
9

8

6