

Forward To: Lt-in-Charge
Special Operations Section

Date _____
RDA# _____

REPORT OF DRUG ACTIVITY

Location

Address or 100 block _____ Apt. _____
(No.) (Street)
Intersection _____
House Description _____

Type of Drug

Crack Cocaine (powder) Marijuana Unknown
Pharmaceutical (describe) _____ Other (describe) _____
Quantity/Price (minimum) _____ / _____ (maximum) _____ / _____
(quantity) (price) (quantity) (price)

Method of Operation

Time--- Day (6:00AM-6:00PM) Night (6:00PM-6:00AM)
Days--- All Mon. Tue. Wed. Thur. Fri. Sat. Sun.
Location--- On street From vehicle
Inside house Front door Rear door Side door
Doors barricaded Armor Guard Dog(s)
Firearms (describe) _____
Signal/Code/Reference (to buy) _____
Customers--- White Black Hispanic

Suspects

	First Name	Last Name	Sex	Race	Age/DOB	Nickname	User	Seller	Supplier
#1	_____	_____	_____	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Home Address	Street	City, State, ZIP						
#1	_____	_____	_____						
#2	_____	_____	_____						
#3	_____	_____	_____						

Vehicles

	Year	Make	Model	Body Style	Colors	Lic. No.	Dist. Char.
#1	_____	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____	_____

Additional Information (Use other side if necessary)

(over)

Source of Information

Police Officer Chief of Police Other _____
Mayor Councilman Ombudsman Anonymous

May the source be contacted for follow-up investigation? _____

Source Identification (optional)

First Name	Last Name	Address	City, State, ZIP	Telephone
_____	_____	_____	_____	_____

Additional Information

Email the completed form to Tanya Meeks at tmeeks@cityofflint.com.