Citizen Report of Suspected Drug Activity

Date of Report: _____ Time of Report: _____ am/pm

Suspected Address/Intersection: _____

Description of house/apartment: _____

Suspect'(s) name (or nickname) _____

Age: _____ Birth Date: _____ Sex (M/F): ____

Race: _____ Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____Gang/Club: _____

Shirt Color/Type_____ Pants color/Type: _____

Shoes Color/Type: _____ Other Clothing_____

Types of Narcotics: _____

Are they hidden, if yes, where? _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ License Number: _____

License State: _____ Decals: _____

Does suspect carry a weapon? _____If yes, what type? _____

Describe drug activity: _____

_____

_____

_____

Mail or give this form to:

City of Adams Police Department
Attn: Todd G. Hanson, Chief of Police
Post Office Box 1125
Adams, Wisconsin 53910