



SUSPECTED DRUG HOUSE NARCOTICS REPORT

(Please print clearly or type)

Send copies of this report and attached logs to:

Albany Police Department

1117 SE JACKSON STREET

ALBANY, OR 97322

Phone: 917-7680

The local law enforcement leaders are very concerned about drug activity in our communities. The Albany Police Department works together, with local citizens, to strive to eradicate this type of activity from our city. Any information provided will be kept in **strict confidence** and does not constitute an official complaint. It is not public information. Please provide as much detailed information as you can. Your cooperation is **very important** but do not take unnecessary risks or action on your own. Thank you for helping your community and your law enforcement authorities.

Your name, address and phone number (Optional):

1. Please provide the address of reported drug activity. Describe the house and location. (Color, location on the block, single or two story, etc.)

2. Have the occupants of the residence covered up or installed bars on the windows? Have they reinforced the doors on the residence?

3. Do you know the names of the persons who occupy the residence at the above address? Can you describe the suspected operators of the drug

house (sex, race, approximate age, height, weight, hair, scars, tattoos, etc?)

4. Is the residence a rental or owner occupied? Do you know the name and address of the landlord?

5. Can you describe vehicles used by those who occupy the residence? (License plate numbers, model, year, color, dents, etc.?)

Plate	State	Model/Make	Year	Color	Other

6. Can you determine patterns of traffic to the above residence? (Numbers of visitors on foot or vehicle; particular days of the week or hours of the day when traffic is heaviest; how long do visitors stay?)

7. Have you witnessed apparent drug transactions or drug paraphernalia near the vicinity of the residence. (Exchange of money or goods for small parcels?) Do you know what kinds of drugs are being sold? How do you know?

8. Are persons associated with the suspected drug house posted as “lookouts” on the property of the residence and/or corners of your block? Are “lookouts” posted during particular days of the week or hours of the day? Please explain.

9. Can you describe other suspicious activities related to the activities of this residence? (carrying weapons, receiving suspicious merchandise, intimidating or threatening behavior)

10. How long have the above activities taken place at this residence?
_____ Include dates from _____ to _____

11. Is there other information that you would like to include in this report?

12. Are your neighbors organized around reporting the activities of the above residence? _____ How many? _____ Have they contributed information to this report or are they filling out their own reports? _____ They should be doing one or the other!

13. The attached forms can be used for keeping additional logs describing vehicles which make repeated visits and the specific activities associated with the operator of the suspected drug house.

14. We appreciate your input!