

DRUG ACTIVITY REPORT

Harrison Twp. Police Department P.O. Box 376, 1 Municipal Drive Natrona Heights, PA 15065 (724) 224-3355

Use this form to report narcotics activity or drug dealers that you observe in the Township of Harrison. Please complete as much of this form as possible. The information will be forwarded to the Municipal Drug Task Force for intelligence database, further investigation and enforcement. We request your patience and cooperation as follow up investigation of Narcotics Trafficking is a discreet, vigilant and extensive process. Your cooperation is very important; however, do not take any unnecessary risks or action on your own. YOU MAY ELECT TO REMAIN ANONYMOUS. Information you provide will be held in strict confidence. Thank you for your interest.

Street Address of Drug Activity: _____

(or) other location: _____

Is it a rental property: Yes _____ No _____ Landlord's name: _____

Drug Dealing occurs: inside house _____ from vehicle _____ on street _____
(or) other (describe) _____

Please check any of the following that you have seen or are aware of at this residence:

Children _____ (how many) _____ (approximate ages) _____

Guns _____ Dogs _____ Video Surveillance _____ Reinforced Doors _____

Use this space to list any other identifying or pertinent information regarding this house:

Information you know of the drug dealer's name, description, vehicles, numbers, etc.:

Dealer's Name: _____ Nickname: _____

Age _____ Race _____ Sex _____ Phone _____ Pager _____

Address _____

Physical Description of Dealer _____
(approx. height, weight, hair, eyeglasses, etc.)

Vehicle(s) used by dealer or visiting vehicles suspected of Drug Dealing:

Lic. Plate # _____ State _____ Make _____ Model _____ Color _____

Have you personally witnessed drug transactions at or near this residence? Y _____ N _____

(or) How do you know this information? _____

Drug Traffic Activity:
Specific Hours of the Day with Heaviest Traffic _____

Specific Days of the Week with Heaviest Traffic _____

Do you know how the drug sale occurs?: _____

Do you know the drug(s) being sold / used?: _____

Marijuana _____ Cocaine _____ Heroin _____ Meth. _____ Other _____

Do you know anything about the associates of the dealer?
(Names, ages, race, gender, relevant association with dealer, etc.)

YOU MAY REMAIN ANONYMOUS or have the option of providing your personal contact information. It will only be used if we need to contact you for additional information.

Name _____ Phone _____

Address _____

*Use the other side for any additional information you think would be helpful.

This form may be mailed to: **HARRISON TWP. POLICE**
P.O. BOX 376
NATRONA HEIGHTS, PA 15065