



Suspected Drug House Report

Drug Abatement Response Team - DART



Date _____ Source _____

Primary Location _____

Location Description: Street House Apartment Business Other
Color/Description: _____

Owner Information: _____

Identity of Sellers:

1. _____
Name Moniker Race/Gender Age Hgt/Wt.

2. _____
Name Moniker Race/Gender Age Hgt/Wt.

3. _____
Name Moniker Race/Gender Age Hgt/Wt.

Selling to: Anyone Unknown Blacks Whites Other _____

Vehicle Descriptions – License Number

1. _____ 2. _____

3. _____ 4. _____

Drug(s) Type _____ Times of Sales _____

Fortified: Yes or No Explain: _____ Guns: Yes or No Explain: _____

Drugs Hidden: Yes or No Explain: _____ Lookouts: Yes or No Explain: _____

Dogs: Yes or No Explain: _____ Other: _____

Selling from: Front Door Face/Face Porch Street Rear Door Hole/Door Car

Comments: _____
