

JOHNSON CITY NEIGHBORHOOD WATCH SUSPECTED DRUG ACTIVITY FORM

Please complete all information. ✓ Check ☐ boxes where applicable.

Location:

Date of activity:

Time of activity:

PHYSICAL DESCRIPTION

Race:

☐ M/F

Age:

☐ Buyer

☐ Dealer

☐ Loiterer

☐ Drug runner

☐ Not sure

Physical Description:

Clothing and accessories:

☐ I know this person >> Name:

Address:

☐ Has street name >> Name:

Race:

☐ M/F

Age:

☐ Buyer

☐ Dealer

☐ Loiterer

☐ Drug runner

☐ Not sure

Physical Description:

Clothing and accessories:

☐ I know this person >> Name:

Address:

☐ Has street name >> Name:

VEHICLES USED OR OBSERVED

Make:

Color:

Tag/State:

Yr:

Make:

Color:

Tag/State:

Yr:

DETAILS OF DRUG ACTIVITY

Drug is dealt from...

☐ Street ☐ Vehicle ☐ House ☐ Bike ☐ Other:

Activity is...

☐ Random ☐ Usually at same time > When:

Police drive by, the dealers...

☐ Scatter ☐ Hide ☐ Stay ☐ Curiously leave before the Police arrive

The activity involves the...

☐ Same vehicles usually ☐ Same dealers usually ☐ Same buyers usually

Substance is passed in a...

☐ Package ☐ Vial ☐ Bag ☐ Not sure ☐ Other:

Dealer(s) restocks drug by...

☐ Leaving area ☐ Visitor ☐ Runner ☐ Nearby:

I can see payment by...

☐ Money changing hands ☐ Merchandise sometimes brought to dealer

How long have this activity been occurring:

☐ Activity may be gang-related > Explain:

Additional comments:

Date:

/ /

Watch Member:

Signed: