

LINCOLN INTERAGENCY NARCOTICS TEAM DRUG ACTIVITY INDICATOR REPORT

The *Drug Activity Indicator Report* is used to provide Law Enforcement with specific descriptive information of a suspected drug house and its occupants. Provide only information that you have personally learned and / or have seen. Attach additional sheets if necessary. Information that is unknown or does not apply should be left blank.

DRUG HOUSE AND OCCUPANT IDENTIFIERS

RESIDENT _____ NICKNAME _____

DESCRIPTION _____
(race, sex, approx. age, height, weight, hair color, facial hair, etc.)

ADDRESS _____ PHONE _____
(number, space #, apartment #, street, city) (if known)

OCCUPATION _____ EMPLOYER _____

SPOUSE _____ CHILDREN _____
(name, age) (number, ages)

OTHER OCCUPANTS _____
(name, age)

OCCUPANT VEHICLES #1 _____ #2 _____
(license #, make, model, color) (license #, make, model, color)

GUNS? _____ VIOLENT? _____
(number, type) (explain behavior)

DRUG HOUSE IDENTIFIERS

TYPE OF HOUSE _____
(single or multi family, apartment, trailer, type of construction, color, etc.)

WINDOWS _____ INSIDE LIGHTS _____
(blacked-out, moisture, etc.) (brightness, constantly on or off for long periods, humming sounds, etc.)

OUTSIDE LIGHTS _____ DOORS _____
(motion lights, range, coverage) (metal, wood, bars)

GUARD DOGS _____ UNUSUAL ODORS _____
(number, breed, age) (chemical, skunk-like, solvent, cat urine, etc.)

SECURITY MEASURES _____
(alarms, window bars, barrier fences, gates, pad locks, etc.)

YARD DEBRIS _____
(old appliances, vehicles, rubbish, etc.)

OUT BUILDINGS _____
(trailers, unattached garages, sheds, etc.)

METH LAB INDICATORS _____
(Drain cleaner, solvent / gas cans, matches, red stained filters, alcohol bottles, cold medication boxes, propane tanks, etc.)

SUSPICIOUS ACTIVITY _____
(number of visitors a day, length of visit, how long has this been happening, etc.)

(If possible, provide a sketch of the house, include doors, rooms, stairs, fences, detached buildings, driveway, porch light, etc.)



"AT THIS POINT WE NEED TO RECOGNIZE THAT FEAR OF RELIATION IS ALWAYS A NIEGHBORHOOD'S CONCERN. ONE THING WE CAN GUARANTEE IS THAT LACK OF ACTION WILL NOT STOP CRIMINAL ACTIVITY. IN FACT, OUR EXPERIENCE SHOWS THAT A LACK OF ACTION BY NEIGHBORHOODS WILL ENCOURAGE THE ACTIVITY. THE SILENCE OF THE NEIGHBORHOOD GIVES LICENSE TO CRIMINAL ACTIVITY." **L.I.N.T.**

IF YOU ARE WILLING TO SPEAK TO A NARCOTICS INVESTIGATOR, PLEASE PROVIDE A DAYTIME PHONE NUMBER OR CALL US AT (541) 265-8101.

YOUR PHONE # (s) _____

(Optional):

YOUR NAME: _____ **ADDRESS** _____

MAIL REPORT TO:

LINT

PO BOX 947
NEWPORT, OR.

OR

DROP REPORT OFF AT EITHER THE:

LINCOLN COUNTY SHERIFF'S OFFICE

225 W. OLIVE ST.
NEWPORT, OR.

OR

OREGON STATE POLICE
NEWPORT OFFICE
52 NE 73rd St.
NEWPORT, OR.

REPORTS MAY ALSO BE FAXED TO: LINT (541) 265-8243