

SUSPECTED DRUG HOUSE REPORT FORM

Salem Police Department
Community Response Section
555 Liberty St. SE, #130
Salem, OR 97301
Phone: 503-588-6259



Drug Tips Hotline: 503-315-2566
Drug Tips Online: <http://www.cityofsalem.net/~police>

The Salem Police Department is committed to the safety of our community; that includes investigating suspected drug activity. You can help by providing as many details as possible about the suspected drug activity in your neighborhood. Your cooperation is very important; however, do not take unnecessary risks or action on your own. Any information provided will be kept in strict confidence and does not constitute an official complaint.

YOUR NAME _____
ADDRESS _____
PHONE _____

1. Address of the suspected drug activity:

Describe the house and property including color, location on the block, single or multiple stories:

2. Do you know the names of the occupants of the suspected drug house? YES NO

If YES, please provide: _____

3. Description of the occupants (gender, race, approximate age, height, weight, scars, tattoos, etc.):

4. Are there any children in the residence? YES NO

If YES, please indicate how many _____ and approximate ages: _____

5. Have the occupants of the suspected drug house taken measures to reinforce the residence (bars on windows, video surveillance, etc.) ? YES NO

If YES, please explain:

6. Do you know the residents to own or carry weapons? YES NO

7. Please describe the vehicles used by the occupants of the suspected drug house.

LICENSE PLATE	STATE	YEAR	MAKE	MODEL	COLOR
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Do you know or suspect the type of drugs that are being sold? YES NO

If YES, please indicate the type of drug(s) _____

9. Have you witnessed apparent drug transactions near this residence? YES NO

10. Please document any patterns of unusual activity at this location, such as specific times of day/night when foot or vehicle traffic is greatest:

11. How long has the suspected drug activity been occurring? _____

12. Do you know if the suspected drug house is a rental property? YES NO

Please list the owner name and contact information:

Please use the space below to list any other information you deem pertinent regarding this residence:
