

TOSPSB Narcotics Activity Tip Sheet

Date: _____ Time: _____ : _____

Suspect Information:

Name: _____ Alias: _____ DOB: ____/____/____
Sex: ____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Facial Hair (Y/N) _____ Build: _____ Other Physical Description(s): _____

Address: _____

City State Zip _____ Telephone #: (____) _____ - _____

Suspect is: User _____ Dealer _____ Who else is in home: _____

Weapons: (In Home or on Person) _____

Additional Info: _____

Type of Substance Involved:

Marijuana-____ Heroin-____ Cocaine-____ Crack Cocaine-____ LSD-_____

Unknown-____ Other Drug(s)-_____

Additional Info: _____

Vehicle Information:

Year-____ Make-____ Model-____ Color-_____

Plate #-(Include State) _____ Any Weapons in vehicle (Yes / NO) _____

Where are drugs and or weapons kept in vehicle: _____

Other Description(s)-_____

Activity/Location:

Location where activity is taking place if other than residence _____

Activity is most prevalent during what time period- _____

Activity is most prevalent during what day of the week- _____

The suspect's activity consists of _____

Complainant Information:

_____ I wish to remain anonymous.

_____ I am willing to speak to a police officer about this matter...

Name: _____ Telephone #: (____) _____ - _____

Email to: Police 1st District police.co_01@phila.gov PD 3rd Dist. police.co_03@phila.gov
PD 17th Dist. police.co_17@phila.gov

DEA Tip form: <http://www.justice.gov/dea/ops/submit.php>

