

MARIHUANA REPORT

_____ Date Field Located _____ County

Agency: _____ Date of Report: _____

Address: _____ Phone Number: _____

Person Making Report: _____

Name & Title

Latitude: _____ Longitude: _____
deg min sec deg min sec

Location of Field: _____

Legal Description

Zip Code for Nearest Post Office: _____

Driving Directions to Field

Property Owners: _____

Name & Mailing Address

Person in Control of Property: _____

Number of Plants Seized: _____ Date of Seizure: _____

Vehicles Seized: _____ Assets Seized (Land, etc.) _____

Value Vehicle Seized: _____ Value Assets: _____

Guns Seized: _____ Caliber, Make: _____

Value Guns Seized: _____ Pending Arrests: _____

Total Arrests: _____ Plots Sighted: _____

Search Warrants: _____ Other Drugs Seized: _____

Processed Marihuana (lbs): _____

Cultivation Items Seized (Hoses, Rakes, Tillers, etc.): _____

Charges Filed: () State () Federal

Search Aircraft Utilized? () No () Yes (choose): () OBN Aircraft
() Other Gov't Agency _____
() Private _____
(Specify)

Type of Marihuana: () Wildgrowing () Cultivated:
Greenhouse? () No () Yes
Sinsemilla? () No () Yes

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Disposition of All Evidence:

Held as Evidence (Name of Agency): _____

Turned Over to State Agency (Name of Agency): _____

Destroyed at Site: _____

Held for Destruction (Name of Agency): _____

Defense Mechanisms (Security Measures):

Booby Traps: _____ Alarm Systems: _____ Armed Confrontation: _____ Other: _____

Officers Assisting (Name, Dept., Hours):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Herbicide Eradication:

Plots Eradicated: _____

Number of Plants Eradicated: _____

Type of Herbicide: Method of Application: () Aerial () Backpack
() Other _____

RETURN REPORT TO: Marihuana Project Coordinator
Oklahoma Bureau of Narcotics
440 N.E. 39th Street
Oklahoma City, Oklahoma 73105

For Additional Forms Call 1-800-522-8031 or visit <http://www.ok.gov/obnndd>.