

**MARIHUANA REPORT**

Activity Date \_\_\_\_\_ County \_\_\_\_\_

Agency: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Person Making Report: \_\_\_\_\_  
Name & Title \_\_\_\_\_

Agencies Involved: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
deg MM MMM deg MM MMM

Legal Address \_\_\_\_\_

Location Description: (if no address) \_\_\_\_\_

Property Owners: \_\_\_\_\_  
Name & Mailing Address \_\_\_\_\_

Land Type: ( ) Private ( ) USFS ( ) BLM ( ) NPS ( ) BIA ( ) Other ( ) Traffic Stop ( ) Package ( ) Dispensary\*  
(see below for definition)

Number of Plants Seized: \_\_\_\_\_ Booby Traps: \_\_\_\_\_

Vehicles Seized:(# and value) \_\_\_\_\_ Assets Seized (Land, money, \_etc.) \_\_\_\_\_

Guns Seized:(# and value) \_\_\_\_\_ Process Marijuana (LBS) \_\_\_\_\_

# of Arrests: \_\_\_ State \_\_\_ Federal \_\_\_ Foreign Nationals : \_\_\_ NIDA Sample: ( ) Yes ( ) No (was sample sent to NIDA)

Officer Involved Shooting\*: ( ) Yes ( ) No Aerial Support: ( ) DEA ( ) Military ( ) State/local/other \_\_\_\_\_

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

Methods Used: ( ) GPS Tracker ( ) ( ) Cameras ( ) FLIR ( ) Stakeout ( ) Other ( use remarks ) (check all that apply)

Eradication Type: ( ) Short Haul (personnel) ( ) Sling Load (plants)

Method of Disposal: ( ) Burn ( ) Buried ( ) Submitted to Lab ( ) Other (use remarks ) (check all that apply)

REMARKS: \_\_\_\_\_

\*(USFS-US Forestry Service, BLM- Bureau of Land Management, NPS-National Parks Service, BIA-Bureau of Indian Affairs, Dispensary-Medicinal Marijuana)

RETURN REPORT TO: Marihuana Project Coordinator  
Oklahoma Bureau of Narcotics  
419 N.E. 38<sup>th</sup> Terrace  
Oklahoma City, Oklahoma 73105

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