



# CLEVELAND HEIGHTS POLICE DEPARTMENT

CHRISTOPHER M. BRITTON, CHIEF OF POLICE

## SUSPICION OF DRUG ACTIVITY REPORT



DATE CALL RECEIVED	TIME CALL RECEIVED	
CALL RECEIVED BY	NAME	RANK OR BADGE NO.
YOUR NAME:	PHONE #:	
IF YOU WISH TO REMAIN ANNONOMOUS, PLEASE CHECK THE REFUSED BOX	REFUSED	REFUSED
LOCATION OF SUSPECTED DRUG ACTIVITY:	STATE LOCATION WITH SPECIFICITY, IS A HOUSE, GET ADDRESS OR DESCRIPTION OF THE HOUSE	
SUSPECT(S) NAME / ALIAS / DESCRIPTION:	NAME AND/OR ALIAS AND/OR DESCRIPTION OF SUSPECT(S)	
SUSPECT PLATE # / VEHICLE DESCRIPTION:	PLATE NUMBER / DESCRIPTION OF SUSPECT VEHICLE(S) INVOLVED	
REASONS WHY DRUG ACTIVITY SUSPECTED:		
IS SUSPECT KNOWN TO THE COMPLAINANT? / HOW LONG HAS ACTIVITY BEEN OBSERVED? / OTHER PERTINENT INFORMATION		
TYPE OF DRUGS INVOLVED:	RELATED TO CHPD FILE NUMBER?	
ROUTING INSTRUCTIONS: ONE COPY TO CHIEF OF POLICE AND ONE COPY TO DETECTIVE BUREAU OIC.		

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