



CLEVELAND HEIGHTS POLICE DEPARTMENT

CHRISTOPHER M. BRITTON, CHIEF OF POLICE

SUSPICION OF DRUG ACTIVITY REPORT



DATE CALL RECEIVED		TIME CALL RECEIVED	
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CALL RECEIVED BY		
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NAME		RANK OR BADGE NO.	
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YOUR NAME:		PHONE #:	
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IF YOU WISH TO REMAIN ANNONOMOUS, PLEASE CHECK THE REFUSED BOX		REFUSED	REFUSED
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LOCATION OF SUSPECTED DRUG ACTIVITY:	
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STATE LOCATION WITH SPECIFICITY, IS A HOUSE, GET ADDRESS OR DESCRIPTION OF THE HOUSE

SUSPECT(S) NAME / ALIAS / DESCRIPTION:	
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NAME AND/OR ALIAS AND/OR DESCRIPTION OF SUSPECT(S)

SUSPECT PLATE # / VEHICLE DESCRIPTION:	
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PLATE NUMBER / DESCRIPTION OF SUSPECT VEHICLE(S) INVOLVED

REASONS WHY DRUG ACTIVITY SUSPECTED:	
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IS SUSPECT KNOWN TO THE COMPLAINANT? / HOW LONG HAS ACTIVITY BEEN OBSERVED? / OTHER PERTINENT INFORMATION

TYPE OF DRUGS INVOLVED:		RELATED TO CHPD FILE NUMBER?	
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ROUTING INSTRUCTIONS: ONE COPY TO CHIEF OF POLICE AND ONE COPY TO DETECTIVE BUREAU OIC.

FORM #2052 (5/2020)