

GANG/DRUG HOUSE INFORMATION

Suspected Building Address: _____

Type of crime observed: _____

How is the crime being committed? _____

How is the building being used to commit the crime? _____

Who is committing the crime? _____

Description of offender (s): Age: Race: Sex: _____

Height: _____ Weight: _____ _____ Facial Hair: _____

Tattoos: _____ _____ _____ _____ Other: _____

Age: Race: Sex: _____

Height: _____ Weight: _____ _____ Facial Hair: _____

Tattoos: _____ _____ _____ _____ Other: _____

Are gang members involved? Gang: _____

How is gang activity involved in the crime? _____

Drug Cases

Type of drugs being sold: _____

Describe the drug operation _____

Time of day sales happen: _____

How is the building used in the drug operation? _____

Describe any security at the building: _____

Describe any vehicles being used to commit the crime (include license plate number): _____

Have you had any conversations with the owner, manager or any person in control of the building?: _____

Who did you have the conversation (s) with? _____

Address: _____

Phone Number: () _____

Describe any conversations you have had with the owner, manager or other person in control of the building about the crime (include date, if known, and persons present): _____

Describe what the owner, manager or person in control of the building said about the crime:

Person/Organization reporting:

Address:

Telephone Number:

Save as a new document and email to Margaret.Gillman@chicagopolice.org

or

print and give to your CAPS coordinator