

**DRUG ACTIVITY REPORT**

Harrison Twp. Police Department P.O. Box 376, 1 Municipal Drive Natrona Heights, PA 15065 (724) 224-3355

*Use this form to report narcotics activity or drug dealers that you observe in the Township of Harrison. Please complete as much of this form as possible. The information will be forwarded to the Municipal Drug Task Force for intelligence database, further investigation and enforcement. We request your patience and cooperation as follow up investigation of Narcotics Trafficking is a discreet, vigilant and extensive process. Your cooperation is very important; however, do not take any unnecessary risks or action on your own. YOU MAY ELECT TO REMAIN ANONYMOUS. Information you provide will be held in strict confidence. Thank you for your interest.*

Street Address of Drug Activity: \_\_\_\_\_ Have you personally witnessed drug transactions at or near this residence? Y N

(or) other location: \_\_\_\_\_ (or) How do you know this information? \_\_\_\_\_

Is it a rental property: Yes No Landlord's name: \_\_\_\_\_  
Drug Dealing occurs: inside house from vehicle on street  
(or) other (describe) \_\_\_\_\_

Please check any of the following that you have seen or are aware of at this residence:  
Children (how many) (approximate ages) \_\_\_\_\_  
Guns Dogs Video Surveillance Reinforced Doors \_\_\_\_\_

Use this space to list any other identifying or pertinent information regarding this house:  
\_\_\_\_\_

Do you know the drug(s) being sold / used?:  
Marijuana Cocaine Heroin Meth. Other \_\_\_\_\_

Do you know anything about the associates of the dealer?  
(Names, ages, race, gender, relevant association with dealer, etc.) \_\_\_\_\_

Information you know of the drug dealer's name, description, vehicles, numbers, etc.:  
\_\_\_\_\_

Dealer's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Age Race Sex Phone Pager \_\_\_\_\_

Address \_\_\_\_\_

Physical Description of Dealer \_\_\_\_\_  
(approx. height, weight, hair, eyeglasses, etc.) \_\_\_\_\_

Vehicle(s) used by dealer or visiting vehicles suspected of Drug Dealing: \_\_\_\_\_

Lic. Plate # State Make Model Color \_\_\_\_\_

YOU MAY REMAIN ANONYMOUS or have the option of providing your personal contact information. It will only be used if we need to contact you for additional information.  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

\*Use the other side for any additional information you think would be helpful.  
This form may be mailed to: HARRISON TWP. POLICE  
P.O. BOX 376  
NATRONA HEIGHTS, PA 15065