

# SUSPECTED ILLEGAL ACTIVITY REPORT



**You DO NOT have to give information about yourself. But DO give as much information as you know about the suspected drug house and dealers.**

**The completed report should be returned to:**

MADISON POLICE DEPARTMENT  
615 MADISON AVENUE  
MADISON, IL 62060

**PLEASE PRINT CLEARLY IN INK.  
BE AS SPECIFIC AS POSSIBLE.**

1. Address of the suspected activity.  
\_\_\_\_\_  
\_\_\_\_\_  
Description of the house (color, location on block, single or two-story etc):  
\_\_\_\_\_  
\_\_\_\_\_
2. Names and description of persons who live in this house; Name (& nickname), sex, race, age, height, weight, hair (Place an "X" beside names of those involved in activity.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. This suspected drug house is:  
 rental  owner occupied  
Name of Homeowner: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address of Homeowner: \_\_\_\_\_  
\_\_\_\_\_
4. Have you seen drugs being sold at this location?  
 Yes  No  
What kind of drugs are sold?  
\_\_\_\_\_  
Where are drugs sold?  
 front door  back door  Alley  
 right side door  left side door  
 right side window  left side window  
other \_\_\_\_\_
5. Do you know how the drugs are purchased?  
 Yes  No  
Is there a code name used or a specific person to ask for?  
\_\_\_\_\_  
\_\_\_\_\_
6. When is traffic (visitors to house) heaviest at this house?  

Days of Week	Time of Day
<input type="checkbox"/> Monday	<input type="checkbox"/> 6am to 9am
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 9am to 3pm
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 3pm to 6pm
<input type="checkbox"/> Thursday	<input type="checkbox"/> 6pm to 11pm
<input type="checkbox"/> Friday	<input type="checkbox"/> 11pm to 6am
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

Average # of visitors in 3-hr period: \_\_\_\_\_  
Average amount of time that visitors stay at house: \_\_\_\_\_  
\_\_\_\_\_
7. Describe security at this house:  
 Boarded Windows  Bars on Windows  
 Reinforced Doors  
 Weapons – What kind? \_\_\_\_\_  
 Guards – where? \_\_\_\_\_  
 Other security – describe: \_\_\_\_\_  
\_\_\_\_\_
8. Describe vehicles used by occupants of this house? Make & Model, Year, Color, License, Plate #, Dents or other features:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you seen other suspicious activity at this house?  
 Possible stolen merchandise or autos  
 Suspected Prostitution  
 Guns fired or openly displayed  
 Other activity – describe: \_\_\_\_\_  
\_\_\_\_\_
10. Please describe the people buying the drugs (approx. age, race, type of clothing, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. You do not have to include your name and phone number. Doing so will add to the reliability of this report and allow us to contact you for further information.  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

**If you know neighbors who are also concerned about suspected drugs or weapons, please ask them to fill out a report as well.**