

OTHELLO POLICE DEPARTMENT INTELLIGENCE / NARCOTICS ACTIVITY REPORT

DATE/TIME RECEIVED:				RECEIVED BY:			
SUSPECT'S NAME:				SPILLMAN NAME #:			
DESCRIPTION OF SUSPECT							
RACE:	SEX:	AGE/DOB:	HEIGHT:	WEIGHT:	EYES:	HAIR:	
ADDRESS:				PHONE:			
VEHICLES:							
LICENSE/TYPE:				LICENSE/TYPE:			
LICENSE/TYPE:				LICENSE/TYPE:			
TYPE OF DRUGS:							
TYPE OF ACTIVITY:							
ADDITIONAL SUSPECTS OR ASSOCIATES:							
COMPLAINANT:				ADDRESS/PHONE			
SOURCE RELIABILITY:	RELIABLE:		NOT RELIABLE:		UNKNOWN:		
CONTENT RELIABILITY:	CONFIRMED:			UNCONFIRMED:			
FOLLOW-UP BY:		RECEIVED BY:			FILE #:		