

# DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM (DCE/SP) REPORT

Items marked with an asterisk (\*) are **mandatory**

I. General Information					
<b>Email Completed Form to:</b> <a href="mailto:MSP-DCE-SP@michigan.gov">MSP-DCE-SP@michigan.gov</a> or <b>Mail to:</b> MIOC DCE/SP P.O. BOX 30634 Lansing, MI 48909	<b>Questions/Comments:</b> Phone: 517-284-3254 FAX: 517-284-3707 <a href="mailto:MSP-DCE-SP@michigan.gov">MSP-DCE-SP@michigan.gov</a>	Incident Date (Date Seized) *  Coordinate Through (Team)	Incident - Complaint Number *  Mission (Overtime) Authorization Number		
Agency Name (Originating-Investigating)		Originating Agency Identifier (ORI) *	Officer Completing (Name, Rank)*		
II. Location/Address Information					
Property Type (Check All That Apply) <input type="checkbox"/> Private <input type="checkbox"/> Public - State <input type="checkbox"/> Public - Federal <input type="checkbox"/> Public - Forest Service (USFS) <input type="checkbox"/> Public - Bureau Land Management (BLM)					
Land Type (Check All That Apply) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forested - Deciduous, Conifer <input type="checkbox"/> Natural Field <input type="checkbox"/> Rural <input type="checkbox"/> Semi-Forested <input type="checkbox"/> Suburban <input type="checkbox"/> Urban <input type="checkbox"/> Wetland/Swamp					
Type of GPS Coordinates (Latitude and Longitude)*    GPS Latitude*    GPS Longitude*					
Address (If Available)			County		
City	Township	Nearest Intersection (Cross Streets)			
Plant Location and Description					
III. Investigation					
Known Link (Supplier) to dispensary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Suspects Claimed Medical Marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No		Possessed Valid MMMA Card(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Possessed Invalid MMMA Card(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Methods of Investigation (Check All That Apply) <input type="checkbox"/> On Site <input type="checkbox"/> Aerial <input type="checkbox"/> Surveillance <input type="checkbox"/> Human Sources <input type="checkbox"/> GPS Tracker <input type="checkbox"/> Trailcam Sensors <input type="checkbox"/> FLIR <input type="checkbox"/> License Plate Reader (LPR) <input type="checkbox"/> MIOC Tip/SAR Report <input type="checkbox"/> Other					
Air Support <input type="checkbox"/> MI National Guard Counterdrug <input type="checkbox"/> MSP Aviation <input type="checkbox"/> CAP <input type="checkbox"/> USCG <input type="checkbox"/> DEA <input type="checkbox"/> Other			Ground Support <input type="checkbox"/> MI National Guard Counterdrug <input type="checkbox"/> Other		
Suspect Phone and License Plate Number(s) Associated with the Investigation					
IV. Eradication					
Outdoor (Enter 0 [zero] if no outdoor plants) Total Plots*    Total Plants*		Indoor Total Plants*	Bulk-Processed Marijuana Pounds    Ounces	THC Oil/Wax (oz.)	THC Edibles (oz.)
V. Arrests (Including Pending)					
Number of State Arrests		Number of Federal Arrests	Number of U.S. Citizens Arrested	Number of Foreign Nationals Arrested	
VI. Weapons					
Were any weapons seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were any shotguns/rifles seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Shotguns/Rifles	
Other Weapons and Types			Were any pistols seized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Pistols	
Security Devices Encountered <input type="checkbox"/> Yes <input type="checkbox"/> No		Type and Number of Security Devices		Booby Traps Encountered	
VII. Environmental Damage					
Environmental Damage Present? <input type="checkbox"/> Yes <input type="checkbox"/> No    Damage Type(s) <input type="checkbox"/> Waste Removal <input type="checkbox"/> Equipment Removal <input type="checkbox"/> Fuel Oils <input type="checkbox"/> Other					
VIII. Estimated Asset Seizure (Including Pending)					
Value of Seized Currency		Value of Seized Real Estate	Value of Seized Vehicles	Value of Other Seized Property	NIDA/Univ. of Miss. Samples * <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks (e.g., Unusual Items, Cultivation Methods, DTO Indicators, other Drug Types Seized)					