

## ABERDEEN POLICE DEPARTMENT NARCOTICS INFORMATION SHEET

### Caller Information

Event #:	Caller Name:	Telephone #: hm.
		wk.
Address:		

### Suspect Information

Suspect Name & Address:	Telephone #: hm.	
		wk.

### Vehicle Information

Make:	Year:	Model:	Tag#:	Color:	State:
Other Description:					

### Narcotics Information

(Check One) <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Heroin <input type="checkbox"/> PCP <input type="checkbox"/> Other
Comments:

### Officer/Supervisor Information

Receiving Officer's Signature & ID #:	Date:
Supervisor's Signature:	Date:
Reviewed By:	Date:
Copies To:	