CID-025 (06/2018) MICHIGAN STATE POLICE

DCE/SP Use Only

DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM (DCE/SP) REPORT Items marked with an asterisk (*) are mandatory

AUTHORITY: 1935 PA 59

COMPLIANCE: Voluntary

10 116 0												
I. General Information												
Email Completed Form to:	Questions/Co	e: Inciden	Incident Date (Date Seized) *					Incident - Complaint Number *				
MSP-DCE-SP@michigan.gov or Mail to: MIOC DCE/SP	517-284-3254											
P.O. BOX 30634				Coordinate Through (Team)					Mission (Overtime) Authorization Number			
Lansing, MI 48909												
Agency Name (Originating-Investigating)			Origina	Originating Agency Identifier (ORI) *				Officer Completing (Name, Rank)*				
II. Location/Address Inf	ormation											
Property Type (Check All That A												
Private Public -		Public - Fed	eral [Public	- Fc	rest Service	اکال) د	FS) D Pi	ıblic - Bure	eau Land M	Management (BLM)	
Land Type (Check All That Apply)												
Agriculture Forested - Deciduous, Conifer Natural Field Rural Semi-Forested Suburban Urban Wetland/Swamp												
											elianu/Swamp	
Type of GPS Coordinates (Latitude and Longitude)* GPS Latitude* GPS Longitude*												
Address (If Available)		County					xy					
City	earest Inter	est Intersection (Cross Streets)										
Plant Location and Description												
III. Investigation												
Known Link (Supplier) to dispen	sary? Suspec	ets Claimed Med	lical Mariiua	ana? Po	222	A hileV haza	<u> </u>	A Card(s)?	Possesse	d Invalid M	MMMA Card(s)?	
Known Link (Supplier) to dispensary? Suspects Claimed Medical Marijuana? Possessed Valid MMMA Card(s)? Possessed Invalid MMMA Card(s)? Possessed Invalid MMMA Card(s)? Yes No Yes Yes												
Methods of Investigation (Check All That Apply)												
GPS Trailcam License Plate MIOC Tip/												
□ □ □ Sources □ Hacker □ Sensors □ □ Neader (LTN) □ SAR Report □												
Air Support Ground Support												
MI National Guard Counterdrug MSP Aviation CAP USCG DEA Other MI National Guard Counterdrug Other												
Suspect Phone and License Plate Number(s) Associated with the Investigation												
IV. Eradication		_										
Outdoor (Enter 0 [zero] if no	or	Bulk-Processed Marijuar					na THC Oil/Wax (oz.) THC Edibles (oz.)					
Total Plots* Total Plants* Pounds Ounces												
V. Arrests (Including Pending)												
N 1 5011 A		N				Number	of U.	S.		Number	r of Foreign	
Number of State Ar	rests	Number of I	-ederal Arr	ests		Citizens					als Arrested	
VI. Weapons												
Were any weapons seized?	Were any shotg	uns/rifles seized	d? Numb	er of Shot	guns	/Rifles We	ere ar	ny pistols seize	ed?	Number of	Pistols	
☐ Yes ☐ No	Yes	□ No					Yes	s 🗍 1	No			
Other Weapons and Types												
Officer Weapons and Types												
						15 .	_					
Security Devices Encountered	Type and Numb	er of Security D	evices			Boot	oy ira	aps Encounter	ea			
Yes No												
VII. Environmental Damage												
Environmental Damage Present? Yes Damage Type(s) Waste Removal Equipment Removal Other												
VIII. Estimated Asset Seizure (Including Pending)												
Value of Seized Currency	Value of Seized		Value of Se	eized Vehic	cles	Value of	Othe	r Seized Prop	erty NID	A/Univ. of	Miss. Samples *	
	5. 56.26d						0			Yes	No	
Remarks (e.g., Unusual Items, Cultivation Methods, DTO Indicators, other Drug Types Seized)												
tomano (o.g., onacadi nomo, odilivation metricae, o to indicatore, other oray 1 ypes ocized)												

Date Entered (MM/DD/YY):

Entered By: