

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

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

I. General Information				
Email Completed Form to: MSP-DCE-SP@michigan.gov or Mail to: MIOC DCE/SP P.O. BOX 30634 Lansing, MI 48909	Questions/Comments: Phone: 517-284-3254 FAX: 517-284-3707 MSP-DCE-SP@michigan.gov	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?		Suspects Claimed Medical Marijuana?		Possessed Valid MMMA Card(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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			Ground 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			<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)		Indoor	Bulk-Processed Marijuana	
Total Plots * Total Plants *		Total Plants *	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?		Were any shotguns/rifles seized?		Number of Shotguns/Rifles
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any pistols seized?		Number of Pistols		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Weapons and Types				
Security Devices Encountered		Type and Number of Security Devices		Booby Traps Encountered
<input type="checkbox"/> Yes <input type="checkbox"/> No				
VII. Environmental Damage				
Environmental Damage Present?		Damage Type(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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)				

DCE/SP Use Only

Date Entered (MM/DD/YY):

Entered By: