

MARIJUANA ERADICATION REPORT – STATE OF KANSAS

REPORTING AGENCY INFORMATION

Date of Seizure:	Reporting Agency:	
Reporting Agency ORI:	County:	Case:

GROW LOCATION

Location Description:

Latitude Longitude (Deg-Min-Min format - Lat: 37.42.294 N Lon: 137.42.294 W)

Address

Please indicate the Source State of product seized:

Other Agencies Involved:

Land Type:

Indoor Outdoor

Private Public

(If public, note agency below):

Bureau of Indian Affairs Bureau of Land Management (BLM) Forest Service (USFS)

National Park Service Other (all other public lands, including state – describe)

Dispensary Check “dispensary” if grow is linked to a medical dispensary and supporting documentation is found.

METHODS USED

Investigative Techniques (check all that apply):

GPS Tracker Trail Cameras License Plate Readers Sensors FLIR Unit Stakeout

Electronics Human Sources Criminal Intelligence Analyst Assist Package (controlled delivery)

Traffic Stop Other (describe)

Aerial Support

 (check all that apply):

KHP DEA Military Civil Air Patrol Contract/Commercial UAV (drone) Other

Local/State/Federal Agency (describe)

Corresponding Flight Number Provided by Above Agency:

SEIZURE RESULTS

Officer Involved Shooting Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Arrests (number): Total: State: <input type="checkbox"/> Federal: <input type="checkbox"/> Citizenship: Foreign National <input type="checkbox"/> # US Citizen <input type="checkbox"/> #
Firearms: Yes <input type="checkbox"/> No <input type="checkbox"/>	Select type: Pistol <input type="checkbox"/> Qty. Rifle <input type="checkbox"/> Qty. Shotgun <input type="checkbox"/> Qty.

Booby Traps: Yes No

Plant Count: (number)	Processed Marijuana: (pounds) (ounces)
THC Wax/Oil: (ounces)	THC Edibles: (ounces) Description of edibles:

Method of Disposal: Burned Buried Submitted to Lab Other (describe)

VALUE OF ASSET SEIZURES (PROVIDE DOLLAR AMOUNTS)	
Currency/Financial Instruments \$ 0	Real Property \$
Vehicles \$	Other (Equipment) \$
ENVIRONMENTAL DAMAGE	
Clean-up Activities (check all that apply): Waste Removal <input type="checkbox"/> Equipment Removal <input type="checkbox"/> Fuels/Oils <input type="checkbox"/> Replanting/Reforestation <input type="checkbox"/> N/A <input type="checkbox"/> Other (describe)	
Estimated Clean-up Costs (if applicable) \$	
REMARKS (NOTE OTHER DRUGS FOUND, INJURIES/VIOLENCE OR OTHER SIGNIFICANT/UNUSUAL INFORMATION IN THE BLOCK BELOW)	
SIGNIFICANT ITEMS (PROVIDE SUBSCRIBER/ACCTHOLDER INFORMATION FOR EACH ITEM)	
Phone/Push-to-Talk Numbers	
E-mail/IP/Website Addresses	
Financial Account Numbers	
License Plates (include state of registration)	
Vehicle Identification Numbers (VINs)	
Airplane Tail Numbers	
FORM SUBMISSION	
Form Prepared by	
Agency	Contact Number
<i>Please send completed report to:</i> Vikki M. Buell Email: (vikki.buell@kbi.ks.gov) Kansas Bureau of Investigation PO Box 130 Kechi KS 67067-0130 Phone (316) 337-6096 - FAX (316) 337-6099	