

MISSOURI STATE HIGHWAY PATROL MISSOURI MARIJUANA ERADICATION SEIZURE REPORT

Participating law enforcement agencies should submit completed forms to the local troop headquarters office of the Missouri State Highway Patrol.

Case Number		Date		Related Report Numbers	
Submitting Officer			Submitting Agency		
County of Seizure			GPS: Longitude - Latitude		
TYPE OF PROPERTY SEIZURE WAS MADE <input type="checkbox"/> Private <input type="checkbox"/> FS (Forest Services) <input type="checkbox"/> BLM (Bureau of Land Management) <input type="checkbox"/> BIA (Bureau of Indian Affairs) <input type="checkbox"/> Other (All other public lands, including state)					
Owner / Address					
Plot / Highway Location					
TYPE OF SEIZURE (Submit One Seizure Report for Each Type of Seizure) <input type="checkbox"/> Indoor (I) <input type="checkbox"/> Outdoor (O)					
Plots Eradicated					
PLANTS ERADICATED					
Cultivated		Sinsemilla		Wild	
				Processed	
				lbs oz	
DESTRUCTION METHOD(S) <input type="checkbox"/> Burning <input type="checkbox"/> Buried <input type="checkbox"/> Herbicide <input type="checkbox"/> Other					
ARREST OR SUSPECT Arrested <input type="checkbox"/> Suspect <input type="checkbox"/> (use page 2 for additional information)					
NAME Last			First		Middle Initial
Address (Street)			City		State Zip Code
Social Security Number			Date of Birth		
NUMBER OF CHARGES					
State/Felony		Misd.		Federal/Felony	
				Misd.	
WEAPONS SEIZED					
Firearms Seized			Other (Booby traps, etc.)		
ASSETS SEIZED FOR FORFEITURE (use page 2 for additional details) (Types: C = Currency R = Real Estate E = Equipment V = Vehicles O = Other)					
TYPE	ITEM DESCRIPTION			QUANTITY	VALUE
LEAD INFORMATION SOURCE (Mark one) <input type="checkbox"/> Hotline Call <input type="checkbox"/> Green Merchant <input type="checkbox"/> Informant <input type="checkbox"/> Other					
UNUSUAL CIRCUMSTANCES (include booby traps, security devices, etc.)					

ENTRY DATE /
INITIALS _____

