

MARIJUANA ERADICATION REPORT – STATE OF KANSAS

REPORTING AGENCY INFORMATION

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

GROW LOCATION

Location Description: (Deg-Min-Min format - Lat: 37.42.294 N Lon: 137.42.294 W)
Address: _____ Longitude: _____
Source State of product seized: _____ Latitude: _____

Other Agencies Involved:

Land Type ****Check Land Type boxes only when cultivated plants are seized on an actual grow site****

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 No

Arrests (number):

Total: _____ State: Federal:

Citizenship: Foreign National # US Citizen #

Firearms: Yes No

Select type: Pistol Qty. Rifle Qty. Shotgun Qty.

Booby Traps: Yes No

Plant Count #: _____ **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: \$	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:	
PARCEL INTERDICTION	
Shipping Company:	
Location Type:	
Shipping From (Origin) Address:	
Sender Name:	
Shipping To (Destination) Address:	
Receiver Name:	
Tracking Number:	
Billing Number:	
FORM SUBMISSION	
Form Prepared by:	
Agency:	Contact Number:
<p><i>Please send completed report to:</i> Assistant Special Agent in Charge Adam Piland Email: (adam.piland@kbi.ks.gov) Kansas Bureau of Investigation 625 Washington Great Bend, KS 67530 Phone (620) 603-7120 - FAX (620) 792-1850</p>	