

## Questions for Consideration

If you had to pick an hour of the day for the police to see the drug activity, what hour would it be?

What kind of drug do you think is being sold?

To whom do they sell - whites, blacks or Hispanics only? Mixed customers?

Do the buyers come to the apartment door?

How do the buyers get into the building? whistle, blow car horn, ring bell, door is open, sellers let them in?

How many people live in the suspect's apartment? Do you know their names/nicknames?

Do the sellers open the door or make buyers slip money through an opening?

Do the sellers have cars? Can you describe them?

On a busy day or night, how many sales do you think are made in one hour?

Are there people outside directing the buyers to the apartment?

Are there any look-outs - in the window, out front, on the corner?

Do most of the buyers come on foot - in cars?

Do the dealers go outside to make their deals - to the hall, porch, waiting car?

Do the sellers keep drugs stashed in the hallway, on the stairs, in the surrounding shrubs?

Do you think the sellers are operating a delivery service? Do they go in and out very often? Do they have an unusual number of people on bicycles coming and going?

Have you ever heard a police scanner from inside the apartment or seen the sellers with walkie-talkies?

Do the sellers wear beepers? Do they use cellular phones?

Have you ever seen what you think was a delivery of drugs from a supplier? Describe.

Do the sellers speak English? If not, what language do they speak?

# Boston Police Drug Information Form

Neighborhood Crime Watch Unit, 1 Schroeder Plaza, Boston, MA 02120 343-4345

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Area/District \_\_\_\_\_

Location \_\_\_\_\_

Type of Drug \_\_\_\_\_

Inside/Outside? \_\_\_\_\_ Weapons: Yes/No? Type \_\_\_\_\_

Suspect's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Phone# \_\_\_\_\_

Age \_\_\_\_ Race \_\_\_\_\_ Nationality \_\_\_\_\_ Male/Female? Hair Color \_\_\_\_\_

Hair Style \_\_\_\_\_ Facial Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Build \_\_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_\_

Unusual Descriptive Data (scars, limp, speech, etc.) \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Vehicle Used: Make \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Briefly describe what you saw (see reverse for suggestions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Optional: Source of Information \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Mail To: