

City of Carbondale Police Department Suspected Illegal Activity/Drug House Survey

Mail Form To:	501 S. Washington Carbondale, IL 62901
Phone:	(618) 457-3200
Fax:	(618) 457-3204
email:	police@ci.carbondale.il.us

Street address of suspect drug house: _____

Brief description of the drug house (Color, location on block, 1 or 2 story):

Are there certain times when most of the drug sales are made?

Mornings? _____ Afternoons? _____ Evenings? _____ Weekends? _____

Certain day(s) of the week? _____ Which one(s)? _____

Beginning of the month? _____ End of the month? _____

Where are drugs sold?

_____ Front Door _____ Back Door _____ Right Side Door _____ Left Side Door

_____ Right Side Window _____ Left Side Window _____ Other _____

Do you smell any chemicals? (i.e.: ether) _____

Average number of visitors in 3-hour period: _____

Average amount of time that visitors stay at house: _____

Describe security at this house:

_____ Boarded windows _____ Bars on windows _____ Reinforced doors _____ Weapons

_____ Guards - where? _____

_____ Guard dogs -where? _____

_____ Other security - describe: _____

Names and any nicknames (if known) of suspected drug dealers at that address. (If you do not know their names, please give a description of the individuals).

1. _____ 3. _____

2. _____ 4. _____

What are they selling? _____

Cars of residents (R) and visitor cars (V)

Year and Make License Plates State

What day is trash pick-up day? _____

Do they burn trash at residence? _____ Yes _____ No

IF NEEDED, WRITE ON THE BACK OR ON A SEPARATE PIECE OF PAPER.