



FLORIDA'S DOMESTIC MARIJUANA ERADICATION PROGRAM DME FIELD SUMMARY



AGENCY: _____ CASE#: _____ DATE: _____

COUNTY: _____ CITY: _____

AGLAW PRESENT: YES NO FL NATIONAL GUARD PRESENT: YES NO

<u>MARIJUANA WAS LOCATED FROM:</u>		
GROUND <input type="checkbox"/>	AERIAL <input type="checkbox"/>	GPS _____

GROW ADDRESS/LOCATION: _____

PLANTS SEIZED: _____ SINSEMILLA: YES NO

TYPE OF INVESTIGATION

INDOOR Grow Site:

Cuttings/Clones
Seed Unknown

OUTDOOR Grow Site:

State Land Local Land
 Federal Land Private Land

IS YOUR AGENCY SUBMITTING A CANNABIS SAMPLE TO THE NIDA POTENCY MONITORING PROJECT FOR THC ANALYSIS: YES NO

THERMAL IMAGER USED: YES NO

BOOBY TRAPS/WARNING DEVICES: YES NO DESCRIBE: _____

BULK/PROCESSED MARIJUANA: YES NO AMOUNT LBS: _____

VIOLENCE: YES NO DESCRIBE: _____

FIREARMS: YES NO NUMBER OF FIREARMS: _____ VALUE \$ _____

ASSET SEIZURES: CASH \$ _____ REAL ESTATE \$ _____

VEHICLES(DESCRIBE) _____ \$ _____

OTHER (DESCRIBE) _____ \$ _____

MANDATORY ARREST INFORMATION-PLEASE LIST ADDITIONAL ARRESTS ON A SEPARATE SHEET

(ALL ARREST INFORMATION MUST BE PROVIDED TO ENTER ARREST INTO DME DATA PROGRAM)

1. SUBJECT: _____ RACE/SEX: _____ DOB: ____/____/____

SITE: ADDRESS: _____ CITY: _____

ARRESTED: YES NO STATE CHARGES or FEDERAL CHARGES

2. SUBJECT: _____ RACE/SEX: _____ DOB: ____/____/____

SITE: ADDRESS: _____ CITY: _____

ARRESTED: YES NO STATE CHARGES or FEDERAL CHARGES

SUBMITTED BY: _____ CONTACT # _____

Please TYPE or WRITE LEGIBLY Officer's Name

(Officer's telephone #)

E-MAIL: _____

Please submit by FAX to: AgLaw, Fax #(850) 245-1330 or E-mail to ivestej@doacs.state.fl.us

DME MISSION # _____