



Bureau of Narcotics and Dangerous Drugs Control
Oklahoma

Marijuana Report

Activity Date: _____ County: _____
Agency: _____ Date of Report: _____
Phone Number: _____ Person Making Report: _____
Agencies Involved: _____
Grow Latitude: _____ Grow Longitude: _____
Legal Address: _____
Location Description (if no address): _____
Property Owners: _____

Legal Type:

☐ Private ☐ US Forestry Service ☐ Bureau of Land Management
☐ National Parks Service ☐ Bureau of Indian Affairs ☐ Medical Marijuana Dispensary

Number of plants seized: _____ Booby Traps: _____
Vehicles Seized (# and value): _____ Assets Seized (land, money, etc.): _____
Guns seized (# and value): _____ Process Marijuana (LBS): _____

of Arrests: _____ State: _____ Federal: _____ Foreign Nationals: _____
NIDA Sample: ☐ Yes ☐ No
Officer Involved Shooting: ☐ Yes ☐ No
Ariel Support: ☐ DEA ☐ Military ☐ Other: _____
Grow Type: ☐ Inside Grow ☐ Outside Grow
Marijuana Type: ☐ Wild growing ☐ Greenhouse ☐ Sinsemilla
Cultivated: ☐ Yes ☐ No
Methods Used: ☐ GPS ☐ Tracker ☐ Cameras ☐ FLIR ☐ Stakeout ☐ Other: _____
Eradication Type: ☐ Short Haul (personnel) ☐ Sling Load (plants)
Disposal Method: ☐ Burn ☐ Buried ☐ Submitted to Lab ☐ Other: _____

THIS REPORT IS MANDATORY AS PER TITLE 63 § SECTION 509.5

Return Report To: Marijuana Project Coordinator
Oklahoma Bureau of Narcotics
419 NE 38th Terrace
Oklahoma City OK 73105

For additional questions or concerns,
please visit <https://www.obnndd.ok.gov>
or call us at (405) 521-2885, Mon-Fri,
8:30am – 5:00pm.

