

Vice Complaint

LOCATION: Address: _____

TYPE OF OPERATION: Prostitution Gambling Social Club Other _____

SPECIFIC LOCATION: Apartment # _____ Storefront _____ Other _____

Store Name (if applicable): _____

Describe where operation takes place (e.g., basement, side of building, etc.): _____

METHOD OF HOURS OF OPERATION: Day(s) of week: _____

Time of day: _____

DESCRIPTION OF SUSPECT: Name (if known): _____ Nickname: _____

Gender: Male Female Age: _____

Ethnicity: White Black Hispanic Asian

Height: _____ Weight: _____ Complexion: _____

Hair color: _____ Hair style: _____

Eye color: _____ Facial hair (describe): _____

Scars, tattoos or other identifiable marks: _____

Identifiable traits (if any): _____

Distinctive clothes or jewelry: _____

Accent: Yes No Type: _____

METHOD OF OPERATION: Describe how the operation works: _____

SUSPECT'S ROLE: (Prostitute, numbers runner, etc.) _____

TYPICAL CUSTOMERS: _____

ADDITIONAL COMMENTS: _____

Please forward completed form to your landlord or at: Ulster County Sheriff's Office, Attention Chief Don Ryan dryn@co.ulster.ny.us, Det. Lt. Ed Brewster ebre@co.ulster.ny.us, Det. Sgt. Brian Robertson brob@co.ulster.ny.us and Det. Sgt. Dirk Budd dbud@co.ulster.ny.us

Ulster County Sheriff's Office 380 Boulevard,
Kingston, NY, 12401: Telephone (845) 338-3640

Drug Trafficking Complaint

**BUILDING
INFORMATION:**

Address: _____
Landlord: _____
Floors _____ # Apartments _____

**LOCATION OF
DRUG SALES:**
(Check only one)

Front of building Back of building Hallway on flr#____
 Stairway between flrs ____ & ____ Apartment# ____
If an apartment, name of occupant: _____
Status of apartment: Legally occupied Trespasser/squatter
 Other location (e.g., roof, basement, etc): _____

GUARD DOGS:

Yes No Other _____

**SURVALIANCE
CAMERA:**

Yes No Other _____

DRUGS SOLD:

Crack Marijuana Heroin PCP Powdered cocaine
 Pills Other _____

PACKAGING:

Glassines Vials Slabs Plastic bags
 Other (describe): _____
Color or brand name: _____

**MAIN TIME
WHEN DRUGS
ARE SOLD:**

**SUSPECT
DESCRIPTION:**
(use one form for
each Suspect)

Name/Nickname (if known): _____
Does Suspect reside in the building? Yes No
If yes, which apartment? _____
If the Suspect is a resident, is he/she a Tenant Trespasser
 Secondary Tenant (spouse, son, daughter, etc.) _____
If secondary Tenant, what is the relationship between Tenant
and Suspect? _____
Is Suspect a visitor to the building? Yes No
If so, which apartment(s) does he/she visit? _____

**PHYSICAL
APPEARANCE
OF SUSPECT:**

Male Female Nationality: _____
 White Black Hispanic Asian Age: _____
Height: _____ Weight: _____ Complexion: _____
Mustache: _____ Beard: _____ Glasses: _____ Hair Color: _____

Identifiable scars, marks or tattoos: _____
Distinctive jewelry: _____
Distinctive clothing: _____
Distinctive accent (if yes, what kind?): _____

TYPICAL CUSTOMERS:

For example, age, race/ethnicity, sex, etc: _____

LOOKOUTS OR STEERERS:

Does anyone act as a lookout or steerer? Yes No
If yes, where may they be found? _____

HOW ARE SALES CONDUCTED?

Describe how a typical customer buys drugs and specify the Suspect's role in the sales operation: _____

WEAPONS:

What type of weapons?
Pistol: Large Automatic Small Automatic
Revolver: Long Barrel Short/Snub Nosed
Rifle: Bolt Action Lever Action
Shotgun: Pump Automatic Single Shot Single Barrel
DBL Barrel
Other
Please explain _____

VEHICLES:

Are any vehicles used in the operation? Yes No
 Car Van SUV Truck Other _____
Color: _____ Make: _____ Model: _____
License plate #: _____ State: _____

COMMENTS:

Code words, etc.? Yes No
If yes, describe: _____

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