



<b>HIDTA</b>	<b>DHE</b>
<input type="checkbox"/> <b>SEIZURE REPORT</b>	<input type="checkbox"/> <b>INTEL SUBMISSION</b>
THIS INFORMATION WILL BE SUBMITTED TO EPIC, RMIN, AND HIDTA DATABASES AND MAY BE SHARED WITH OTHER AGENCIES HAVING MUTUAL INTEREST.	

<b>PLEASE FAX OR SUBMIT ELECTRONIC COPIES TO:</b>
PHONE: (208) 846-7676
FAX: (208) 884-7191
E-MAIL: <a href="mailto:dhe.hidta@isp.idaho.gov">dhe.hidta@isp.idaho.gov</a>

PLEASE PROVIDE A COPY OF YOUR PHOTOS & COPIES OF ANY POCKET TRASH & PHONE RECORDS WITH THIS REPORT

HIDTA reporting must have a nexus to Ada, Bannock, Canyon or Kootenai Counties. If that nexus exists, then submit for HIDTA. If DHE thresholds are met, and there is a nexus to HIDTA Counties, then check both DHE and HIDTA boxes. If DHE threshold is met with NO HIDTA Counties, then ONLY check DHE box.

<b>TIME</b>	<b>DATE OF SEIZURE/INCIDENT</b>	<input type="checkbox"/> <b>CHILDREN INVOLVED</b>
	<b>TIME</b>	<b>LEA COMMENTS:</b>
<b>LEA</b>	<b>SEIZING Officer and Case#</b>	There are reasonable grounds to suspect that the named <b>SUBJECT</b> in this report is involved in committing or is about to become involved in committing the crime(s) of:
	<b>Seizing Officer's Contact</b>	
	<b>Detective Assigned</b>	
	<b>Detective's Contact</b>	

<b>LOCATION</b>	<b>LOCATION:</b>	(HWY #)	(MP #)	(Use address field if not on the highway)		
	<b>ROADWAY:</b>			<b>ADDRESS:</b>		
	<b>CITY:</b>			<b>COUNTY:</b>		<b>ZIP:</b>
	<b>LATITUDE:</b>			<b>LONGITUDE:</b>		
	<b>TRAVEL DIRECTION:</b>					
	<b>POINT OF ORIGIN:</b>		<b>DESTINATION:</b>			

<b>SUBJECTS</b>	<b>SUBJECT 1:</b>	(Last Name, First, M.I.)				
	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> OTHER:			
	<b>SSN:</b>		<b>DOB:</b>		<b>SEX:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	<b>OLN:</b>		<b>ARREST:</b>	<input type="checkbox"/> YES	<b>VIOLATIONS:</b>	
	<b>PHONE #:</b>		<b>ADDRESS:</b>			
	<b>SUBJECT 2:</b>	(Last Name, First, M.I.)				
	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> OTHER:			
	<b>SSN:</b>		<b>DOB:</b>		<b>SEX:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	<b>OLN:</b>		<b>ARREST:</b>	<input type="checkbox"/> YES	<b>VIOLATIONS:</b>	
	<b>PHONE #:</b>		<b>ADDRESS:</b>			
	<b>SUBJECT 3:</b>	(Last Name, First, M.I.)				
	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> OTHER:			
	<b>SSN:</b>		<b>DOB:</b>		<b>SEX:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	<b>OLN:</b>		<b>ARREST:</b>	<input type="checkbox"/> YES	<b>VIOLATIONS:</b>	
	<b>PHONE #:</b>		<b>ADDRESS:</b>			

<b>SEIZED</b>	<b>ITEMS:</b>	<b>TYPE:</b>	<b>AMOUNT:</b>	<b>VEHICLES</b>	<b>VEHICLE:</b>	<input type="checkbox"/> RENTAL <input type="checkbox"/> SEIZED
	<b>DRUG:</b>				<b>YEAR:</b>	
	<b>DRUG2:</b>				<b>MAKE:</b>	
	<b>Medical Marijuana:</b> <input type="checkbox"/>	<b>Card #:</b>	<b>Issuing State:</b>		<b>MODEL:</b>	
	<b>CURRENCY:</b>				<b>COLOR:</b>	
	<b>WEAPON:</b>				<b>PLATE:</b>	
	<b>OTHER:</b>				<b>STATE:</b>	

<b>METHODS</b>	<b>CONCEALMENT METHOD(S):</b>		
	<input type="checkbox"/> TRUNK <input type="checkbox"/> BAGGAGE <input type="checkbox"/> UNDER SEAT <input type="checkbox"/> FLOOR <input type="checkbox"/> CENTER CONSOLE		
	<input type="checkbox"/> HIDDEN COMPARTMENT:	(LOCATION)	
	<input type="checkbox"/> OTHER:	(PROVIDE DETAIL)	
<b>WAS A K9 USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>FROM WHICH AGENCY:</b>	

HIDTA/DHE Thresholds	Leads referred to HIDTA area?
	Leads referred to Other areas?
	Controlled Deliveries
	Operations
	HIDTA Investigations Generated
	Firearms seized
	Arrests
	Operation Deconflictions
Subject Deconflictions	

FOLLOW UP	<b>HAS ANY OTHER LAW ENFORCEMENT AGENCY BEEN ADVISED OF THIS SEIZURE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHICH ONE:
	<b>WAS SOURCE OF SUPPLY PROVIDED BY SUBJECT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF SO PLEASE PROVIDE NAME AND DOB:
	<b>WAS A CONTROLLED DELIVERY CONDUCTED AS A RESULT OF THIS SEIZURE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>PICTURES SUBMITTED TO [IC]²?</b> <input type="checkbox"/> YES

BRIEF SUMMARY	
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DHE/HIDTA REPORTING THRESHOLDS	
ANY FENTANYL	\$1,000.00 OR MORE OF CURRENCY
2 GRAMS OF MORE OF HEROIN	ANY VEHICLES SEIZED FROM A DRUG STOP
14 GRAMS OR MORE OF COCAINE	\$1,000.00 PROPERTY SEIZED-COMBINED VALUE
5 GRAMS OR MORE OF CRACK COCAINE	ANY FIREARMS SEIZED WITH DRUGS
1 POUND OR MORE OF MARIJUANA	LEADS REFERRED TO OTHER AREAS
14 GRAMS OR MORE OF METHAMPHETAMINE	CONTROLLED DELIVERIES
25 DOSE UNITS OR MORE OF LSD, PCP, MDMA	OPERATIONS
25 DOSE UNITS OR MORE OF CONTROLLED PRESCRIPTION DRUGS	HIDTA INVESTIGATIONS GENERATED
4 OUNCES OR MORE OF PSILOCYBIN MUSHROOMS	LEADS REFERRED TO HIDTA-AREA
ANY EPHEDRINE/PSEUDOEPHEDRINE	ARRESTS
	OPERATION DECONFLICTIONS
	SUBJECT DECONFLICTIONS