

Drug, Gang, Gun Tip Form

This form is designed for the public to provide information to KAMEG regarding ongoing drug, gang, illegal gun or vice activity in Kankakee, Ford or Iroquois Counties. This site is not monitored 24 hours a day. If the situation you wish to report is occurring NOW, please call the non-emergency number 815 933-1710 or 815 933-0417 (KANCOMM Dispatch Center). If it is an emergency call 911. Although this form is lengthy, the information is very important. If you were reporting the information in person, you would likely be asked similar questions. Please provide as much information as possible so that we may address the issue without delay.

This form is for drug, street gang or illegal gun activity and vice crimes related to prostitution or illegal gambling, etc.

If you have information about this type of criminal activity, Please provide it below:

Suspect: Nickname:

Dealer's Age

Race: Asian Black Hispanic White Other Sex: Male Female

Phone: Cell:

Address: City: State: Zip:

Please describe the suspects appearance. Include scars, marks, tattoos, clothing style, jewelry, hair style and any distinguishing characteristics:

Please describe the suspects vehicles:

Vehicle Manufacture: (Chevy, Ford, etc.)

Vehicle Model: (Camaro, Focus, etc.)

Vehicle Color: License Plate No. License Plate State:

Describe unique identifiers of the vehicle such as damage, distinct paint colors, unique parts. Also list any additional vehicles observed at this location. Please give tag number, color and make of additional vehicle(s).

Please tell us about any of the suspect's friends / associates:

Associate information: Names, Nicknames, Ages, Race, Sex - Please include information on roommates and / or family members living in the household and their level of involvement:

Please provide any E-mail, Facebook, Twitter, MySpace or other social networking information,

MySpace or other social networking information.

What street gang if any is the suspect affiliated with?

List affiliations.

When does the criminal activity occur?

Days of the week, time of day, etc.

Property / Business Name:

Address or Intersection:

Apt / Trailer / Unit No.

City:

Drug Type (check all that apply)?

- Cocaine
 Crack Cocaine
 Cannabis / Marijuana
 Ecstasy
 GHB
 Heroin
 PCP
 Methamphetamine
 Prescription (Vicodin, Hydrocodone, etc.)
 Other:

Gun Type (check all that apply)?

- Handgun
 Shotgun
 Rifle

Other (Explain):

Caliber:

Narrative of Events / Activity:

Contact Information: (This information is not required. You may leave them all blank to remain anonymous.)

Name:

E-mail Address:

Residential Address:

City/State/Zipcode: