

Wayne County Sheriff Department



Drug Enforcement Unit

WCSO DEU  
PO Box 218 Wayne, WV 25570

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fax: 304-272-5200  
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NARCOTICS ACTIVITY REPORT

Date Called: \_\_\_\_\_ Time Called: \_\_\_\_\_

Area/Address: \_\_\_\_\_

Time Activity Occurs: \_\_\_\_\_ Day of the week: \_\_\_\_\_

Suspect: \_\_\_\_\_ Phone Number: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Race: \_\_\_\_\_ OLN#: \_\_\_\_\_

Triple I (Y/N): \_\_\_\_\_ Drivers History (Y/N): \_\_\_\_\_ Photo Available (Y/N) \_\_\_\_\_

Activity Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicles Involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weapons: \_\_\_\_\_

Caller Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Caller Address: \_\_\_\_\_

Deputy Signature: \_\_\_\_\_