



INDIANA HIDTA

INVESTIGATIVE SUPPORT REQUEST

WATCHCENTER PHONE: (219) 650-2460 FAX: (219) 650-2465
EMAIL: WATCHCENTER@LC.HIDTA.NET

DATE OF REQUEST: _____ INCIDENT/CASE NO.: (REQUIRED) _____
TYPE OF CRIME: _____ DRUG TYPE: _____
REQUESTOR'S NAME: _____ AGENCY: _____
PHONE: (OFFICE) _____ (CELL) _____ FAX: _____
EMAIL: _____

SUBJECT INFORMATION:

NAME: _____ ALIAS: _____
ADDRESS: _____ CITY: _____ STATE: _____
DOB: _____ RACE: _____ SEX: _____ SSN: _____
PHONE#: _____ D/L: _____ STATE: _____
VEHICLE TAG: _____ STATE: _____
GANG: _____ GANG SET: _____

CASE SYNOPSIS AND REQUEST:

DECONFLICTION

TARGETS (TWO YEARS)

TARGET PERSON TARGET PHONE TARGET ADDRESS TARGET VEHICLE

DECONFLICTION RADIUS: .1 MILE .25 MILE .5 MILE

EVENT ADDRESS (90 DAYS) (24-HOUR FORMAT)

USE SUBJECTS ADDRESS ALTERNATE ADDRESS: _____

DATE AND TIME RANGE

From: _____ To: _____

Enforcement Activity for Event: _____

COMPLETED BY: _____ DATE: _____ REQUEST #: _____
OFFICER NOTIFIED: _____ CONFLICT: _____ DECONFLICTION #: _____