

PLYMOUTH COMMUNITY SCHOOL CORPORATION

ADMINISTRATIVE REPORT OF SCHOOL EMPLOYEE OBSERVED  
CRIMINAL LAW VIOLATION ON OR WITHIN 1000 FEET OF SCHOOL PROPERTY

I.C. 35-48-5 requires school employees to report to members of the administrative staff observed drug violations on or within 1000 feet of school property. A written report must be filed by the administrator with a local law enforcement agency. A person making a report in good faith is immune from civil liabilities or penalties.

Date of Report: \_\_\_\_\_ Date of Observed Violation: \_\_\_\_\_

Time: \_\_\_\_\_

Place of Observed Violation:

General Description of Violation Observed:

- Dealing in cocaine or narcotic drug \_\_\_\_\_
- Dealing in a counterfeit substance \_\_\_\_\_
- Possession of a controlled substance \_\_\_\_\_
- Dealing in marijuana, hash oil, or hashish \_\_\_\_\_
- Visiting a common nuisance \_\_\_\_\_
- Dealing in a substance represented to be a controlled substance \_\_\_\_\_
- Possession of marijuana, hash oil, or hashish \_\_\_\_\_
- Dealing in a controlled substance \_\_\_\_\_
- Possession of cocaine or narcotic drug \_\_\_\_\_
- Manufacture of paraphernalia \_\_\_\_\_
- Possession of paraphernalia \_\_\_\_\_
- Maintaining a common nuisance \_\_\_\_\_
- Manufacturing, distributing, or possessing a substance represented to be a controlled substance \_\_\_\_\_

Name(s) or general description(s) of each violator observed:

Names(s)	General Description(s)
1. _____	_____
2. _____	_____
3. _____	_____

Name(s) or general description(s) of each witness to any part of the violation:

	Names(s)	General Description(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____

General description and location of any property known to be involved in the violation:

If an automobile was involved, complete the following:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Other Description:

Location:

Description of Other Property:

Location:

Generally describe what was observed:

Name of school employee reporting observed violation: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Name of member of administrative staff complete this report: \_\_\_\_\_

Title: \_\_\_\_\_ Building or office location: \_\_\_\_\_

Phone: \_\_\_\_\_