



# BOSTON POLICE DEPARTMENT

## Search Warrant Operational Plan

Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Target Location: \_\_\_\_\_

Affiant Name/Assignment: \_\_\_\_\_ Contact # \_\_\_\_\_

Warrant Execution Supervisor: \_\_\_\_\_ Contact # \_\_\_\_\_

CC#: \_\_\_\_\_ HIDTA #: \_\_\_\_\_ BPD District: \_\_\_\_\_

Prosecutor: \_\_\_\_\_ Contact #: \_\_\_\_\_  ADA  AAG  AUSA

Search Warrant Issuing Court: \_\_\_\_\_ Warrant #: \_\_\_\_\_

Type of Warrant:

<input type="checkbox"/> Knock & Announce	<input type="checkbox"/> Day
<input type="checkbox"/> No Knock	<input type="checkbox"/> Night (10 p.m. – 6 a.m.)

Briefing Location: \_\_\_\_\_ Briefing Time: \_\_\_\_\_

Staging/Command Post Commander: \_\_\_\_\_ Contact # \_\_\_\_\_

Controlled Delivery of:

<input type="checkbox"/> Weapons	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Pills (type) _____
<input type="checkbox"/> Other: _____				

Types Of Premises:

<input type="checkbox"/> Residential Single	<input type="checkbox"/> Residential Multi Unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Commercial Retail	<input type="checkbox"/> Commercial Warehouse/Storage	_____
<input type="checkbox"/> Commercial Office	<input type="checkbox"/> Institutional	_____
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Social Club	_____

Additional Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# TARGET LOCATION

Photos Attached (printed 8" x 10"; affiant must label offender/address on each photo)

Target Address \_\_\_\_\_

Children Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Elderly Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical/Disabled Handicap:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle Traffic Difficulties:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Crime Area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foot Traffic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drugs Present at Location:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approach Difficulties:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Close Proximity to School:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Firearms/Weapons present at location:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counter Surveillance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemical Bio Hazard:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Fortification :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video Surveillance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prior Search Warrants Executed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photo of Target:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Criminal History of Address:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Criminal History of all Persons Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abutting Address Concerns:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photo(s) of Location:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Video of Property:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Geographic Barrier:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Floor plan, if possible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Access to Roof:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Access to Crawlspace:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Access to Basement :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of Door:		

Additional Information \_\_\_\_\_

## CASE BACKGROUND

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## CASE OBJECTIVE

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# OFFENDER/SUSPECT INFORMATION

Photos Attached (printed 8x10; must label offender/address on each photo)

Suspect Name: \_\_\_\_\_

Suspect Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age:	DOB:
Height:	Weight:
Eyes:	Hair:

Scars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattoos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facial Hair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Beard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mustache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	BOP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	History of Violence toward LE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Felony Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony Convictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect known to have firearm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspect Wanted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect on Parole	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspect on Probation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect known to have mental health issue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Q5:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFENDER/SUSPECT VEHICLE(S)

Vehicle Make	Vehicle Model	Vehicle Color(S)	Vehicle Registration

**ADDITIONAL PERSON(S) PRESENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL OFFENDER / SUSPECT?**

Age:			DOB:		
Height:			Weight:		
Eyes:			Hair:		

Scars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattoos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facial Hair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Beard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mustache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	BOP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	History of Violence toward LE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Felony Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony Convictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect known to have firearm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspect Wanted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect on Parole	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Suspect on Probation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspect known to have mental health issue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Q5:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL PERSON(S) PRESENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL OFFENDER / SUSPECT?**

Age:			DOB:		
Height:			Weight:		
Eyes:			Hair:		

Scars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattoos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facial Hair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Beard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Suspect known to have mental health issue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Q5:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PERSON(S) PRESENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL OFFENDER / SUSPECT?**

Age:			DOB:		
Height:			Weight:		
Eyes:			Hair:		

Scars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tattoos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facial Hair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Beard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Suspect known to have mental health issue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Q5:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

### Units Assisting:

BPD SWAT       Tactical Car       EOD/Ballistics K-9       Patrol/Narcotics K-9  
 Bomb Squad       Hazmat       EMS       Animal Control

Other: \_\_\_\_\_

## Outside Agencies:

State Police  FBI  DEA  ICE  Postal Service  ATF  
 HUD  Secret Service  USMS  Other/Local Department: \_\_\_\_\_

Prisoner Processing Location(s): \_\_\_\_\_

Debriefing Instructions: \_\_\_\_\_

Code 99 Instructions, if applicable: \_\_\_\_\_

Pre-Execution Surveillance by: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Contact #: \_\_\_\_\_

## PERSONNEL & ASSIGNMENTS

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