



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:

- ☐ Knock & Announce ☐ Day
☐ No Knock ☐ Night (10 p.m. – 6 a.m.)

Briefing Location: _____ Briefing Time: _____

Staging/Command Post Commander: _____ Contact # _____

Controlled Delivery of:

- ☐ Weapons ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Pills (type) _____
☐ Other: _____

Types Of Premises:

- ☐ Residential Single ☐ Residential Multi Unit ☐ Other: _____
☐ Commercial Retail ☐ Commercial Warehouse/Storage _____
☐ Commercial Office ☐ Institutional _____
☐ Vehicle ☐ 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

CASE OBJECTIVE

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
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
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 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

No.	Name	Agency	Call Sign	Entry Assignment	Search Assignment	Other

PERSONNEL & ASSIGNMENTS

[illegible]