

Unauthorized Medical Cannabis Possession Report

A licensed peace officer must complete this form to report as required under Minnesota Rules part 4770.4010 any reasonable suspicion of an individual's unauthorized possession of medical cannabis.

Incident Information

Date of incident: _____ Time of incident: _____

Location of incident:

Name of person found in possession of medical cannabis:

Medical Cannabis Label Information

Name of person authorized to possess medical cannabis:

Registry identification number of authorized individual:

Medical cannabis product manufacturer:

Medical cannabis product name:

Medical cannabis chemical composition:

Medical cannabis form:

- | | |
|--|---|
| <input type="checkbox"/> Pill/capsule | <input type="checkbox"/> Bulk oil |
| <input type="checkbox"/> Liquid (tincture/oral suspension) | <input type="checkbox"/> Topical application (patch/lotion) |
| <input type="checkbox"/> Vaporizer pen | |

Incident Circumstances

- Emergency call
- Routine traffic stop
- Call of concern
- Other, explain:

Description of incident circumstances:

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Was there any damage to medical cannabis or medical cannabis containers?

No Yes (if yes, please explain below)

Quantity of medical cannabis obtained:

Is all medical cannabis accounted for?

Yes No (if no, please explain below)

Local law enforcement agency that took custody of medical cannabis?

Date of transfer of medical cannabis to local law enforcement: _____

Time of transfer: _____

Individual Completing This Report

Individual's name and title: _____

Individual's place of employment: _____

Telephone number for individual completing this report: _____

Email for individual completing this report: _____

Minnesota Department of Health
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To obtain this information in a different format, call: 651-201-5598.