



# Medicinal Cannabis Control Commission

CHAIR Lisa Brunner VICE CHAIR Regina Murray COMMISSIONER Marcy Hart

## Unauthorized Medicinal Cannabis Possession Report

A licensed peace officer must complete this form to report any reasonable suspicion of an individual's unauthorized possession of medicinal cannabis, as required under Medicinal Cannabis Control Commission Regulations.

The officer must report the reasonable suspicion within 72 hours by completing this form on Medicinal Cannabis Control Commission Website.

If part of an ongoing investigation, the report must be made within 72 hours of the investigation's conclusion.

### Incident Information

Date of Incident

Time of Incident

Location of Incident

Name of person authorized to possess medicinal cannabis and their date of birth.

### Medicinal Cannabis Label Information

Name of person authorized to possess medicinal cannabis.

Registry identification number of authorized individual (P#####). If unknown, please enter "Unknown".

Name of medicinal cannabis product manufacturer  Waabigwan Mashkiki  
 Unclear

|   |  |
|---|--|
| Medicinal cannabis product name or description.   |  |
| <input type="text"/>  |  |
| Medicinal Cannabis form   |  |
| <input type="checkbox"/> Pill/capsule<br><input type="checkbox"/> Liquid (tincture/oral suspension)<br><input type="checkbox"/> Vaporizer pen<br><input type="checkbox"/> Bulk Oil<br><input type="checkbox"/> Topical application (patch/lotion)<br><input type="checkbox"/> Gummy/chew<br><input type="checkbox"/> Smokable, plant material |  |
| Incident circumstances  | <input type="checkbox"/> Emergency call<br><input type="checkbox"/> Routine traffic stop<br><input type="checkbox"/> Call of concern<br><input type="checkbox"/> Other |
| Description of incident circumstances   | <input type="text"/>   |
| Was there any damage to the medicinal cannabis or its container or label? <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |
| Name of local law enforcement agency that took custody of the medicinal cannabis.   |  |
| <input type="text"/>  |  |
| Date of transfer of medicinal cannabis to local law Enforcement.  |  |
| <input type="text"/>  |  |
| Time of transfer  | <input type="text"/>   |
| If there is other information you want to provide, please include it here.  | <input type="text"/>   |

| Reporting Officer           |                      |
|-----------------------------|----------------------|
| Name and title              | <input type="text"/> |
| Law Enforcement Agency Name | <input type="text"/> |
| Phone Number                | <input type="text"/> |
| Email                       | <input type="text"/> |

Submit to Medicinal Cannabis Control Commission:

[Lisa.Brunner@whiteearth-nsn.gov](mailto:Lisa.Brunner@whiteearth-nsn.gov)