

ARREST REPORT

AGENCY INFO.	Agency Name			ORI		Date/Time of Arrest Mo Date Year Hrs.			OCA					
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)			Arrest Tract		Residence Tract			Arrest Number				
ARRESTEE INFORMATION	Name (Last, First, Middle)				D.O.B.	Age	Race	Sex	Place of Birth		Country of Citizenship			
	Current Address				Phone		Occupation			<input type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name				Address				Phone					
	Also Known As (Alias Names)				Hgt	Wgt	Hair	Eye	Skin Tone	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
	Scars, Marks, Tattoos				Social Security #		OLN and State		Misc. # and Type					
	Nearest Relative Name				Address				Phone					
ARREST INFO.	If Armed, Type of Weapon			<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant			Place of Arrest							
	Charge #1		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)			Statute #	Warr. Date Mo Date Yr				
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)			Statute #	Warr. Date Mo Date Yr				
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)			Statute #	Warr. Date Mo Date Yr				
VEH. INFO.	VYR	Make	Model	Style	Color	Lic/Lis		Vin						
	Vehicle: 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ Hrs. _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other: _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of Storage: _____ Inventory on File? _____													
CONFINED BOND INFO.	Date/Time Confined Hrs.			Place Confined				Committing Magistrate						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other			Amt. Bond		Trial Date	Court of			City				
	Assisting Officer Name/ID Number					Released By: Name/Dept/ID				Date/Time Released Hrs.				
Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)														
DRUGS AT TIME OF ARREST	DCI	Status	Quantity	Type Measure	Suspected Type				Check up to 3 types of activity for each					
									Possess	Buy	Sale	Mfg.	Importing	Operating
COM-PLAINANT	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address:				Phone:					
	NARRATIVE 													
STATUS	Arresting Officer Signature/ID #				Date/Time Submitted Mo Date Yr Hrs.			Supervisor Signature						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input type="checkbox"/> Closed			Case Disposition: <input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest/No Investigation				Arrestee Signature						