## ARREST REPORT

AGENCY INFO.	Agency Name							ORI			Date/Time of Arrest Mo Date Year					OCA				
	Taken						Arrest Tract			Residence Trac			t Hrs. Arres			st Number				
ARRESTEE INFORMATION	Photo			D.O.B.			Age	Age Race		Se	ЭX	Place of B			Country of Citizenship					
	Current A		Phone				Occupation			Resident Non-Reside				Unknown						
	Employer's Name								Address									Phone		
	Also Known As (Alias Names)							Hgt			Wgt H		lair Eye			Ski			ned Drug/Alcohol	
	Scars, Marks, Tattoos							ocial Security #				OLN	and State			Misc. # and Type				
	Nearest Relative Name							Address										Phone		
ARREST INFO.							al Summons Citation				Place of Arrest									
	l				☐ Fel		DCI Code	DCI Code Offense			urisdiction (if not arresti			esting agency)			Statut	e#	Warr. Date Mo Date Yr	
	Charge #2						DCI Code	)	Offense	Juri	urisdiction (if not arres			esting agency)			Statut	Warr. Date Mo Date Yr		
	Charge #3				☐ Fel		DCI Code	•	Offense Jurisdiction (if no			(if not	ot arresting agency)			Statute #			Warr. Date Mo Date Yr	
VEH. INFO.	VYR	Ма	ke	Model		Style	Color		Lic/Lis				Vin						<u> </u>	
	Vehicle:     1.     Left at Scene     Secured     Unsecure     Date/Time     Hrs       2.     Released to other at owners request     Name of Other       3.     Impounded     Place of Storage       Inventory on File?																			
CONFINED BOND INFO.	Date/Tim			Flace 0		·							nitting Mag	istrate		IIIV	remory o	ii File?		
	Type Bor	n Prom	<del></del>		Amt. Bond	Tria	Trial Date Court of				City									
	Secured No Bond Other  Assisting Officer Name/ID Number					Released By: Name					Dept/ID Date/Time Released									
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)															Hrs.				
DRUGS AT TIME OF ARREST		Status	Quantity	Type Me	Suspected Type									k up to	3 ty	pes of activity for each				
	2. States wearing			Туретме	asure								Possess	Buy	y Sa	ale	Mfg.	Importi	ng Operating	
	Name:	Comi	plainant 🗆 🕦	Addres	Address:									Ph	one:					
COM- PLAIN- ANT	Name.	Com	Jamant 🗀	Addres											Jile.					
NARRATIVE																				
STATUS	Arresting	er Signature/ID #	Date/Time Sub Mo Date			Supervisor Signature  Hrs.														
	Case Sta Futher	Closed	st / No Supplement Ned	eded	Ar	rrestee Sig	gnatu	re												