

Cleveland Division of Police

1300 Ontario St. Cleveland Ohio, 44113

Arrestee Search Report

The supervisor's signature below is the "prior written authorization" required to conduct a strip or body cavity search. The supervisor shall also include the date and time that "prior written authorization" was granted.

(Supervisor Signature for prior written authorization)		(Badge #)	(Date)	(Time)
Incident #:				
Type of Search:	Strip Search		Body Cavity	Both
Arrestee (Last Name)	(First Name)		(DOB)	
Type(s) of Arrest:	elony Arrest	Mi	isdemeanor Arrest	Both
Offense(s):				
1	2			
3	4			
(Date) (Time)		(Lc	ocation of Search)	
Person Requesting Search:	(Name) or (Name	and Badge)		
Person Conducting Search:				
D W. C 1	(Name) or (Name	and Badge)		
Person Witnessing Search:	(Name) or (Name	e and Badge)		
Item(s) Recovered As Result O	f The Search:			
1		2		
3.		4.		



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The narrative shall include the facts upon which the law enforcement officer or employee of the law enforcement agency based his probable cause for the search, including, but not limited to, the officer or employee's review of the nature of the offense with which the searched person is charged, the circumstances of his arrest, and, if known, his prior conviction record. If the body cavity search was conducted before or without the issuance of a search warrant, or if the body cavity or strip search was conducted before or without the granting of written authorization the legitimate medical reason or medical emergency that justified the warrantless search or made obtaining written authorization impracticable.

Narrative:				
The supervisory signal body cavity search, prescribed by law.				
(Supervisor Signature)		(Badge)	(Date)	(Time)
Original (Unit Files)	1-Copy (Submitte	d w/Booking Paperwor	-k) 1-Copy ((Provided to Prisoner)