



# CLEVELAND DIVISION OF POLICE

## Booking Information Form

REPORT NUMBER: \_\_\_\_\_

Arrest #: \_\_\_\_\_ Booking #: \_\_\_\_\_ Property Bag #: \_\_\_\_\_

Check One: Adult Juvenile Orig. Agcy: \_\_\_\_\_ Chg. Agcy: \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Time: \_\_\_\_\_ Arrest Type: \_\_\_\_\_

Arrested by: # \_\_\_\_\_ # \_\_\_\_\_ Agency: \_\_\_\_\_ Car#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Arrest Location: \_\_\_\_\_ Zone: \_\_\_\_\_

Arrested with: \_\_\_\_\_

Check One: Felony Misdemeanor Felony & Misdemeanor

Arrest Result of Warrant (check one): Yes No

### ARRESTEE INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Build: \_\_\_\_\_

Complexion: \_\_\_\_\_ DL#/ST: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Basis for Caution: \_\_\_\_\_ Resisted Arrest (check one): Yes No

Occupation: \_\_\_\_\_ School (Juvenile): \_\_\_\_\_

Marital Status: \_\_\_\_\_ POB: \_\_\_\_\_ Gang Member of: \_\_\_\_\_

### Employer Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Position: \_\_\_\_\_

### Alias Information:

Name: \_\_\_\_\_ Type: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Known Associates: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Other Agency:

Brought in by 1#: \_\_\_\_\_ If not CPD #: \_\_\_\_\_ Agency: \_\_\_\_\_

Brought in by 2#: \_\_\_\_\_ If not CPD #: \_\_\_\_\_ Agency: \_\_\_\_\_

### Vehicle Information:

Lot#: \_\_\_\_\_ VIU: \_\_\_\_\_ Plate: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

RESERVED EFF. JULY 8, 2020  
SEE 303.03A

Offense #1: \_\_\_\_\_ Code: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Warrant Information: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Offense #2: \_\_\_\_\_ Code: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Warrant Information: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Hold For: \_\_\_\_\_

**SPOUSE / NEXT OF KIN / JUVENILE PARENT NOTIFICATIONS:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Notified (Juvenile): Yes No Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ #

Foreign National: Did arresting officer notify Foreign Consulate/Embassy? Yes No

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ # Embassy: \_\_\_\_\_

**PRISONER MEDICAL INFORMATION:**

MEDICAL CONDITION	Y N R U		COMMENTS	
	P.O.	Jailer	P.O.	Jailer
Recent head injury? When? Was it treated?				
Conditions: Heart, Epilepsy, Diabetes, Asthma?				
Contagious diseases: Tuberculosis, Hepatitis, AIDS?				
Are you presently under medical or psychiatric care?				
What are you under medical or psychiatric care for?				
Personal physician, clinic or hospital?				
Are you presently taking any medication? What?				
Are you allergic to any medication? What?				
Are you on a special diet prescribed by a doctor?				
Female, are you pregnant? In what month?				
Do you have a medical condition we should be aware of?				
Do you have a Medical Assistance card? Number?				
Do you have medical insurance? Company?				

**OFFICER / JAILER OBSERVATIONS**

Any obvious physical or mental handicaps?			
Appears under the influence of alcohol and/or drugs?			
Combative, aggressive, emotionally upset?			
Behavior suggests risk of suicide?			
Prior history of suicide attempts?			
Injuries, trauma, bleeding, swelling and/or bruises?			
In obvious need of medical care?			
Requesting medical care?			
Refused medical care?			
Rash, lice, scabies, jaundice or other skin disease?			