

Arrestee Information Form

Arrest Date: _____ Arrest Time: _____ Report Number: 20__ - _____

Arrested by: (Name/ID) _____ # _____ Car#: _____

Arrested by: (Name/ID) _____ # _____ Car#: _____

Transported by: (Name/ID) _____ # _____ Car#: _____

Transported by: (Name/ID) _____ # _____ Car#: _____

Last Name: _____ First Name: _____ MI: _____

Arrest Location: _____ Zone: _____

Check One: Felony Misdemeanor Felony and Misdemeanor Hold Only

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

Alias Information

Name: _____ Type: _____ DOB: _____ SSN: _____

Offenses

Offense #1: _____ CODE: _____ Case Info: _____

Offense #2: _____ CODE: _____ Case Info: _____

Offense #3: _____ CODE: _____ Case Info: _____

Offense #4: _____ CODE: _____ Case Info: _____

Offense #5: _____ CODE: _____ Case Info: _____

Additional Information: _____