

ARREST REPORT

AGENCY INFO.	Agency Name		ORI NC	Date/Time of Arrest Mo Date Year			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.	YVR	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		Place Confined			Committing Magistrate							
	Type Bond		Amt. Bond		Trial Date		City						
	<input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> 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)													
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
COMPLAINANT	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address:			Phone:						
	NARRATIVE _____ _____ _____ _____												
STATUS	Arresting Officer Signature/ID #			Date/Time Submitted Mo Date Yr			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							