

SUSPECT/ARREST SUPPLEMENT

VICTIM		OFFENSE		ARRESTING AGENCY	INCIDENT NUMBER	INCIDENT DATE AND TIME	
NO.	ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____			CHARGES FILED? <input type="checkbox"/> Y <input type="checkbox"/> N		
NAME (Last, First, Middle)				SSN			
ALIAS				GANG AFFILIATION			
ADDRESS (Street, Apt., City, State, Zip)					PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE		
PLACE OF BIRTH			DL#/STATE		OCCUPATION/SCHOOL		
*AGE/ D.O.B.		*SEX	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	*HEIGHT	*WEIGHT
MARITAL STATUS		SCARS, MARKS, TATOOS					
ADDITIONAL DESCRIPTIVES							
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		POTENTIAL INJURIES?					
*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER (explain) _____ U <input type="checkbox"/> UNKNOWN							
*ARRESTEE WAS ARMED WITH							
ARRESTEE ARMED WITH 1. ____ 2. ____ 3. ____							
99	NONE	13B	OTHER FULLY AUTOMATIC FIREARM	16	IMITATION FIREARM	50	POISON
11	FIREARM	14	SHOTGUN	17	SIMULATED FIREARM	60	EXPLOSIVES
12	HANDGUN	15	OTHER FIREARM	18	BB/PELLET GUN	65	FIRE/INCENDIARY DEVICE
12A	AUTOMATIC HANDGUN	15A	SEMI-AUTOMATIC SPORTING RIFLE	20	KNIFE/CUTTING INSTRUMENT	70	DRUGS/NARC/SLEEPING PILLS
13	RIFLE	15B	SEMI-AUTOMATIC ASSAULT FIREARM	30	BLUNT OBJECT	80	OTHER WEAPON
13A	FULLY AUTOMATIC RIFLE	15C	MACHINE PISTOL				

ASSOC. PERSONS	NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
	1.	1.	1.
	2.	2.	2.

ARREST INFORMATION	ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
	1.	1.	1.	1.	23A POCKET PICKING
	2.	2.	2.	2.	23B PURSE SNATCHING
	3.	3.	3.	3.	23C SHOPLIFTING
	4.	4.	4.	4.	23D THEFT FROM BUILDING
	5.	5.	5.	5.	23E THEFT FROM COIN-OP MACH.
					23F THEFT FROM MOTOR VEHICLE
				23G MOTOR VEH. PARTS/ACCESS.	
				240 THEFT OF MOTOR VEHICLE	
				23H OTHER: _____	
*ARREST DATE		TIME	ARREST LOCATION (Street, Apt., City, State, Zip)		
*INCIDENT TRACKING NUMBER			ARREST DISPOSITION		BAIL
MIRANDA WITNESSED BY:					TIME READ
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N	NO. TAKEN	PHOTO ID NO.	FBI/BCI#
*MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input type="checkbox"/> N/A			*ARREST TYPE	1 <input type="checkbox"/> COMPLAINT 3 <input type="checkbox"/> WARRANT 5 <input type="checkbox"/> ORDER OF PROTECTION	2 <input type="checkbox"/> IN-PROGRESS 4 <input type="checkbox"/> SUMMONS 9 <input type="checkbox"/> OTHER

JUVENILE	JUV. PARENT/ GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION	<input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES
	PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE
	PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE

RUNAWAYS /MISSING	PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE/TIME ENTERED
	LAST SEEN WEARING				

REPORTING OFFICER	BADGE NO.	DATE
APPROVING OFFICER	BADGE NO.	DATE
COURT		DATE