

SUSPECT/ARREST SUPPLEMENT

	ARRESTING AGENCY 1	INCIDENT NUMBER 2
VICTIM 3	OFFENSE 4	INCIDENT DATE AND TIME 5
NO. 1 ADULT <input type="checkbox"/> 2 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 3 CHARGES FILED? <input type="checkbox"/> Y <input type="checkbox"/> N 4		
NAME (Last, First, Middle) 5		SSN 6
ALIAS 7		GANG AFFILIATION 8
ADDRESS (Street, Apt., City, State, Zip) 9		PHONE 10
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) 11		PHONE 12
PLACE OF BIRTH 13	DL#/STATE 14	OCCUPATION/SCHOOL 15
*AGE/ D.O.B. 16	*SEX 17	*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U 18
ETHNICITY 19		*HEIGHT 20
		*WEIGHT 21
		*HAIR 22
		*EYES 23
MARITAL STATUS 24	SCARS, MARKS, TATOOS 25	
ADDITIONAL DESCRIPTIVES 26		
SUSPECTED OF USING 27 <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		
POTENTIAL INJURIES? 28		
*RESIDENT STATUS 29 <input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER (explain) _____ U <input type="checkbox"/> UNKNOWN		
*ARRESTEE WAS ARMED WITH		
ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____ 30		
99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT
13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL	50 POISON
		60 EXPLOSIVES
		65 FIRE/INCENDIARY DEVICE
		70 DRUGS/NARC/SLEEPING PILLS
		80 OTHER WEAPON

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1. 1	1. 2	1. 3
2.	2.	2.

ARREST/OFFENSE DESCRIPTION	ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1. 1	1. 2	1. 3	1. 4	1. 5
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.
*ARREST DATE 6 TIME 7 ARREST LOCATION (Street, Apt., City, State, Zip) 8				
*INCIDENT TRACKING NUMBER 9			ARREST DISPOSITION 10	BAIL 11
MIRANDA WITNESSED BY: 12				TIME READ 13
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N 14	FINGERPRINT CARD NO. 15	PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N 16	NO. TAKEN 17	PHOTO ID NO. 18
*MULTIPLE ARRESTEE SEGMENTS INDICATOR 20		*ARREST TYPE 21 <input type="checkbox"/> COMPLAINT <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION		
<input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input type="checkbox"/> N/A		<input type="checkbox"/> IN-PROGRESS <input type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER		

JUV. PARENT/ GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N 1	DATE/TIME NOTIFIED 2	NOTIFIED BY 3
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) 5		RELATIONSHIP 6
		PHONE 7
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) 8		RELATIONSHIP 9
		PHONE 10

PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input type="checkbox"/> N 1	DATE OF LAST CONTACT 2	DATE OF EMANCIPATION 3
LAST SEEN WEARING 6		NCIC # 4
		DATE/TIME ENTERED 5

REPORTING OFFICER 1	BADGE NO. 2	DATE 3
APPROVING OFFICER 4	BADGE NO. 5	DATE 6
COURT 7	DATE 8	

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING