



CC#:	_____
Arrest #:	_____
Pin #:	_____

Indicate where the Arrest Package is to be printed:  Laser #1  Laser #2  Other \_\_\_\_\_

### ARREST DETAIL

F.A.T.: <input type="checkbox"/> Yes <input type="checkbox"/> No		ARREST DATE:		ARREST TIME:	
NAME: (Last, First, Middle)			ALIAS(ES):		D.O.B.:
ARRESTING OFFICER:			PID #:		AGENCY (If not SCPD):
ARREST LOCATION:			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE		HAMLET:
INCIDENT LOCATION:			PRECINCT:		SECTOR:
OCCURRED: DATE:		TO DATE:		ARREST TYPE:	
<input type="checkbox"/> ON		<input type="checkbox"/> BETWEEN		<input type="checkbox"/> For Another Agency <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Sight / Summary <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Civilian Arrest <input type="checkbox"/> Bench Warrant	
WEAPON TYPE USED:		DOMESTIC INCIDENT REPORT REQUIRED		# OF VICTIMS	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
RELATED FACTORS: <input type="checkbox"/> Injury Involved <input type="checkbox"/> DWI Arrest <input type="checkbox"/> Vehicle Involved <input type="checkbox"/> Witness/Victim Involved <input type="checkbox"/> Accomplice Involved <input type="checkbox"/> Evidence Collected					

### PERSONAL INFORMATION

ON PAROLE (Post Release Supv): <input type="checkbox"/> Yes <input type="checkbox"/> No		ON PROBATION: <input type="checkbox"/> Yes <input type="checkbox"/> No		ON WORK RELEASE: <input type="checkbox"/> Yes <input type="checkbox"/> No		ORDER OF PROTECTION (Current order against Arrestee): <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME ADDRESS: NUMBER			STREET			CITY	
						STATE	
						ZIP	
HOME PHONE:		CELL PHONE:		CELL CARRIER:		E-MAIL ADDRESS:	
MARITAL STATUS: <input type="checkbox"/> Legally Married <input type="checkbox"/> Single (never married)		DEPENDENTS:		RACE: <input type="checkbox"/> White <input type="checkbox"/> Black		ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				<input type="checkbox"/> American Indian <input type="checkbox"/> Asian / Pacific Islander		<input type="checkbox"/> Female <input type="checkbox"/> Unknown	
<input type="checkbox"/> Living Together / Common Law <input type="checkbox"/> Unknown				<input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	
MOTHER'S MAIDEN NAME:					CITIZENSHIP STATUS: <input type="checkbox"/> U.S. <input checked="" type="checkbox"/> Other Consulate notified		
OPERATOR LICENSE:		STATE:		TYPE:		MILITARY SERVICE: <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Inactive Duty <input type="checkbox"/> Reserve	
<input type="checkbox"/> Seized <input type="checkbox"/> Not Possessed						BRANCH OF SERVICE: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Air National Guard <input type="checkbox"/> Other <input type="checkbox"/> Navy	
CITIZENSHIP: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other _____		IMMIGRATION STATUS: <input checked="" type="checkbox"/> Undocumented Immigrant <input type="checkbox"/> Documented Immigrant			INS NUMBER:		
		<input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Pending <input type="checkbox"/> Visa					
BIRTHPLACE: CITY:		COUNTY:		STATE:		COUNTRY:	

### GANG ASSOCIATION

GANG MEMBER: <input type="checkbox"/> Yes <input type="checkbox"/> NO		GANG:		GANG MEMBER'S STREET NAME:		IDENTIFIED BY PARENT/GUARDIAN <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADMITS BEING MEMBER OR ASSOCIATE: <input type="checkbox"/> Yes <input type="checkbox"/> No		ADMISSION GIVEN BY:		ADMISSION:			

**Gang Confirmation (if not already identified as a gang member above) – Select Two or More Items:**

- 1. Identified by a reliable informant.  2. Identified by informant / person of unknown reliability.
- 3. In possession of gang related items. ITEMS: \_\_\_\_\_
- 4. Named as member in gang document, graffiti or writing. ITEM: \_\_\_\_\_
- 5. Arrested more than once in company of gang member. Gang Member: \_\_\_\_\_  
Gang Member: \_\_\_\_\_
- 6. Gang tattoo, marking or branding on body. DESCRIBE: \_\_\_\_\_
- 7. Witnessed in company of gang members four+ times.  8. Wears gang colors or accessories indicating affiliation.
- 9. Attends gang meetings or functions.  10. Uses hand signs or symbols associated with gang.

## PHYSICAL DESCRIPTION

### BASIC DESCRIPTION

HEIGHT:	WEIGHT:	BUILD:	<input type="checkbox"/> Very Thin <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Muscular <input type="checkbox"/> Heavy <input type="checkbox"/> Obese	COMPLEXION:	<input type="checkbox"/> Light <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Olive <input type="checkbox"/> Medium <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Albino	
HANDED: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Ambidextrous <input type="checkbox"/> Unknown		EYE COLOR: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Multi-colored <input type="checkbox"/> Unknown <input type="checkbox"/> Other		HAIR COLOR: <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Gray <input type="checkbox"/> Graying <input type="checkbox"/> White <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Unknown <input type="checkbox"/> Other		HAIR LENGTH: <input type="checkbox"/> Below Shoulder <input type="checkbox"/> Collar <input type="checkbox"/> Med - Ears Cov. <input type="checkbox"/> Med - Ears Show <input type="checkbox"/> Shaven <input type="checkbox"/> Short - Ears Show <input type="checkbox"/> Shoulder
HAIR STYLE: <input type="checkbox"/> Afro - Avg. <input type="checkbox"/> Afro - Extreme <input type="checkbox"/> Bald <input type="checkbox"/> Balding <input type="checkbox"/> Braiding <input type="checkbox"/> Bushy <input type="checkbox"/> Corn Rows <input type="checkbox"/> Crew Cut <input type="checkbox"/> Dreadlocks <input type="checkbox"/> Military <input type="checkbox"/> Parted - Mid <input type="checkbox"/> Parted - Side <input type="checkbox"/> Pea Patched <input type="checkbox"/> Processed <input type="checkbox"/> Straight <input type="checkbox"/> Wavy/Curly <input type="checkbox"/> Wiry			LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		TRANSLATOR UTILIZED (English language assistance): <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ADDITIONAL DETAILS

SPEECH: (max 3) <input type="checkbox"/> Normal <input type="checkbox"/> Speech Impediment <input type="checkbox"/> Stutters <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Hispanic Accent <input type="checkbox"/> Southern Accent <input type="checkbox"/> British / W. Indies Accent <input type="checkbox"/> Raspy <input type="checkbox"/> Slurred <input type="checkbox"/> Soft <input type="checkbox"/> Mumbles <input type="checkbox"/> Refined <input type="checkbox"/> Midwest Accent <input type="checkbox"/> Accent Unknown			HAIR TYPE: (max 2) <input type="checkbox"/> Neat <input type="checkbox"/> Thinning <input type="checkbox"/> Bleached/Dyed <input type="checkbox"/> Obvious Toupee/Wig <input type="checkbox"/> Unkempt <input type="checkbox"/> Greasy <input type="checkbox"/> Thick / Bushy		
TEETH: (max 3) <input type="checkbox"/> Normal <input type="checkbox"/> Missing Upper <input type="checkbox"/> Chipped <input type="checkbox"/> Protruding <input type="checkbox"/> False / Plate <input type="checkbox"/> Gold / Silver Caps <input type="checkbox"/> Missing Lower <input type="checkbox"/> Braces <input type="checkbox"/> Irregular <input type="checkbox"/> Inlay Decorative <input type="checkbox"/> Decayed <input type="checkbox"/> Stained			EYE CONDITION: (max 3) <input type="checkbox"/> Normal <input type="checkbox"/> Bulging <input type="checkbox"/> Deformed <input type="checkbox"/> Cross Eyed <input type="checkbox"/> Sunken <input type="checkbox"/> Glasses - contin. <input type="checkbox"/> Glasses P/T <input type="checkbox"/> Contacts <input type="checkbox"/> Artificial Eye <input type="checkbox"/> Bags <input type="checkbox"/> Slanted <input type="checkbox"/> Glassy <input type="checkbox"/> Blinks/Squints <input type="checkbox"/> Bloodshot <input type="checkbox"/> Dilated Pupils <input type="checkbox"/> Pinpoint Pupils <input type="checkbox"/> Blind		
CLOTHING (Describe): _____			AMPUTATION: (max 2) <input type="checkbox"/> Foot / Leg <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Ear <input type="checkbox"/> Fingers		DEFORMITY: (max 2) <input type="checkbox"/> Arm <input type="checkbox"/> Foot / Leg <input type="checkbox"/> Torso <input type="checkbox"/> Bowlegged <input type="checkbox"/> Hand <input type="checkbox"/> Finger(s) <input type="checkbox"/> Toe(s) <input type="checkbox"/> Others <input type="checkbox"/> Hunchback
FACIAL HAIR: (max 3) <input type="checkbox"/> None <input type="checkbox"/> Lip Hair - Upper/ Lower <input type="checkbox"/> Unshaven Moustache: <input type="checkbox"/> Norm <input type="checkbox"/> Handlebar <input type="checkbox"/> Walrus <input type="checkbox"/> Thin    Sideburns: <input type="checkbox"/> Extreme <input type="checkbox"/> Long Beard: <input type="checkbox"/> Full <input type="checkbox"/> Lincoln <input type="checkbox"/> Goatee <input type="checkbox"/> Very Heavy Eyebrow <input type="checkbox"/> Other _____			MOLE: (max 3) <input type="checkbox"/> None <input type="checkbox"/> Face <input type="checkbox"/> Body <input type="checkbox"/> Hand <input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Feet <input type="checkbox"/> Legs <input type="checkbox"/> Other _____		FACIAL SCAR: (max 2) <input type="checkbox"/> None <input type="checkbox"/> Forehead <input type="checkbox"/> Cheeks <input type="checkbox"/> Chin <input type="checkbox"/> Eye Area <input type="checkbox"/> Ear Area <input type="checkbox"/> Nose <input type="checkbox"/> Lips
FACIAL FEATURES: <input type="checkbox"/> Acne <input type="checkbox"/> Lined - Extreme <input type="checkbox"/> Smooth <input type="checkbox"/> Pockmarked			TATTOO LOCATION: 01 - Abdomen; 02 - Arm/Left; 03 - Arm/Right; 04 - Back; 05 - Buttocks; 06 - Chest; 07 - Ears; 08 - Feet; TABLE: 09 - Hand/Left; 91 - Hand/Right; 92 - Head; 93 - Hip; 94 - Leg/Left; 95 - Leg/Right; 96 - Neck; 97 - Shoulder; 98 - Other TYPE: G - Gang; 0 - Flowers; 1 - Initials; 2 - Military/Symbols; 3 - Names; 4 - Numbers; 5 - Pachuco; 6 - Pictures; 7 - Religious; 8 - Words/Phrases; 9 - Other		

TATTOO CODES: Describe tattoo(s) - include the Location and Type codes, from the above Tattoo Table, in the description of each tattoo:

## EMPLOYMENT DATA

EMPLOYMENT STATUS: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		EMPLOYMENT VERIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No		COLLECTING UNEMPLOYMENT <input type="checkbox"/> Yes <input type="checkbox"/> No		DISABILITY BENEFITS: <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER BUSINESS NAME: (ENTER PREVIOUS EMPLOYER IF CURRENTLY UNEMPLOYED) _____						WORK PHONE NUMBER: _____			
BUSINESS ADDRESS: _____				CITY: _____		STATE: _____	ZIP: _____		
EMPLOYEE OCCUPATION: _____				EMPLOYEE JOB TITLE: _____					
EMPLOYED FROM: (MM/YY) _____		EMPLOYED TO: (MM/YY) _____		MONTHLY INCOME: _____		STATE LICENCED OCCUPATION: <input type="checkbox"/> Yes <input type="checkbox"/> No		GOVERNMENT MUNICIPALITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## DWI / DWAI D INFORMATION

DWI INVOLVED IN ARREST: <input type="checkbox"/> Yes <input type="checkbox"/> No		DWI TEST ADMINISTERED: <input type="checkbox"/> Yes <input type="checkbox"/> No		COURT ORDERED: <input type="checkbox"/> Yes <input type="checkbox"/> No		DWI TEST TYPE: <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused			
TEST ADMINISTERED BY: _____						PID NUMBER (if officer) / TITLE: _____			
TEST DATE: _____			TEST TIME: _____			TEST KIT NUMBER: _____		BLOOD ALCOHOL %: _____	
TEST LOCATION: _____									

CC#: \_\_\_\_\_ Pin #: \_\_\_\_\_

**VEHICLE INFORMATION**

VEHICLE INVOLVED IN ARREST: <input type="checkbox"/> Yes <input type="checkbox"/> No	VIN NUMBER:	PLATE NUMBER:	STATE:	YEAR:
MAKE:	MODEL:	STYLE: <input type="checkbox"/> Convertible <input type="checkbox"/> Coupe <input type="checkbox"/> Hardtop <input type="checkbox"/> Sedan <input type="checkbox"/> Wagon <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Boat <input type="checkbox"/> Government		COLOR:
VEHICLE INVOLVED IN A CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPERTY DAMAGE CAUSED BY VEHICLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	INJURY INVOLVED IN A CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> SPI <input type="checkbox"/> Fatal		DISPOSITION: (Up to 4) <input type="checkbox"/> Impounded <input type="checkbox"/> Stolen <input type="checkbox"/> In Custody of Arrestee <input type="checkbox"/> DWI Seizure <input type="checkbox"/> Seizure under Standard VTL 511 <input type="checkbox"/> Seizure under Cty Law 511/509 <input type="checkbox"/> Seizure under County Law 270

**VIOLATIONS CHARGED**

SECTION	SUB												

**COMPLAINANT**  
(The person signing the Accusatory Instrument)

<input type="checkbox"/> Can Testify To Facts About One Or More Elements Of The Offense Based On Personal Knowledge – Own Observations or Defendant Statements		DATE OF BIRTH:	PHONE NUMBER: (H):	
COMPLAINANT NAME: (Last, First, M.I)		PID NUMBER (if Officer is complainant):		
COMPLAINANT ADDRESS:			CITY	STATE    ZIP
COMPLAINANT EMPLOYER:			WORK PHONE:	
COMPLAINANT EMPLOYMENT ADDRESS:			CITY	STATE    ZIP

**WITNESSES**

WITNESS NAME: (Last, First, M.I)		PID NUMBER (if Officer):	DATE OF BIRTH:	PHONE NUMBER: (H): (O):
WITNESS ADDRESS:			CITY	STATE    ZIP
WITNESS EMPLOYER:			WORK PHONE:	
WITNESS EMPLOYMENT ADDRESS:			CITY	STATE    ZIP
STATEMENT / DEPOSITION TAKEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATEMENT/DEP USED TO SUPPORT ACCUSATORY INSTRUMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		IS WITNESS VICTIM OF SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	

WITNESS NAME: (Last, First, M.I)		PID NUMBER (if Officer):	DATE OF BIRTH:	PHONE NUMBER: (H): (O):
WITNESS ADDRESS:			CITY	STATE    ZIP
WITNESS EMPLOYER:			WORK PHONE:	
WITNESS EMPLOYMENT ADDRESS:			CITY	STATE    ZIP
STATEMENT / DEPOSITION TAKEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATEMENT/DEP USED TO SUPPORT ACCUSATORY INSTRUMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		IS WITNESS VICTIM OF SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHARGED ACCOMPLICE(S)**

ACCOMPLICE HAS REGISTERED PIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	PIN NUMBER:
ACCOMPLICE NAME: (Last, First, M.I)	DATE OF BIRTH:
ACCOMPLICE HAS REGISTERED PIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	PIN NUMBER:
ACCOMPLICE NAME: (Last, First, M.I)	DATE OF BIRTH:
ACCOMPLICE HAS REGISTERED PIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	PIN NUMBER:
ACCOMPLICE NAME: (Last, First, M.I)	DATE OF BIRTH:
ACCOMPLICE HAS REGISTERED PIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	PIN NUMBER:
ACCOMPLICE NAME: (Last, First, M.I)	DATE OF BIRTH:
ACCOMPLICE HAS REGISTERED PIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	PIN NUMBER:
ACCOMPLICE NAME: (Last, First, M.I)	DATE OF BIRTH:

**EVIDENCE**

EVIDENCE COLLECTED:  Yes  No

EVIDENCE DESCRIPTION:	IN CUSTODY OF:
<input type="checkbox"/> Crime Scene Photos	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Weapon Recovered	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Proceeds From Crime	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Fingerprints Recovered	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Biological Evidence	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Clothing / Fibers	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Drugs Recovered	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Records / Documentary	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Computer Data / Equipment	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Video / Audio	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Property Sect. <input type="checkbox"/> ID <input type="checkbox"/> Lab <input type="checkbox"/> Case Folder <input type="checkbox"/> Other _____

EVIDENCE OWNERSHIP: Owner Requesting Return of Property  YES  NO

RESPONSE:  Crime Scene  Medical Examiner  Evidence Technician  I.D.  Special Patrol (E.S., Aviation, Canine)  
 Marine Bureau  Motor Carrier

CC#: _____	Pin #: _____
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**SUPPLEMENTAL**

**CUSTODY AND ARRAIGNMENT**

PHONE NUMBER DIALED BY ARRESTEE:

<b>CUSTODY STATUS:</b> <input type="checkbox"/> Jail <input type="checkbox"/> Bail <input type="checkbox"/> ROR <input type="checkbox"/> FAT <input type="checkbox"/> Hospital <input type="checkbox"/> Detainee <input type="checkbox"/> Arraignment	<b>ARRAIGNMENT COURT:</b>	<b>DATE:</b>	<b>APPEARANCE TICKET:</b>
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<b>IDENTIFICATION/ INVESTIGATIVE METHODS:</b> (Check all applicable)	<input type="checkbox"/> Caught in Commission of Crime	<input type="checkbox"/> Known to Victim / Witness	<input type="checkbox"/> Fingerprints	<input type="checkbox"/> DNA	<input type="checkbox"/> Voice ID	<input type="checkbox"/> Other	(# making positive ID)
	<input type="checkbox"/> Showup	Date: _____ Time: _____	Location: _____				# of Witness(es): _____
	<input type="checkbox"/> Lineup	Date: _____ Time: _____	Location: _____				# of Witness(es): _____
	<input type="checkbox"/> Police Canvass	Date: _____ Time: _____	Location: _____				# of Witness(es): _____
	<input type="checkbox"/> Photo Spread	Date: _____ Time: _____	Location: _____				# of Witness(es): _____

<b>INVESTIGATING OFFICER NAME:</b>	<b>PID #:</b>
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<b>REPORTING OFFICER NAME:</b>	<b>PID #:</b>
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Electronic Correspondence Transacted Relevant To Arrest     Written Statement     Oral Statement: Indicate, in area below, defendant's oral statements related to the offense(s). You must indicate the date, time, and place statements made, and name(s) of public servant(s) hearing statement(s). Statements may be in the nature of admissions or confessions (spontaneous or otherwise) and false information showing consciousness of guilt.

**ORAL STATEMENT(S):** [If oral statement(s) was/were promptly followed by written statement given at same place and to same officer(s) containing same information, you may so indicate by referring to written statement without reciting contents of orals.]





## DIRECTIONS

Instructions are provided for the Arrest Worksheet on the reverse side of each page for selected captions that are not necessarily self-explanatory or need further clarification.

When preparing the Arrest Worksheet, avoid placing a dash in a box or caption that does not apply. Many times, a dash is confused with a selected option within the box or caption. Indicate "N/A" when a box or caption is not applicable.

Remember to indicate the Central Complaint # on every page to avoid confusion when the Arrest Worksheet is faxed to Arrest Processing.

## ARREST DETAIL

- Arrest Time:** This is the time the arrestee was placed into custody, **NOT** the time the dispatcher was advised of your 10-32 status. Remember, the 10-32 Code is used for "Transporting Prisoners", not time of arrest.
- Arrest/Incident Location:** Be Specific. Avoid using only a street name and hamlet. If a specific address is not available, include distance of nearest intersection.
- Arrest Type:** Make sure that you accurately indicate whether a warrant arrest is either a Bench Warrant or an Arrest Warrant.
- Domestic Incident Report Required:** This is a mandatory field. If the arrest requires the completion of a Domestic Incident Report, check yes; if a DIR is not required, check no.
- Related Factors:** Vehicle Involved should be checked whenever a vehicle is involved with the arrest. This includes a situation where the vehicle is not involved with the elements of the charge. It should not be limited to DWI and Aggravated Unlicensed Operation arrests.

## PERSONAL INFORMATION

- Cell Phone:** The name of the cell carrier is as important as the cell phone number itself.
- Citizenship Status:** Citizenship status is requested in order to determine if the arrestee is a citizen of a country which entitles the arrestee to consular notification. Arresting officers are to ask all arrestees if they have foreign citizenship. Arresting officers will check either or both boxes as applicable, and if the arrestee has foreign citizenship shall contact Communications Section in accordance with Rules and Procedures Chapter 16, Section 4 (VI)(B).
- Immigration Status:** Arresting officers shall inquire about an arrestee's immigration status **ONLY** when that arrestee is in custody for a misdemeanor or felony offense. Officers shall follow the procedures outlined in Rules and Procedures Chapter 16, Section 4 (VI)(A) regarding the arrest of non-citizens and dual citizens.

## GANG ASSOCIATION

An arrestee may be identified as a gang member solely on either admitting to be a gang member or if identified as such by a parent/guardian. Otherwise, the arrestee must fit two of the ten criteria's listed on the Arrest Worksheet. These are the standards set by the United States Government Code 28cfr Title 18 for identifying someone as a gang member. This identification expires in five years if not updated. Therefore, it is important to fill out this caption, if applicable, despite the fact that you know the arrestee to be previously identified as a gang member.

## PHYSICAL DESCRIPTIONS

When filling out the boxes, try to verify the information within practical limits rather than basing the information solely on what the arrestee tells you.

- Height:** There will be a height scale in the arrest processing room to verify height.
- Handed:** Take notice of which hand the arrestee signs his name to the prisoner property receipt.
- Clothing:** Indicate as much detail as possible (i.e., blue denim Levi jacket, white short sleeve T-shirt with Nike emblem, faded Lee blue jeans, black New Balance sneakers and a blue baseball hat with the NY Mets logo. Remember to indicate any gang related attire.)
- Tattoo(s):** Use the Location and Type Codes listed in the table to describe tattoos. If there is more than one tattoo, it is important to list the location code and type code for each tattoo.

## EMPLOYMENT DATA

- Employer Business Name:** Be sure to use business or company name, and not the name of the Arrestee's boss.

## DWI / DWAI D INFORMATION

- Test Administered By:** Name of Breath Analysis Operator, Physicians Assistant, Registered Nurse, etc.
- PID Number (if officer)/Title:** PID number of Breath Analysis Operator or title of person taking blood or urine.

## **VEHICLE INFORMATION**

Vehicle Involved should be checked whenever a vehicle is involved with the arrest. This includes a situation where the vehicle is not involved with the elements of the charge. It should not be limited to DWI and Aggravated Unlicensed Operation arrests.

## **COMPLAINANT** **(Is the person signing the Accusatory Instrument)**

This caption should not be confused with the complainant of the actual incident. If a police officer is going to sign the accusatory instrument, then it is the officer who should be listed as the complainant. In the case of a civilian arrest, the civilian will be signing the accusatory instrument and should be listed as the complainant.

## **WITNESSES**

List all witnesses involved with the incident/arrest. If there are more than two, use additional copies of Page 3 of 6 and renumber the remaining pages.

## **CHARGED ACCOMPLICE(S)**

If more than four, use additional copies of Page 4 of 6 and renumber the remaining pages. If it is necessary to document accomplices that are not charged, or the associates of the arrestee, document the names on the Incident Report and/or the Field Interview / Intelligence Report.

## **EVIDENCE**

Indicate whether or not evidence was collected. If so, check the applicable boxes.

**Describe:** If Other is checked under the Evidence Description section, use the space immediately following "Other" to describe the evidence collected.

## SUPPLEMENTAL

- # of Witness(es):** Is the number of witnesses making a **positive** identification.
- Investigating Officer Name:** Investigating Officer assigned, if any.
- Reporting Officer Name:** A sworn member of the SCPD should be entered in the box with "Assist Another Agency" arrests.
- Electronic Correspondence Transacted Relevant To Arrest:**  
This box must be checked when any communication relevant to the arrest was made electronically (i.e., Teletype notifications, descriptions or messages made on departmental e-mails).
- Written Statement:** This box must be checked if the arrestee gave a written statement. This includes any notations, sketches, diagrams, or other written comments by the defendant. Copies must be available for the District Attorney's Office.
- Oral Statement:** This box must be checked if the arrestee made any statements or comments (pre- or post-arrest) including spontaneous, impulsive, extemporaneous comments, or false denials of relevant facts regarding this arrest or other offenses that were not captured in writing. Specify date, time, location and who heard the statement.

## CHARGES

- CT:** Count. If more than four counts, use additional copies of Page 6 of 6 and renumber accordingly.
- LAW:** Identify which law the arrestee is charged with (i.e., PL, VTL, General Business Law, Town Ordinance, etc.).
- ARTICLE:** Section of law. For example, an intentional Assault 3 is 120.00.1 PL. The Article should be 120.00
- SUB:** It is important to indicate the correct subdivision of the Article of Law. Some offenses do not have subdivisions (i.e., Petit Larceny,) in which case the box can be left blank. Other offenses have numerous subdivisions. For example: Assault 3 has three separate subdivisions - for intentional, reckless or criminal negligence. If the wrong subdivision is entered, the wrong subdivision of Assault 3 will appear in the accusatory part of the Accusatory Instrument. For an intentional Assault 3, the subdivision should be 1.
- CLASS:** For felonies, either A-I, A-II, A, B, C, D or E. For Misdemeanors, either A, B or U (unclassified). For Violations, leave blank.
- DEG:** The degree of the charge (i.e., Assault 3 should be 3)
- CAT:** Category. Either F (Felony), M (Misdemeanor), or V (Violation)
- DESCRIPTION:** Title of the charge (i.e., Assault 3<sup>rd</sup>)

### ACCUSATORY INSTRUMENT:

Select one of the four options. A Misdemeanor Complaint should be checked when you are unable to make a Misdemeanor Information sufficient on its face – that is, when you need verified written statement(s)/supporting deposition(s) or certified records to establish reasonable cause to support one or more elements of the charge. Remember, the arrestee can't be prosecuted on a Misdemeanor Complaint. The arrestee can only be held for arraignment until the Misdemeanor Complaint is converted into a Misdemeanor Information. All efforts should be made to prepare a Misdemeanor Information rather than a Misdemeanor Complaint.

### BASIS OF CHARGES:

- Check: *Personal Knowledge*** only if you are not relying on information from any other source (other than the defendant) to establish **ALL** elements of the charge - including the defendant's identity as the perpetrator.
- Check: *Information & Belief*** when the charge is based solely on a verified written statement(s)/supporting deposition(s) and/or certified records. If this box is checked, it is necessary to attach verified written statement(s)/supporting deposition(s)/certified document(s) before the instrument is signed and verified.
- Check: *Both*** when some of the element(s) of the charge is/are based on your own observations or defendant statements [personal knowledge] and some element(s) of the charge is/are based on attached verified written statement(s)/supporting deposition(s) and/or certified records [information and belief].

The following is an example of an arrest for Criminal Contempt 2<sup>nd</sup> based on a supporting deposition for a stay away violation of an order of protection:

CT	LAW	ARTICLE	SUB	CLASS	DEG	CAT	DESCRIPTION	ACCUSATORY INSTRUMENT	BASIS FOR CHARGES:
1	PL	215.50	3	A	2	M	Criminal Contempt 2	<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED <input type="checkbox"/> MISDEMEANOR COMPLAINT <input checked="" type="checkbox"/> MISDEMEANOR INFORMATION <input type="checkbox"/> VIOLATION INFORMATION	<input type="checkbox"/> Personal Knowledge <input checked="" type="checkbox"/> Information & Belief <input type="checkbox"/> Both