DATE AND TIME: ____________________________

ARRESTING OFFICER AND AGENCY: ________________________________

INMATE NAME: (LAST) __________________________ (FIRST) __________ (MIDDLE) __________

Has the arrestee been involved in an accident? (Y) (N)
If yes, was arrestee treated by medical personnel at the scene? (Y) (N)
If arrestee refused treatment do you have documentation? (Y) (N)
Has arrestee been assaulted? (Y) (N)
To your knowledge does arrestee have any medical conditions The jail needs to be made aware of? (Y) (N)
If yes, what?
Was the arrestee tased or sprayed with OC Spray? (Y) (N)
If yes, what was used?
Has the arrestee threatened suicide or harm to self or others? (Y) (N)
Is the arrestee combative? (Y) (N)
Is the arrestee under the influence of drugs or alcohol? (Y) (N)
If yes, what type and how much?
Was breathalyzer test performed? (Y) Reading: ________ (N)

Signature of arresting Officer: ________________________________
Signature of Corrections Deputy: ________________________________
Time and Date accepted: ________________________________

CORRECTIONS DEPUTY ONLY:

PRINT—INMATE FULL NAME: ________________________________
NAME NUMBER: ________________________________

Revised: May 20, 2015 MS