



SAULT STE MARIE POLICE SERVICE ARREST REPORT

S/SGT.
 DUTY OFFICER
 CERB
 SHIFT CLERK

<input type="checkbox"/> ADULT	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CELL NO. <input style="width:30px" type="text"/> <input style="width:30px" type="text"/>
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ARRESTING OFFICER: BADGE #:	ARRESTING OFFICER: BADGE #:	INVESTIGATING OFFICER: BADGE #:
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OCCURRENCE ADDRESS: _____ **DOMESTIC VIOLENCE INCIDENT**

CHARGES:

OCCURRENCE #:	CHARGE:	OCC DATE:
OCCURRENCE #:	CHARGE:	OCC DATE:
OCCURRENCE #:	CHARGE:	OCC DATE:
OCCURRENCE #:	CHARGE:	OCC DATE:
OCCURRENCE #:	CHARGE:	OCC DATE:

NAME TYPE:

<input type="checkbox"/> PRIMARY ALIAS	<input type="checkbox"/> NICKNAME MAIDEN NAME	<input type="checkbox"/> VARIANT OTHER	<input type="checkbox"/> ACRONYM LEGAL	<input type="checkbox"/> OPERATING
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ACCUSED PERSON:

SURNAME:	G1:	G2:	G3:
SEX:	DOB:	(OR AGE):	

NAME TYPE:

<input type="checkbox"/> PRIMARY ALIAS	<input type="checkbox"/> NICKNAME MAIDEN NAME	<input type="checkbox"/> VARIANT OTHER	<input type="checkbox"/> ACRONYM LEGAL	<input type="checkbox"/> OPERATING
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ALIAS: _____ NICKNAME: _____

ADDRESS TYPE:

<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> OBSERVED	
<input type="checkbox"/> SECOND/SEASONAL RESIDENCE	<input type="checkbox"/> NO FIXED ADDRESS	<input type="checkbox"/> CHECKED	
<input type="checkbox"/> TEMPORARY RESIDENCE	<input type="checkbox"/> FREQUENTS	<input type="checkbox"/> OTHER (CLARIFY)	
ST/FIRE #:	STREET:	TYPE:	DIRECTION:
CITY:		PROVINCE:	
<input type="checkbox"/> APT.	<input type="checkbox"/> SUITE	<input type="checkbox"/> UNIT	#
COMMON NAME:			
LOT:	CONC:	SITE:	
P.O. BOX #	ROUTE:	<input type="checkbox"/> R.R.	<input type="checkbox"/> S.S.
		<input type="checkbox"/>	#

ADDRESS HAZARD:

<input type="checkbox"/> ANIMAL	<input type="checkbox"/> CLUBHOUSE OCCUPANT	<input type="checkbox"/> DANGEROUS GOODS WEAPON	<input type="checkbox"/> EXPLOSIVES OTHER (CLARIFY)
<input type="checkbox"/> FAMILY VIOLENCE			

TELEPHONE NUMBER:

1. ()	TYPE:	2. ()	TYPE:
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E-MAIL ADDRESS: _____

CONDITION OF ACCUSED:

SOBER <input type="checkbox"/>	INTOX <input type="checkbox"/>	HAD BEEN DRINKING <input type="checkbox"/>	UNDER INFLUENCE DRUGS <input type="checkbox"/>	MENTAL INSTABILITY <input type="checkbox"/>	EMOTIONAL <input type="checkbox"/>
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CAUTION: REMARKS:

<input type="checkbox"/> ARMED & DANGEROUS <input type="checkbox"/> CONTAGIOUS DISEASE <input type="checkbox"/> HATES POLICE <input type="checkbox"/> NON-CONTACT/COMM <input type="checkbox"/> STALKER <input type="checkbox"/> WEAPON USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> HIGH RISK OFFENDER <input type="checkbox"/> RESISTS ARREST <input type="checkbox"/> SUICIDE RISK <input type="checkbox"/> OTHER (CLARIFY)	<input type="checkbox"/> ATTEMPT SUICIDE <input type="checkbox"/> ESCAPE RISK <input type="checkbox"/> MEDICAL <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> UNPREDICTABLE BEHAVIOR	<input type="checkbox"/> CARRIES WEAPONS <input type="checkbox"/> FAMILY VIOLENCE <input type="checkbox"/> MENTALLY DISORDERED <input type="checkbox"/> SOLVENT ABUSE <input type="checkbox"/> VIOLENT OR ASSAULTIVE
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FPS #:	D/L #:	PROVINCE:
BIRTHPLACE:	PROV:	COUNTRY:
EMPLOYER:		OCCUPATION:
		CITIZENSHIP: