



SAULT STE MARIE POLICE SERVICE ARREST REPORT

RELEASE METHOD:

<input type="checkbox"/> BAIL HEARING (NOTIFY SHIFT CLERK ASAP)	<input type="checkbox"/> FIRST APPEARANCE
<input type="checkbox"/> APPEARANCE NOTICE <input type="checkbox"/> PROMISE TO APPEAR <input type="checkbox"/> RECOG OIC OR PEACE OFFICER WITH SURETY <input type="checkbox"/> RECOG OIC OR PEACE OFFICER WITHOUT SURETY <input type="checkbox"/> RECOG PROVINCIAL OFFENCE FORM 134 <input type="checkbox"/> UNCONDITIONAL <input type="checkbox"/> UNDERTAKING OIC, PEACE OFFICER W/WO CONDITIONS	<input type="checkbox"/> UNDERTAKING JUSTICE OR JUDGE W/WO CONDITIONS <input type="checkbox"/> UNDERTAKING RESP PERSON W/WO CONDITIONS <input type="checkbox"/> YO APPEARANCE NOTICE <input type="checkbox"/> YO PROMISE TO APPEAR <input type="checkbox"/> YO ORDER YOUTH COURT JUDGE OR JUSTICE <input type="checkbox"/> YO UNDERTAKING W/WO CONDITIONS <input type="checkbox"/> OTHER (CLARIFY)

RELEASE DATE:	TIME:	RELEASING OFFICER:	
COURT DATE:	TIME:	FINGERPRINT DATE:	TIME:

CONDITIONS REQUESTED:

CONDITIONS REQUESTED BY:		OFFICER BADGE NO.
<input type="checkbox"/> REFRAIN FROM ALCOHOL <input type="checkbox"/> REPORT TO POLICE <input type="checkbox"/> NO COMMUNICATION WITH:	<input type="checkbox"/> RESIDE PRESENT ADDRESS <input type="checkbox"/> KEEP THE PEACE AND BE GOOD	<input type="checkbox"/> NOTIFY CHANGE OF ADDRESS CURFEW FROM TO
<input type="checkbox"/> NOT MOLEST, HARASS, OR ANNOY:		
<input type="checkbox"/> STAY AWAY FROM:		
<input type="checkbox"/> OTHER (SPECIFY):		

W.A.S.H. COURT:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SECTION 524 ARREST
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W.A.S.H. COURT REASONS FOR REQUEST:

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VICTIM DETAILS:

<input type="checkbox"/> VICTIM (VIOLENCE - CRIME AGAINST PERSON)	<input type="checkbox"/> COMPLAINANT
NAME:	DOB:
ADDRESS:	TELEPHONE #:
VICTIM NOTIFIED OF VICTIM IMPACT STATEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLASSIFICATION OF VICTIM:	
SEX OFFENCES FAMILY VIOLENCE	<input type="checkbox"/> ADULT ADULT <input type="checkbox"/> SPOUSE SPOUSE <input type="checkbox"/> CHILD CHILD

CPIC/RECORDS CHECKLIST:

CPIC 10-29 CR2	<input type="checkbox"/> POSITIVE POSITIVE	<input type="checkbox"/> NEGATIVE NEGATIVE	DNA	ON FILE <input type="checkbox"/> ON ORDER <input type="checkbox"/>
PROBATION RECOGNIZANCE UNDERTAKING	<input type="checkbox"/> YES YES <input type="checkbox"/> YES YES	<input type="checkbox"/> NO NO <input type="checkbox"/> NO NO	INCIDENT REPORT LIST <input type="checkbox"/> YES <input type="checkbox"/> NO	
WARRANT CONFIRMED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WARRANT #:	
DRIVERS LIC HISTORY LOCAL CHECK ENTERED ONTO CPIC INC. FILES CHECKED	<input type="checkbox"/> YES YES <input type="checkbox"/> YES YES	<input type="checkbox"/> NO NO <input type="checkbox"/> NO NO		

VEHICLE INFORMATION:

VEHICLE AND REGISTERED OWNER INFORMATION REQUIRED IF ACCUSED IS ARRESTED FOR CRIMINAL CODE DRIVING OFFENCE

LICENCE PLATE:	YEAR:
MAKE:	MODEL:
REGISTERED OWNER:	DOB:
ADDRESS:	