

SUSPECT/WITNESS SUPPLEMENT

page _____ of _____

AGENCY NAME												ORI #				CASE NUMBER							
SUSPECT / ARRESTEE	NO.	CODES: A - ARREST R - RUNAWAY										S - SUSPECT M - MISSING				I - INSTITUTIONAL (MENTAL DETOX)				X - OTHER			
	NAME (LAST, FIRST, MIDDLE)						RACE W B I A		ETHNICITY HISP NON		SEX	DOB		AGE	HGT	WGT	HAIR	EYES					
	ALIAS NAME				IDENTIFIERS								MARITAL STATUS		RES. STATUS R N								
	STREET ADDRESS						CITY/STATE/ZIP						PHONE										
	EMPLOYMENT/OCCUPATION/SCHOOL				BUSINESS PHONE		GANG/TRIBE/AFFIL.		SSN		DL #/STATE												
	BOOKED / WHERE		BOOKING #		UCR ARREST OFFENSE CODE		TYPE OF ARREST O S T	CHARGES				OSBI #											
	ARREST DATE		LOCATION OF ARREST						FBI #														
	FINGERPRINT CARD #		CITED Y N	CITATION/WARRANT NO (S)			BAIL		LOCAL ID#		WEAPON CODE(S)		MULTI CLEARANCE M C N										
	JUV. PARENT/ GDN. NOTIFIED	Y N	NAME/RELATIONSHIP OF PERSON NOTIFIED						DATE/TIME NOTIFIED		NOTIFIED BY		DISP JUV H R										
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JUV. PARENT/ GDN. NOTIFIED		Y N	NAME/RELATIONSHIP OF PERSON NOTIFIED						DATE/TIME NOTIFIED		NOTIFIED BY		DISP JUV H R										
WITNESS/ RPT PERSON		CODE	NAME (LAST, FIRST, MIDDLE)						RACE W B I A		ETHNICITY HISP NON		SEX	DOB		AGE	HGT	WGT	HAIR	EYES			
	ADDRESS/LOCATION						CITY/STATE/ZIP						PHONE										
	EMPLOYER			ADDRESS			CITY/STATE/ZIP			PHONE													
	DR. LIC.#		SSN		OSBI # FBI #		MARITAL STATUS		RES. STATUS R N														
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	ADDRESS/LOCATION						CITY/STATE/ZIP						PHONE										
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