

BEXAR COUNTY SHERIFF'S OFFICE

ARREST & BOOKING SHEET

Offense Case #		Master Incident #		Date of Occurrence		Time of Occurrence		Arresting Agency ORI TX0150000	
ARRESTED PERSON INFORMATION									
Name (Last, First, Middle)		DOB	Sex	Height	Weight	Hair	Eyes	CIJ5 SID #	CIJ5 SPN #
Address		Unit Type		Unit #	Complexion	Build	Date of Birth		Age
City		State	Zip Code	Primary Phone #		Secondary Phone #		Driver's License #	State
Aliases / Nicknames / Maiden Name				Place of Birth		Citizenship		Social Security #	
Scars, Marks, Tattoos, Amputations				Miscellaneous Number(s)					
Occupation		Employer	Student		School	Education Level			
Emergency Contact (Last, First)		Address		City		State		Zip Code	
OFFENSE CODE		CHARGE DESCRIPTION			WARRANT #		WARRANT TYPE		ISSUED BY
ARREST DETAILS									
Location of Arrest				Date of Arrest		Time of Arrest		District / RA	
Condition of Prisoner			Special Needs			Disposition			
Operate Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		VIN or License Plate		Make	Model	Year	Color	Hazardous Material <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Impounded <input type="checkbox"/> Yes <input type="checkbox"/> No		Location							Phone #
Property In Property Room <input type="checkbox"/> Yes <input type="checkbox"/> No		Location							Phone #
VICTIM NOTIFICATION									
Victim Notification Phone #		VINE PIN #		Victim Declines Notification <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments			
FACTS OF ARREST									
Arresting Agency		Address			City		State	Zip Code	
Complainant / Victim Name		Address			City		State	Zip Code	
Witness Name		Address			City		State	Zip Code	
Badge	Arresting Officer 1	Badge	Arresting Officer 2	Badge	Transporting Officer	Badge	Approving Officer		

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Was the suspect involved in a vehicle crash during the arrest? ☐ Yes ☐ No

Was force utilized during the arrest of the suspect? ☐ Yes ☐ No

Did the suspect ingest any group of drugs during the arrest? ☐ Yes ☐ No

MEDICAL REJECT ☐ Yes ☐ No

Mental Health Diversion Questions

1. Have you ever been diagnosed as having a mental illness by a doctor or a mental health professional ?
(Check 1) ☐ Yes ☐ No
2. Have you ever or are currently taking any medications for mental illness ? (Check 1) ☐ Yes ☐ No
3. Have you ever tried to kill yourself ? (Check 1) ☐ Yes ☐ No
4. Do you currently have thoughts of killing yourself ?
(Check 1) ☐ Yes ☐ No

*****These questions are to be asked to arrested person as by required by SAPD procedure 601, and a Directive issued by the Bexar County Sheriff's Office.**