

CLARKSVILLE POLICE DEPARTMENT ADULT ARREST INFORMATION REPORT

ARREST TIME/DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CASE NUMBER	DAY OF MONTH (EX. 15TH)	MONTH (SPELLED OUT)	YEAR (2 DIGIT ONLY)	TIME
<input type="text"/>			<input type="text"/>	<input type="text"/>
LOCATION OF ARREST			ARREST / TRANSPORT OFFICER	VEHICLE TOWED?

ARRESTED INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	M.I.	MIDDLE NAME SPELLED OUT	ALIAS OR NICKNAME
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS		CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RACE	SEX	AGE	DATE OF BIRTH	HEIGHT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVERS LICENSE / ID	STATE	SOCIAL SECURITY	PHONE	EMPLOYER
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
NEXT OF KIN / RELATIONSHIP		ADDRESS	CITY	STATE
<input type="text"/>		<input type="text"/>		<input type="text"/>
BEEN INVOLVED IN AUTO ACCIDENT? INJURIES?		ANY MEDICATION THAT SHOULD BE CONTINUALLY PRESCRIBED?		ANY MEDICAL PROBLEMS OR INJURIES THAT WE NEED TO BE AWARE OF?
<input type="text"/>		<input type="text"/>		<input type="text"/>
<input type="text"/>				
TATTOOS, SCARS, OR MARKS				

REPORTER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	M.I.	RACE	SEX	DOB	SOCIAL SECURITY
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DRIVERS LICENSE / ID	HAIR	EYES	HEIGHT	WEIGHT	JOB TITLE	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHARGES (MOST SERIOUS FIRST)

CHARGE	IC CODE	CAUSE NUMBER	COURT	FELONY	MISD	EXAMPLE: "C FELONY"
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BRIEF PROBABLE CAUSE

COMMON IC CODES

** Denotes Charges May Be Modified

CRIMINAL CONVERSION	35-43-4-3	"A" MISD	THEFT	35-43-4-2	"D" FELONY
PUBLIC INTOXICATION	7.1-5-1-3	"B" MISD	OWI PER SE	9-30-5-2(a)	"C" MISD **
OPERATING NEVER LICENCED.....	9-24-18-1	"C" MISD	OWI .08-.14	9-30-5-1(a)	"C" MISD
DRIVING WHILE SUSP (PRIOR).....	9-24-19-2	"A" MISD	OWI .15 & ^	9-30-5-1(b)	"A" MISD
DRIVING WHILE SUSP (MISD).....	9-24-19-3	"A" MISD	HTV	9-30-10-16	"D" FELONY
RECKLESS DRIVING	9-21-8-52	"B" MISD	ILLEGAL CONSUMPTION/POSS	7.1-5-7-7	"C" MISD
BATTERY	35-42-2-1	"B" MISD **	DOMESTIC BATTERY	35-42-2-1.3	"A" MISD **
BURGLARY	35-43-2-1	"C" FELONY	RESIDENTIAL ENTRY	35-43-2-1.5	"D" FELONY
POSSESSION OF MARIJUANA.....	35-48-4-11	"A" MISD **	CONTRIBUTION TO DELIQUENCY	35-46-1-8	"A" MISD
POSSESSION OF COCAINE	35-48-4-6	"D" FELONY	CRIMINAL RECKLESSNESS	35-42-2-2	"B" MISD
POSSESSION OF PRECURSORS...	35-48-4-14.5	"D" FELONY	POSSESSION OF PARAPHERNALIA	35-48-4-8.3	"A" MISD **
DISORDERLY CONDUCT	35-45-1-3	"B" MISD	RESISTING LAW ENFORCEMENT	35-44-3-3	"A" MISD **
INTIMIDATION	35-45-2-1	"A" MISD **	JUVENILE DELIQUENCY	31-37-2-1	
CRIMINAL MISCHIEF	35-43-1-2	"B" MISD **	REFUSAL TO IDENTIFY	34-28-5-3.5	"C" MISD
ROBBERY	35-42-5-1	"C" FELONY **	TRESPASS	35-43-2-2	"A" MISD **

INMATE COMMITMENT - CLARK COUNTY JAIL

ORIGINAL-CLARK COUNTY JAIL COPY-OFFICER

FILL IN ALL BLANKS.

FAILURE TO COMPLETE ALL SPACES MAY RESULT IN REFUSAL OF PRISONER.

BOOK-IN #

DEFENDANT:		FIRST		MIDDLE		RACE		SEX		D.O.B.		AGE		STATE OF BIRTH	
LAST NAME		WT.		HT.		HAIR		EYES		S.S. #		DRIVERS LICENCE #			
HOME ADDRESS		CITY		STATE		PHONE #		EMPLOYER / CITY							
NEXT OF KIN / REALATIONSHIP		HOME ADDRESS		CITY		STATE		PHONE #							

CLARK COUNTY CHARGES:	OFFENSE	CAUSE NUMBER	COURT	BOND	FELONY	MISDEMEANOR

ARREST INFORMATION:		ARRESTING OFFICERS SIGNATURE		DATE OF ARREST		TIME OF ARREST		VEHICLE TOWED (IF YES, BY WHOM?)	
CLARKSVILLE POLICE DEPARTMENT				20					
LOCATION OF ARREST				TRANSPORTING OFFICER				TRANSPORTING AGENCY	
								CLARKSVILLE POLICE DEPT	

PRELIMINARY MEDICAL SCREEN:

HAS SUBJECT BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT? INJURIES? _____

ARE YOU ON ANY MEDICATION WHICH SHOULD BE CONTINUALLY PRESCRIBED? (IF YES, LIST) _____

DO YOU HAVE ANY MEDICAL PROBLEMS OR INJURIES WE NEED TO BE AWARE OF? _____

TATTOOS/SCARS/MARKS:		DETAINERS/HOLDS:		REMARKS/CAUTIONS:	
**** VICTIM NOTIFICATION ****		NAME AND PHONE NUMBER (CONTACT UPON SUBJECTS RELEASE)			
RECEIVED IN JAIL BY _____		DATE _____		TIME _____	

STATE OF INDIANA

IN THE _____ COURT

CLARK COUNTY INDIANA

VS.

Case Number:

Date of Birth:

PROBABLE CAUSE AFFIDAVIT ON WARRANTLESS ARREST

_____ affirms that he believes and has good cause to believe that on the _____ day of _____ 20 _____, in the County of Clark, in the State of Indiana,

_____, committed the offense(s) of:

My belief is based on the facts and information constituting probable cause as set forth below:

These facts and circumstances are submitted to establish probable cause for a warrantless arrest and may not include all pertinent information relating to this arrest.

I affirm, under penalties of perjury that the foregoing representations are true.

DATE

AFFIANT
CLARKSVILLE POLICE DEPARTMENT

FINDING OF PROBABLE CAUSE

A Probable Cause Affidavit having been filed in this cause by the State of Indiana, the Court now finds and determines that there is probable cause to believe that the offense(s) set forth in the Probable Cause Affidavit have been committed by the defendant, who shall be held in the Clark County Jail with bond set in the amount of:

IT IS ORDERED that the defendant be brought before this Court for an initial Hearing promptly and without unnecessary delay.

Date: _____

Time: _____

Judge