



SUMMIT COUNTY SHERIFF'S OFFICE

SHERIFF JUSTIN MARTINEZ

6300 JUSTICE CENTER ROAD PARK CITY, UTAH 84098 (435) 615-3600

| ARRESTEE'S INFORMATION | | | |
|------------------------|--------|---------|------|
| LAST: | FIRST: | MIDDLE: | |
| DOB: | DL#: | STATE: | SSN: |

| ARREST INFORMATION | | | |
|-------------------------|---------------|-------------------|--|
| ARRESTING AGENCY: | OFFICER NAME: | | |
| LOCATION: | DATE/TIME: | ZONE: | |
| DRUGS/ALCOHOL INVOLVED: | CASE #: | | |
| PC STATEMENT: | WARRANTS: | GANG AFFILIATION: | |

| DOMESTIC VIOLENCE | |
|-------------------|-----------------|
| VICTIM NAME: | VICTIM DOB: |
| VICTIM PHONE #: | VICTIM ADDRESS: |
| VICTIM CHILDREN: | |

| IMPOUND INFORMATION | |
|---------------------|-------------------|
| STATE TAX IMPOUND: | VEHICLE LOCATION: |

MEDICAL INFORMATION

- Was the arrestee involved in an accident:
- Was the arrestee assaulted:
- Is the arrestee suicidal:
- Does the arrestee have mental health concerns:
- Does the arrestee complain of injuries:
- Did the arrestee receive medical attention:
- Was the arrestee medically cleared:
- Are there discharge papers:
- Does the arrestee have current medical conditions:
- Does the arrestee have current medications:

List Medications:

List Medical Concerns:

| | |
|---------------------------------|------------|
| ARRESTING/TRANSPORTING OFFICER: | DATE/TIME: |
| SIGNATURE: | |