

1. NYSID No.		2. OBTS No.		New York State ARREST REPORT				3. Case No.		4. Ref No.		4b.						
5. FBI No.		6. Arrest No.		7. Agency				8. Division/Precinct		4a.								
DEFENDANT INFORMATION	9. Name (Last, First, Middle)						10. Alias / Nickname / Maiden Name (Last, First, Middle)				11. Phone Number							
	12. Street Number and Name, Building No., Apt. No.				13. City, State, Zip (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/>)				14. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown			15. Place of Birth						
	16. Date of Birth Mo Day Yr		17. Age	18. Sex M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>		19. Race <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown			20. Ethnic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown		21. Skin <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown							
	22. Height Feet Inches		23. Weight	24. Hair	25. Eyes	26. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts		27. Build <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large	28. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		29. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	30. Citizen of						
	31. Social Security No.		32. Education		33. Religion		34. Occupation		35. Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Scars / Marks / Tattoos (Describe)								
ARREST INFORMATION	37. Arresting Officer		38. ID No.	39. Assisting Officer		40. ID No.	41. Arrest Date Mo Day Yr	42. Time	43. Location of Arrest (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/>) No. Street City State									
	44. Juvenile <input type="checkbox"/> Juv - No Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant At Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/Ill <input type="checkbox"/> App Normal			46. Weapon(s) at Arrest		47. Co-defendant's Arrest No.										
	48. Miranda <input type="checkbox"/> Yes <input type="checkbox"/> No	49. Miranda by	50. Miranda Date Mo Day Yr	51. Miranda Time	52. Statements <input type="checkbox"/> Written <input type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail/ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input type="checkbox"/> No	55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> Photo <input type="checkbox"/> None <input type="checkbox"/> Show Up								
	56. Arraignment Court		57. Arraignment Judge		58. Date Mo Day Yr	59. Time	60. Property <input type="checkbox"/> Yes <input type="checkbox"/> No	61. Evidence <input type="checkbox"/> Yes <input type="checkbox"/> No	61a. Processed by	61b. Disposition								
	62. Incident No.	63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail Bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party			64. Bail Amount		65. Bondsman		66. Photo No.									
67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT			68. Warrant No.	69. Arrest FOA <input type="checkbox"/> Yes <input type="checkbox"/> No	70. Other Agency					71. F/P Taken <input type="checkbox"/> Yes <input type="checkbox"/> No								
72. Location of Offense (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/>) City County State			73. Offense Date Mo Day Yr	74. No. Offenders	75. No. Victims	76. Return Court	77. Return Judge		78. Return Date Mo Day Yr	79. Time								
80. Defendant/Case TOT Agency				80a. Officer's Name				80b. ID No.		81. Time	82. Date Mo Day Yr							
CHARGE INFORMATION	83. Law	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE			CTS	NCIC CODE	VICTIM Age Sex Handicap		ASSOC. NO	TYPE <input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH		
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ASSOCIATED PERSONS INFORMATION	84. Person Type EM=Employer OT=Other SP=Spouse CD=Co-Defendant SC=School PO=Parole Officer VI=Victim Re=Relative RP=Religious Person CH=Child PA=Parent AS=Associate LA=Lawyer PR=Probation Officer WI=Witness CO=Complainant DR=Doctor																	
	Type	Name (Last, First, Middle)					Street Number and Name				City, State, Zip			Phone Number				
NARRATIVE	85.																	
ASSOCIATED PERSONS INFORMATION	86. Arresting Officer's Signature			87. ID No.		88. Supervisor's Signature				89. ID No.			Page of					
	90. Arrest Made As A Result Of a SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			91.		92.		93.			pages							