SNOHOMISH COUNTY SUPERFORM

COURT

☐ REFERRAL ☐ BOOKING | AGENCY: | DEPUTY/OFFICER/TROOPER: | CASE #:

☐ SUPERIOR ☐ JUVENILE | JUV# | REF#

DISTRICT/MUNI COURT:
☐ SOUTH; ☐ EVERGREEN; ☐ CASCADE; ☐ EVERETT; ☐ OTHER:

SUSPECT DATA

DATE AND TIME OF ARREST:	BOOKING / ADMISSION DATE/TIME: / / Hours					RELEASE DATE / TIME:		IDENTITY IN DOUBT? **YES / NO** EXPLAIN:	
NAME: LAST	FIRST		MIDDLE					DOB:	Interpreter needed? YES / NO Lang:
SEX:	RACE:	HGT:	WGT:	HAIR:	EYES:	DRIVER'S L/N:	STATE:	CDL? YES / NO	SSN#:
LAST KNOWN ADDRESS:				CITY:		STATE:		ZIP:	
HOME PHONE:	OTHER PHONE:		ALIAS(S) / AKA(S)					GANG AFFILIATION	
EMPLOYER:		CITY:		W/PHONE:		SOURCE OF LKA & EMPLOYER INFO			

PARENT/GUARDIAN (Juveniles only)

FATHER	ADDRESS:	CITY:	ST:	ZIP:	HOME PHONE:
MOTHER	ADDRESS:	CITY:	ST:	ZIP:	HOME PHONE:
STEP: ☐ MOTHER ☐ FATHER	ADDRESS:	CITY:	ST:	ZIP:	HOME PHONE:
GUARDIAN/FOSTER/DSHS	ADDRESS:	CITY:	ST:	ZIP:	PHONE:
FATHER'S EMPLOYER:	WORK NUMBER:	MOTHER"S EMPLOYER:		WORK NUMBER:	

DETENTION NOTIFICATION (Youth Center Use Only)

PARENTS, GUARDIANS, CUSTODIANS NOTIFIED: | HOW:

BY WHOM: | WHY NOT?

SUSPECT'S VEHICLE INFO

SUICIDAL? **YES / NO** EXPLAIN: | MENTAL ISSUES? **YES / NO** EXPLAIN:

VEHICLE LICENSE NO.	STATE:	EXPIRES:	VEH YR.:	MAKE:	MODEL:	STYLE:	COLOR:

DOES THE ARRESTEE HAVE ANY CHRONIC HEALTH PROBLEMS OR CONTAGIOUS DISEASES? **YES / NO** EXPLAIN:

TRAILER #1 LICENSE:	STATE:	EXPIRES:	TR. YR:	TRAILER #2 LICENSE:	STATE:	EXPIRES:	TR. YR:

OWNER / COMPANY IF OTHER THAN DRIVER:	ADDRESS:	CITY:	STATE:	ZIP:

WAS THE ARRESTEE INVOLVED IN A METHAMPHETAMINE LAB OPERATION? **YES / NO** EXPLAIN:

ACCIDENT: NO NR R I F	BAC READING:	COMMERICAL VEHICLE: ☐YES ☐NO	HAZMAT: ☐YES ☐NO	EXEMPT VEHICLE: ☐FARM ☐R.V. ☐FIRE ☐OTHER:

SUSPECT DATA

NUMBER OF CO-SUSPECTS: NAMES:

OFFENSE DATA

OFFENSE LOCATION:		CITY:		STATE:	DATE AND TIME OF OFFENSE:			
ARREST LOCATION (IF DIFFERENT):		WERE DRUGS INVOLVED IN THIS INCIDENT? **NO/YES** IF YES, LIST DRUG(S) TYPE:			WAS ALCOHOL INVOLVED IN THIS INCIDENT? **NO / YES** EXPLAIN:			

		CHARGE: (*i.e. Assault 4')*	COURT OF RECORD	CLASS	WARRANT ARREST	RCW, Municipal or County Code (*I. E. 9A.36.041*)	Warrant or Citation #	Bail
1.	DV ☐			M / GM / F	☐			$
2.	DV ☐			M / GM / F	☐			$
3.	DV ☐			M / GM / F	☐			$
4.	DV ☐			M / GM / F	☐			$

VICTIM INFO – DV, VIO, SAU, TRAFFIC

NOTIFY ON RELEASE? **YES / NO**	IF UNABLE TO CONTACT, NOTIFY 911? **YES / NO**	IF DV. REQUEST N.C. ORDER? **YES / NO**	FIREARMS IN HOME? **YES / NO**	PRIOR UNREPORTED VIOLENCE? **YES / NO**	CHILDREN PRESENT? AGES:

VICTIM NAME: LAST	FIRST	MIDDLE	DATE OF BIRTH:	PHONE:	**ALT.** PHONE:
VICTIM'S ADDRESS:	CITY:		STATE:	ZIP:	
SUSPECT RELATIONSHIP TO VICTIM:	EMERGENCY / ALTERNATE CONTACT:		EMERGENCY / ALTERNATE CONTACT PHONE:		
GUARNDIAN NAME AND PHONE NUMBER (IF VICTIM IS A MINOR):	NEXT OF KIN – NAME AND PHONE NUMBER (IF VICTIM IS DECEASED):				

Suspect's Name: Case #:

EVIDENCE

TOTAL CASH:	TO JAIL PROPERTY:

SNOHOMISH COUNTY SUPERFORM

	PROPERTY IMPOUNDED TO EVIDENCE:	OTHER PROPERTY:
	SEIZED FIREARM FOR FORFEITURE? **YES / NO** EXPLAIN:	
OBJECTIONS TO RELEASE	WILL LIKELY FAIL TO APPEAR FOR FURTHER PROCEEDINGS: **YES / NO** EXPLAIN:	WILL INTIMIDATE OR INTERFERE WITH ADMINISTRATION OF JUSTICE: **YES / NO** EXPLAIN:
	DETENTION REQUIRED TO PROTECT ARRESTEE FROM HERSELF/HIMSELF: **YES / NO** EXPLAIN:	COMMITTED A CRIME WHILE ANOTHER CASE IS PENDING: **YES / NO** EXPLAIN
	DESCRIBE RELATION TO VIC: / ASSAULTIVE: **YES / NO** EXPLAIN:	PHYSICAL INJURY TO VICTIM / WITNESS / OFFICER: **YES / NO** EXPLAIN:
	WEAPONS INVOLVED? **YES / NO** EXPLAIN:	DANGER / THREAT TO COMMUNITY IF RELEASED? **YES / NO** EXPLAIN:
	U. S. CITIZEN? **YES / NO** / OTHER: (FTA, LACK OF COMMUNITY TIES, ETC.)	

PHYSICAL EVIDENCE	**CONTROLLED SUBSTANCE** WEIGHED AND FIELD TESTED?	TYPES & AMOUNTS (WEIGHTS)			
	VEHICLE INFORMATION STOLEN VEH. REPORT ATTACHED? **YES / NO** FAIR MARKET VALUE: $	SOURCE OF VALUE:	VEH. YEAR:	VEH. MAKE:	VEH. MODEL:
	PROPERTY (Stolen, Recovered, Damaged, Etc)**:**				FAIR MARKET VALUE $
	PROPERTY CONTINUED:				SOURCE OF VALUE:

Synopsis / PC for Arrest

(Include all elements of the crimes, date of violation, and location of crimes)

I certify or declare under the penalty of perjury under the laws of the State of Washington that the forgoing statement is true and correct. (RCW 9A.72.085)

OFFICER'S NAME: _____ *PER #* _____ *CONTACT #:* _____ *TRANSPORT OFFICER:* _____

OFFICER'S SIGNATURE: _____ _____/ , *WA* _____ *PRECINCT / STATION:* _____
Location signed: City / State Date

IBR CLEARANCE: (ONE) ( ) ARR/A ( ) EXC/A ( ) OTHER / CLO ( ) INSUFF / CLO ( ) ARR/J ( ) EXC/J ( ) UNF	COPIES MADE FOR: ( ) PA ( ) CPS ( ) JUV ( ) DET: PREC / CTH / SPEC ( ) PAT ( ) DSHS ( ) MH ( ) OTHER:	DATA ENTRY	Approved By: