

Name: (last, first, middle) <b>CARTER, AARON</b>		Alias and/or Nickname <b>CHARLES</b>		S.O. Number <b>08-6915</b>	
Address _____ City _____ State _____			Driver's License # _____	<input type="checkbox"/> ODL <input type="checkbox"/> CDL <input checked="" type="checkbox"/> Other	State Issued _____
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age <b>20</b>	Date of Birth <b>12-7-87</b>	Place of Birth (include city, county, and State) <b>TAMPA Bay, FL</b>		U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Height <b>5'01"</b>	Weight <b>165</b>	Race <b>M</b>	Ethnicity <b>W</b>	TATTOOS, SCARS, MARKS & DEFORMITIES <b>S TATTOOS</b>	
Hair Color <b>Old</b>	Eye Color <b>Bl</b>	Complexion <b>neel</b>	Left Arm and Hand	Right Arm and Hand	Neck, Face and Head
Marital Status <b>Single</b>			Occupation <b>Self</b>	Place of Employment <b>---</b>	Previously arrested by this Agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Social Security Number <b>---</b>	Arrested or Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Aid Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photographed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of illness / injury (describe)			Time inmate was taken before a magistrate		
Charge(s) <b>Dom V / 202</b>	Bond Set At	Arresting Officer(s) <b>B. HULL</b>		Date of Commitment <b>2-22-08</b>	
Place of Arrest <b>1-10 / 456</b>	Date of Arrest <b>2-22-08</b>	Time of Arrest <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Warning Given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Releasing Arrestee	Name of Delivering Officer	Name of Agency Arrested Was Transferred To			
Vehicle Color <b>---</b>	Make <b>---</b>	Registration State <b>FL</b>	Year <b>08</b>	Location of Arrestee's Vehicle (if impounded) <b>K.C.S.S. IMPOUND</b>	
<input type="checkbox"/> Arrested with Another	<input type="checkbox"/> Known Associates	Name of Arrestee's Attorney		<input type="checkbox"/> Hired	<input type="checkbox"/> Appointed
1. <b>MA</b>		Called Attorney		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ Time _____
2. _____		at (phone no)		2. _____	
Cell Assignment	Property Box Number <b>A</b>	HOLD FOR: (Agency, Charge)			
Name of Person to be Notified in Case of Emergency <b>ANSEL CARTER</b>		Address <b>CALIFORNIA</b>		Telephone No	<input checked="" type="checkbox"/> Home <input type="checkbox"/> EVO
If Applicable: Name of <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Next of Kin (include Address, Phone No., Date, Time and Notifying Officer)					
Facts of Arrest Not included in <input type="checkbox"/> For Drunk or Disorderly Conduct, etc. - include Details of the Offense(s)					
<input checked="" type="checkbox"/> Cash Bond <input type="checkbox"/> Surety Bond <input type="checkbox"/> Personal Bond	Bond Amount <b>\$ 2,000.00</b>	Court Date:	RELEASED: Date <b>2-22-08</b> Time <b>9:15</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		
Released on Bond By: <b>Klawlase</b>		Other Disposition and/or Remarks: <input type="checkbox"/> Not Placed in Jail			
Released Case Number	Total Fine \$	Transferred To:	Report Made By	Supervisor	
Court Disposition <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Dismissed <input type="checkbox"/> Other					

# DISPATCH ARREST SHEET

Date/Time <b>02212008/1234</b>		Officer: <b>DEPUTY BILLY HULL</b>				SO # <b>08-6915</b>	
Name <b>CARTER, AARON CHARLES</b>			AKA				
DOB <b>12071987</b>	Sex <b>Male</b>	Race <b>White/Non Hispanic</b>	HGT <b>511</b>	WGT	Hair <b>Blonde</b>	Eyes <b>Blue</b>	
Soc #:		SID #:		FBI #:			
OLN <b>C636003874470</b>	OLS <b>FL</b>	OLY <b>2009</b>	ID #			ST	
Address			City	State	Zip <b>32</b>		
Charge(s) <b>1. POM &lt;20Z</b>							
2.							
3.							
Warrant Info:							
Hold Placed: <b>No</b>	Agency:						
<b>VEHICLE INFORMATION</b>							
Lic <b>CARTR18</b>	LIS <b>FL</b>	LY <b>2008</b>	YR <b>2007</b>	VMA <b>CADI</b>	VST <b>UT</b>	VCO <b>GLD</b>	
Impounded? <b>Yes</b>	Where? <b>Kimble County Impound</b>		Towed? <b>Yes</b>	Service/Driver <b>/HENRY'S/HENRY</b>			
Remarks:							
<b>DISPOSITION</b>							
Judge:					Date	Time	
Cause # _____	<input type="checkbox"/> Guilty		<input type="checkbox"/> No Contest		<input type="checkbox"/> Not Guilty		
Cause # _____	<input type="checkbox"/> Guilty		<input type="checkbox"/> No Contest		<input type="checkbox"/> Not Guilty		
Cause # _____	<input type="checkbox"/> Guilty		<input type="checkbox"/> No Contest		<input type="checkbox"/> Not Guilty		
Fine	Court Cost	Bond		Probation			
<b>1.</b>	<b>1.</b>	<b>1.</b>		<b>1.</b>			
<b>2.</b>	<b>2.</b>	<b>2.</b>		<b>2.</b>			
<b>3.</b>	<b>3.</b>	<b>3.</b>		<b>3.</b>			
Confinement		Restitution		Community Service <input type="checkbox"/> - Yes <input type="checkbox"/> - No			
DL Suspended?			Beginning Date of Suspension:				
Ending Date of Suspension:			Education Program				
Education Required			Education Completed				
Education Waived			Education Extended				
Repeat Offender Required			Repeat Offender Completed				
Other/Remarks:							