

Case Number \_\_\_\_\_

MONROE POLICE DEPARTMENT  
HOLDING CELL/PROPERTY/MEDICAL REPORT

DATE \_\_\_\_\_ TIME \_\_\_\_\_ CONTAINER# \_\_\_\_\_ OFFICER \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX \_\_\_\_\_  
LAST FIRST MIDDLE

**PROPERTY**

BELT \_\_\_\_\_  
WALLET \_\_\_\_\_  
GLASSES \_\_\_\_\_  
KEYS \_\_\_\_\_  
LIGHTER \_\_\_\_\_  
COMB \_\_\_\_\_  
SHIRT \_\_\_\_\_  
SHOES \_\_\_\_\_  
PANTS \_\_\_\_\_

**VALUABLES**

US CURRENCY \_\_\_\_\_  
WALLET/PURSE \_\_\_\_\_  
CANADIAN CURRENCY \_\_\_\_\_  
CHECKS \_\_\_\_\_  
CREDIT CARDS \_\_\_\_\_  
RINGS/JEWELRY \_\_\_\_\_  
JACKET \_\_\_\_\_

**MISCELLANEOUS PROPERTY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
HAT \_\_\_\_\_

**INVENTORY OFFICER** \_\_\_\_\_

THE ABOVE IS A FULL LIST OF MY PROPERTY \_\_\_\_\_

I CERTIFY I HAVE RECEIVED ALL OF MY PROPERTY \_\_\_\_\_

**MEDICAL INFORMATION**

IS THERE ANY REASON YOU NEED TO SEE A DOCTOR OR GO TO AN EMERGENCY ROOM?..... YES .....NO

HAVE YOU BEEN IN AN ACCIDENT RECENTLY? ..... YES .....NO

HAVE YOU RECENTLY SUSTAINED A HEAD INJURY THAT REQUIRED MEDICAL ATTENTION? ..... YES .....NO

DO YOU HAVE A LIFE THREATENING MEDICAL CONDITION? ..... YES .....NO

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS? ..... YES .....NO  
(CIRCLE CONDITION)

ASTHMA

HIGH BLOOD PRESSURE

EPILEPSY OR SEIZURE DIABETES

HEPATITIS

TUBERCULOSIS

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICER OBSERVATIONS**

DOES INMATE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS? ..... YES NO

SEARCHED BY \_\_\_\_\_ YES NO

**PHONE CALLS**

ATTORNEY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OTHER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OTHER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELEASING/TRANSPORTING OFFICER \_\_\_\_\_