

Case Number _____

SUMNER 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 _____ HAT _____

MISCELLANEOUS PROPERTY

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 _____