



LOS ANGELES POLICE DEPARTMENT
CALIFORNIA ARREST REPORT

				Booking Number		Report Number	
Date		Time	Method of Identification			Notes	
Postal	Location				City LOS ANGELES CITY	County LOS ANGELES COUNTY	STATE OF CALIFORNIA
ARRESTEE INFORMATION							
Driver's License Number		State	Class	Endorsements		Restrictions	
Name: First			Middle			Last	
Residential Address			City		State	Postal	Phone Number
Gender	Eyes	Hair	Height	Weight	Date of Birth	Email Address	
CHARGES & ARREST INFORMATION							
Section			Violation				
Offense Classification		<input type="checkbox"/> Infraction	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	Fine Amount:		Points:
You Must Appear At:	Court			AT OR BEFORE THE DATE AND TIME INDICATED:		Date :	Time:
Narrative							
OFFICER INFORMATION							
I certify upon reasonable grounds that the information provided in this Arrest Report is true and accurate to the best of my knowledge. I have completed this report in accordance with agency guidelines and departmental procedures regarding arrest documentation and suspect processing.							
Officer Name		Badge Number	Agency LOS ANGELES POLICE DEPARTMENT			Signature	