

OFFICE OF THE CHIEF OF POLICE

NOTICE
1.14

June 24, 2021

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: ARREST REPORT FACE SHEET, FORM 05.02.00 – REVISED

The purpose of this Notice is to revise Arrest Report Face Sheet, Form 05.02.00.

The revisions to this form include the addition of a “DRIVER LICENSE NO.” field in each of three sections under the “INVOLVED PERSONS” heading. This revision mirrors similar information found in the Investigative Report, Form 03.01.00.

Any questions regarding this Notice may be directed to the Office of Constitutional Policing and Policy, at (213) 486-8730.

Signature: Michel Moore
Michel Moore (Jun 24, 2021 17:05 PDT)

Email: 23506@lapd.online

MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION “D”

BKG. NO.		BOOKING NO.	U.O.	LOC. BKG.	DRIVER'S LIC. NO.	STATE	MT	ARREST REPORT										UCR CODE CC:	
DR	ARRESTEE'S LAST NAME				FIRST	MIDDLE	SUF.	EVID. RPT.	CRIME RPT.	DR				INC #					
	ADDRESS				APT. NO.				J				CII						
	CITY				STATE				MAIN				FBI						
	SEX	DESCENT	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	AGE	CDC #				PROBATION #						
	VEH. LIC. NO.		STATE	R.D.	AKA: LAST- FIRST- OR NICKNAME														
	BIRTHPLACE (CITY/ COUNTY/ STATE/ COUNTRY)				PROB. INV. UNIT	JUV. DETAINED AT	AD. CHG												
	DIVISION		DETAIL ARRESTING		DATE ARRESTED	TIME ARR.	TIME BKG.												
	LOCATION OF ARREST				BAIL														
	TYP		CHARGE & CODE		DEFINITION		WARRANT NO.												
	ADDITIONAL CHARGES (ON ADDL. WARRS. LIST NO., COURT, AND BAIL, INCL. P.A.)														SOCIAL SECURITY NO.				
ARRAIGN. DATE		TIME	COURT	LOCATION CRIME COMMITTED				R.D.	RESIDENCE PHONE NO.										
EMPLOYER / SCHOOL																			
OCCUPATION / GRADE				PHY. ODD.															
CLOTHING WORN								EXACT LOCATION / DISPOSITION ARRESTEE'S VEHICLE								HOLD FOR:			
LIST CONNECTING RPTS. BY TYPE & IDENTIFYING NOS.								VEHICLE USED (YEAR, MAKE, MODEL, TYPE, COLORS, LIC. NO., ID MARKS)								PASSENGERS M F			
COMPLAINTS / EVID. OF ILLNESS / INJ-BY WHOM TREATED								DRIVING VEH. (DIR & NAME OF STREET) AT OR BETWEEN STREETS				RETAINED \$	DEPOSITED \$						
INVOLVED PERSONS Code: V: VICTIM W: WITNESS P/A: ARRESTING PRIVATE PERS. TO: TRUE OWNER R: PERSON 459: S - PERSON SECURING D - PERSON DISCOVERING JUV: P - BOTH PARENTS G - GUARDIAN																			
NAME		V & W'S	SEX	DESCENT	D.O.B.	ADDRESS		CITY		ZIP	PHONE								
DRIVER LICENSE NO. (IF NONE, LIST OTHER ID & NO.)						R													
						B													
						E-MAIL ADDRESS				CELL PHONE									
DRIVER LICENSE NO. (IF NONE, LIST OTHER ID & NO.)						R													
						B													
						E-MAIL ADDRESS				CELL PHONE									
DRIVER LICENSE NO. (IF NONE, LIST OTHER ID & NO.)						R													
						B													
						E-MAIL ADDRESS				CELL PHONE									
COMBINED CRIME REPORT		IF MULTI. ARRESTEES THIS SECTION & ABOVE CRIME RPT. CHECK BOX IS COMPLETED ON ONLY ONE FACE SHEET				TYPE OFFENSE				VICT'S OCCUPATION									
DATE AND TIME CRIME OCCURRED				TYPE PROPERTY				TOTAL \$	EST. DAMAGE \$		TYPE OF PREMISES								
459 / BFV ONLY-POINT AND METHOD OF ENTRY				WEAPON / FORCE / INSTRUMENT USED				TFV / BFV ONLY-VICT'S VEH. (YR., MAKE, TYPE, LIC.)											
MO (UNIQUE ACTIONS)																			
<input type="checkbox"/> TRANSIT-RELATED INCIDENT		PREMISES:				<input type="checkbox"/> GANG RELATED		<input type="checkbox"/> MOTIVATED BY HATRED / PREJUDICE		<input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM							
COMBINED EVID. RPT.		USE THIS SECTION IN LIEU OF PROPERTY REPORT OF ONLY ONE ARRESTEE, NO GUN, AND NO MORE THAN 2 ITEMS OF EVID.				LOC. EVID. BKG.	10.10.00 GIVEN? <input type="checkbox"/> Y <input type="checkbox"/> N	Preliminary Drug Test		SUPV. / INV. OFCR TESTING		SERIAL NO.	WITNESS OFCR. SERIAL NO.						
ITEM	QUAN.	ARTICLE	SERIAL NO. / TYPE TEST OF DRUG		BRAND/ DRUG WEIGHT UNITS		MODEL NO. / DRUG TEST RESULT		MISC.										
APPROVAL/ REPORTING OFFICERS		SUPERVISOR APPROVING REPORT				SERIAL NO.		RAP SHEET ATTACHED? <input type="checkbox"/> Y <input type="checkbox"/> N		REPORTING OFFICER(S)		SERIAL NO.	DIV. & DETAIL		VACATION				
		DATE & TIME REPRODUCED				DIV. CLERK		(P.P. ARREST OFCR. BKG. EVID. IF LISTED ON THIS PAGE)											
JUVENILE DISPO.		Petition Request: <input type="checkbox"/> DETAINED <input type="checkbox"/> RELEASED <input type="checkbox"/> NON-BOOK <input type="checkbox"/> NON-BOOK WARR.				INVEST. OFCR.				SERIAL NO. DIV.									
FINAL CHARGE, IF DIFFERENT THAN ORIGINAL (SECTION, CODE & DEFINITION)				IF REFERRED, AGENCY & PERSON ACCEPTING REFERRAL				PROPERTY BOOKED? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, 10.09.00 COMPLETED? <input type="checkbox"/> Y <input type="checkbox"/> N		SUPERVISOR APPROVING		SERIAL NO.							
11 <input type="checkbox"/> C & R				13 <input type="checkbox"/> EXON-INNOCENT		04 <input type="checkbox"/> CYA		18 <input type="checkbox"/> JUV. TRF. MISD.		16 <input type="checkbox"/> DCFS		JUV. COORD. REVIEWING SERIAL NO.							
11 <input type="checkbox"/> ACTION SUSP.				12 <input type="checkbox"/> REL-INSUF. EVID.		03 <input type="checkbox"/> PROBATION		17 <input type="checkbox"/> FIRE DEPT.		<input type="checkbox"/> OTHER		DATE / TIME DISPO. REPROD. DIV. / CLERK							
14 <input type="checkbox"/> PROVED ADULT				03 <input type="checkbox"/> COMMUNITY SERVICE		05 <input type="checkbox"/> OTH. LAW ENF. AGENCY		10 <input type="checkbox"/> DEPT. MENTAL HEALTH											

[illegible]