



Pickens Sheriff's Office

ID Data Form

Arresting Agency _____ Incident # _____

Location of Arrest: _____

Arrest Date: _____ Arrest Time: _____

Inmate Name _____

Last

First

Middle

Race: _____ Sex: _____ Height: _____

Weight: _____ Hair: _____ Eyes: _____

DOB: _____ SSN: _____ OLN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____ Tag#: _____

Arresting Officer: _____ Badge#: _____ Agency: _____

Transporting Officer: _____ Badge#: _____ Agency: _____
(If different from Arresting Officer)

Intake Deputy: _____ Badge#: _____