



# 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#: \_\_\_\_\_