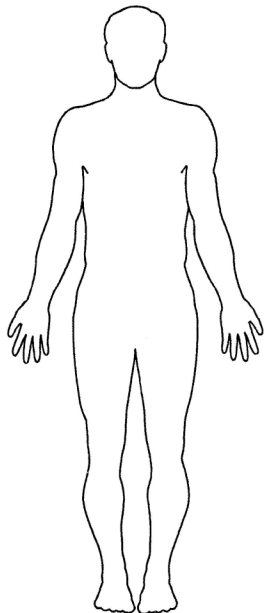


Booking No. \_\_\_\_\_ San Bernardino County Sheriff's Department DR/Case No. **2023-00034780**  
Date/Time Booked \_\_\_\_\_ Arresting Agency **SAN BERNARDINO PD**  
SSN -- **ARREST/BOOKING APPLICATION** Date of Arrest **04/02/2023**  
DL/ID No. \_\_\_\_\_ State **CA** Time of Arrest **06:11**

Name: Last <b>HEMPHILL</b>				First <b>DEJON</b>				Middle <b>KEITH</b>				Aka or Maiden Name							
Sex <b>M</b>	DOB <b>05/16/1990</b>	Age <b>32</b>	Ht <b>5' 10</b>	Wt <b>175</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>	Race <b>BLACK</b>	Place of Birth				Country of Citizenship							
Arrested With								Associated DR#											
Address: No. and Street					City				State		Zip		Phone -- Home & Cell						
Spouse/Domestic Partner <b>N/A</b>					Home Phone				Cell Phone										
Employer			Employer Address				Employer Phone			Type of Job									
Clothing Description <b>RED/WHITE/BLUE JACKET, WHITE SHIRT, BLACK SWEATPANTS</b>											Veteran? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Are you out on Bail? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											Name of Parole or Probation Officer			PO's Office/Address			PO's Phone		
OR Release? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											Place of Arrest <b>W VICTORIA ST / N MT VERNON AVE</b>			Location of Vehicle					
License No. of vehicle				Make			Model			Color									
BOOKING CHARGES																			
ARREST TYPE: S = On Site W = Warrant H = Hold C = Citizen O = Other																			
Type	Charges			M/F	Definition			Court		Warrant No.		Bail							
<b>S</b>	<b>69(A) PC-F</b>			<b>F</b>	<b>RESIST ARREST</b>			<b>SBSUP</b>											
Other Agency Hold (O/C, FUG, INS, Etc.)		Agency/Jurisdiction				Code Section				Warrant No.									
Any Injuries or Illnesses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Any Required Medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If Yes to Either, Explain on Medical Screening/Receiving Form											
Medical Examination Prior to Booking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Hospital Where Treated <b>ARMC</b>				If Yes, Attach Hospital/Clinic Referral											
Fought with Law Enforcement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Fought with Other than Law Enforcement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Use of Force <input type="checkbox"/> LVNR <input checked="" type="checkbox"/> Taser <input type="checkbox"/> OC <input checked="" type="checkbox"/> ASP		Time _____									
								Rendered Unconscious? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											

Special Instructions and Mandatory Information

<b>Emergency Notification</b>		<b>TATTOOS/SCARS:</b> DESCRIPTION (indicate any gang tattoos)		
Name/Relationship <b>REFUSED</b>		CHEST		
Address		BACK		
Name/Relationship		NECK		
Address		HEAD		
Amount of Money \$		FACE		
Arresting/Transporting Officer Signature		R ARM		
Additional Comments		L ARM		
Arresting Officer <b>Vuicich 51328</b>		R LEG		
Transporting Officer <b>Taylor 51485</b>		L LEG		
Agency <b>SAN BERNARDINO PD</b>		BIRTHMARK		
24-hour Agency or Investigating Officer Contact Phone No. (Required for All Arrests RE: High Profile Release Notification)		OTHER		
Marsy's Law Notification / Agency		Agency & 24 hr Phone No.		
Agency Contact Time and Date		Who Was Contacted?		By Whom