

Booking No. \_\_\_\_\_

**San Bernardino County Sheriff's Department**DR/Case No. **2023-00034780**

Date/Time Booked \_\_\_\_\_

Arresting Agency **SAN BERNARDINO PD**SSN **--**Date of Arrest **04/02/2023**DL/ID No. **[REDACTED]**Time of Arrest **06:11****ARREST/BOOKING APPLICATION**State **CA**

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 [REDACTED]									Associated DR#
Address: No. and Street [REDACTED]			City [REDACTED]			State [REDACTED]	Zip [REDACTED]	Phone - Home & Cell [REDACTED]	
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 Branch
Are you out on Bail? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR Release? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Parole or Probation Officer			PO's Office/Address			PO's Phone	
Place of Arrest <b>W VICTORIA ST / N MT VERNON AVE</b>					Location of Vehicle				
License No. of vehicle		Make		Model			Color		
<b>BOOKING CHARGES</b>									
ARREST TYPE: <b>S = On Site W = Warrant H = Hold C = Citizen O = Other</b>									
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>	
Name/Relationship <b>REFUSED</b>	Home & Cell Phone
Address	
Name/Relationship	Home & Cell Phone
Address	
Amount of Money	\$
Arresting/Transporting Officer Signature	
Additional Comments	
Arresting Officer <b>Vuicich 51328</b>	
Transporting Officer <b>Taylor 51485</b>	
Agency <b>SAN BERNARDINO PD</b>	
24-hour Agency or Investigating Officer Contact Phone No. (Required for All Arrests RE: High Profile Release Notification)	
Marsy's Law Notification / Agency	
Agency Contact Time and Date	
Who Was Contacted?	
By Whom	

<b>TATTOOS/SCARS:</b> DESCRIPTION (indicate any gang tattoos)	
CHEST	
BACK	
NECK	
HEAD	
FACE	
R ARM	
L ARM	
R LEG	
L LEG	
BIRTHMARK	
OTHER	

