

06048638

# Orange County Corrections Department Agency Advisory Form

Arrestee's Name: JOHN DOBBS Case #: 06-100229  
Date: 10/25/06 Time: 11:38

This form must be completed by the arresting agency prior to the arrestee being accepted by Orange County Jail

1. Do you have any information or observation that would indicate the arrestee has had any of the following symptoms/problems during the contact that resulted in his/her arrest?

- |  | YES                      | NO                                  |
|--|--------------------------|-------------------------------------|
| a) Loss of consciousness <i>when ash inside of arm</i>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Seizure activity <i>med/m.H. Problem bel/m stated</i>                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Respiratory problem/difficulty <i>not that you can't see. Ø</i>       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Alcohol/Drug intoxication <i>injury noted at present.</i>             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Bizarre/Aggressive behavior   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Psychiatric/Mental health history <i>Denies etoh/Drugs in system.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Developmentally Disabled  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Any physical trauma   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Known or reported Injury/ Illness                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Involved in traffic collision   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k) Disabilities i.e.: hearing impaired                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Other: \_\_\_\_\_

2. Were any of the following used on the arrestee prior to or during arrest?

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| a) Chemical Agents (O.C. foam, Mace, etc)                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) T.A.R.P. (Total Appendage Restraint Procedure)                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Taser (any electronic control/ stun device)                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Baton (if yes: what part of body was struck? _____)            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Prone position during handcuffing- approximate duration: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3. Was there any physical resistance by the arrestee during arrest?  
Approximate duration: \_\_\_\_\_ (minutes)

Arresting Officer: D/S D. PHELAN Badge #: 0493 Agency: OC50

Reviewed by Booking Officer: \_\_\_\_\_  
Print name Signature

Reviewed by Medical/Mental Health: \_\_\_\_\_  
Print name Signature *m. m. [signature]*