

Agency ID (ORI)

GA0140000

ARREST/BOOKING REPORT
INTERNAL COPY

Booking Date: 10/04/2016

Time: 1321

Inmate #: 13464

Page 1

DEFENDANT NAME (LAST, FIRST, MIDDLE) RACE SEX DATE OF BIRTH PLACE OF BIRTH

GRIFFIN, RINA EILEEN W F [REDACTED] 986 [REDACTED]

Age at Booking CURRENT AGE HEIGHT WEIGHT HAIR EYES INS NO. SOCIAL SECURITY #

29 29 503 160 BRO BLU [REDACTED] [REDACTED]



PHOTOID: 39454

Visible Scars and Marks SID NUMBER FBI NUMBER

Address PHONE NUMBER

[REDACTED] PAVO, GA 31778 [REDACTED]

ALIAS DRIVERS LICENSE NUMBER STATE

LAST KNOWN EMPLOYER LOCATION

BROOKS COUNTY JAIL & DISPATCH P / 3 /

ARRESTING AGENCY ARRESTING OFFICER #

GBI - GEORGIA BUREAU INVESTIGATION AGENT SEACREST # GBI

BOOKING OFFICER SEARCHED BY FINGERPRINTED BY OCA OTN ATTORNEY

R. URSREY R. URSREY B. PARNELL [REDACTED] [REDACTED]

ARREST DATE TIME LOCATION Do you want to consult with your consulate?

10/04/2016 1050 BROOKS COUNTY CID [REDACTED]

HOLD FOR

CLASSIFICATION CLASSIFICATION OFFICER CLASS. DATE CLASSIFICATION REMARKS

ADMIN. SEPARATION 62769 - R. URSREY 10/04/2016 INITIAL BOOKING

PERSONAL DATA

DRUG

ANY SIGNS/HISTORY OF DRUG USE N STRIP SEARCHED N

IF YES, INDICATE TYPE(S):

RELEASE

DATE TIME RELEASE TYPE RELEASING OFFICER REMARKS

RELEASE TO WHOM RECEIVING SIGNATURE DATE

[REDACTED] X [REDACTED] [REDACTED]

PROPERTY

CASH AT TIME OF ARREST: OFFICER WHO RECORDED PROPERTY STORAGE LOCATION RCPT#

[REDACTED] \$0 R. URSREY 62769 [REDACTED] [REDACTED]

Item	Qty	Description	Description	Qty	Description	Qty
WALLET						
WATCH						
RING						
KEYS						
BELT						
KNIFE						
LIGHTER						
PEN/PENCIL						
CR CARDS						
			Item	Qty	Description	
			CELL PHONE			

I HEREBY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.

X [Signature] DEFENDANT'S SIGNATURE AT TIME OF ARREST

X [Signature] WITNESS

I HEREBY STATE THAT THE ABOVE PROPERTY WAS RETURNED TO ME, IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST, ON THE DATE OF MY RELEASE.

X [Signature] DEFENDANT'S SIGNATURE AT TIME OF RELEASE

X [Signature] WITNESS

Agency ID (ORI)

GA0140000

ARREST/BOOKING REPORT

INTERNAL COPY

Booking Date: 10/04/2016

Time: 1321

Inmate #: 13464

REQUIRED BOND TOTAL \$0.00

POSTED BOND TOTAL

CHARGE	OFFENSE DATE	CNT	STATUTE	UCR	TYPE	CASE#
	10/04/2016		42-4-5	7399	FELONY	09-0037-34-17
LOCATION	CHARGE	REQ. BOND	WARRANT#			
	CRUELTY TO INMATES	\$0.00				
BOND POSTED	AT/NEAR	OFFENSE	ARREST			
	N	STATE	STATE			
DISPOSITION	TYPE	COMPANY	AMOUNT			
		TERRI GRIFFIN				
DISPOSITION	DATE	SENTENCE				
	COURT DATE					
	04/17/2017					
	COURT					
	SUPERIOR					

MEDICAL QUESTIONNAIRE

Inmate#	Inmate Name	DOB	SOC	HGHT	WGHT	HAIR	EYES	SEX
13464	GRIFFIN, RINA EILEEN	1986		503	160	BRO	BLU	F

Officer/Physician

- Y Is the inmate conscious?
- N Is there pain, bleeding, or any symptoms suggesting emergency care?
- N Are there visible signs of trauma or illness requiring emergency care?
- N Is there fever, swollen lymph nodes, or jaundice that could be spread?
- Y Is the skin in good condition and free of vermin?
- N Does the inmate appear to be under the influence of alcohol?
- N Does the inmate appear to be under the influence of any other drugs?
- N Are there any visible signs of alcohol/drug withdrawal?
- N Does the inmate's behavior suggest the risk of suicide?
- N Does the inmate's behavior suggest the risk of assault to anyone?
- N Does the inmate report to be on medication which should be available?

> If yes, list medication: 1. 2.
3. 4.

- N Is the inmate on medication for diabetes, heart disease, or seizures?
- N Is the inmate on medication for arthritis, asthma, or ulcers?
- N Is the inmate on medication for high blood pressure?
- N Does the inmate have a special diet prescribed by a physician?
- N Does the inmate have a history of venereal disease or abnormal discharge?
- N Does inmate have any known allergies?
- N Has the inmate recently been hospitalized?
- N Has inmate recently seen a medical or psychiatric doctor for any illness?
- N Is the inmate allergic to any medication?

> If yes, then list medication: 1. 2.
3. 4.

- N Has inmate fainted recently or had a recent head injury?
- N Does inmate have a history of epilepsy?
- N Does inmate have a history of tuberculosis?
- N Does inmate have a history of diabetes?
- N Does inmate have a history of hepatitis?
- N Does inmate have a history of heart disease?
- N Does inmate have (A)ir/(B)lood borne disease, (T)Both, or (N)either
- N Does inmate have a history of high blood pressure?
- N Does inmate have a painful dental condition?
- N Does inmate have any other medical problem we should know about?

> If yes, list problems: 1. 2.
3. 4.

- N If female, is inmate pregnant?
- N Is inmate currently on birth control pills?
- N Has inmate recently delivered?
- N Does inmate have any history of narcotics use?

Insurance Agency Policy Number Phys. Date
Given By

Special Notes **INMATE STATES THAT SHE IS IN GOOD HEALTH**

CAN YOU READ/WRITE ___ YES ___ NO (If no, the following must be read to the inmate):
I, the above listed inmate, acknowledge that the above listed medical questions accurately reflect my condition at the time of booking and that I have let a booking officer know if I need immediate medical attention.

Signature of Officer _____ Date _____ Signature of Inmate # 13464 Date _____