

Agency ID (ORI)

GA0140000

ARREST/BOOKING REPORT

INTERNAL COPY

Booking Date: 10/04/2016

Time: 1108

Inmate #: 7674

Page 1

PERSONAL DATA

DEFENDANT NAME (LAST, FIRST, MIDDLE) RACE SEX DATE OF BIRTH PLACE OF BIRTH
GIDDENS, COURTNEY DWAYNE W M 1986 GA

Age at Booking CURRENT AGE HEIGHT WEIGHT HAIR EYES INS NO. SOCIAL SECURITY #
29 29 508 113 BRO BRO [REDACTED] [REDACTED]



PHOTOID: 39450

Visible Scars and Marks SID NUMBER FBI NUMBER
NONE [REDACTED] [REDACTED]

Address PHONE NUMBER
[REDACTED] MORVEN, GA 31638 [REDACTED]

ALIAS DRIVERS LICENSE NUMBER STATE
[REDACTED] 049599244 GA

LAST KNOWN EMPLOYER LOCATION
BROOKS COUNTY JAIL P / 2 /

ARRESTING AGENCY ARRESTING OFFICER #
BCSO - BROOKS CO SHERIFF'S OFFICE SEACRIST GBI

BOOKING OFFICER SEARCHED BY FINGERPRINTED BY OCA OTN ATTORNEY
R. URSREY GOLDEN 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
[REDACTED]

CLASSIFICATION CLASSIFICATION OFFICER CLASS. DATE CLASSIFICATION REMARKS
ADMIN. SEPARATION 62769 - R. URSREY 10/04/2016 INITIAL BOOKING

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 _____

PROPERTY

CASH AT TIME OF ARREST: \$0

OFFICER WHO RECORDED PROPERTY STORAGE LOCATION RCPT#
R. URSREY 62769 [REDACTED]

| Item | Qty | Description | Description | Qty | Description | Qty |
|------------|-----|-------------|-------------|-----|-------------|-----|
| WALLET | | | CAMO HAT | 1 | | |
| WATCH | | | KEY | 1 | | |
| RING | | | | | | |
| KEYS | | | | | | |
| BELT | | | | | | |
| KNIFE | | | | | | |
| LIGHTER | | | | | | |
| PEN/PENCIL | | | | | | |
| CR CARDS | | | | | | |

Item Qty Description
CELL PHONE [REDACTED]

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

X Courtney Giddens
DEFENDANT'S SIGNATURE AT TIME OF ARREST

X R. Ursrey
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 _____
DEFENDANT'S SIGNATURE AT TIME OF RELEASE

X _____
WITNESS

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REQUIRED BOND TOTAL

POSTED BOND TOTAL

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

MEDICAL QUESTIONNAIRE

| Inmate# | Inmate Name | DOB | SOC | HGHT | WGHT | HAIR | EYES | SEX |
|---------|--------------------------|------|-----|------|------|------|------|-----|
| 7674 | GIDDENS, COURTNEY DWAYNE | 1986 | | 508 | 113 | BRO | BRO | M |

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.

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

Insurance Agency Phys. Date
Policy Number Given By

Special Notes

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.

Del. W. W. W. 10-4-14 Courtney Giddens 7674
Signature of Officer Date Signature of Inmate # Date