

Agency ID (ORI)

GA0140000

ARREST/BOOKING REPORT

INTERNAL COPY

Booking Date: 10/04/2016

Time: 1136

Inmate #: 13461

Page 1

PERSONAL DATA

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

BROWN, DELLISA DANNESSA A M [REDACTED] 1990 GEORGIA

Age at Booking CURRENT AGE HEIGH' WEIGHT HAIR EYES INS NO. SOCIAL SECURITY #
26 26 502 160 BRO BRO [REDACTED] [REDACTED]



PHOTOID: 39451

Visible Scars and Marks SID NUMBER FBI NUMBER

[REDACTED] [REDACTED] [REDACTED]

Address PHONE NUMBER

[REDACTED] PHILLIP DRIVE QUITMAN, GA 31643 [REDACTED]

ALIAS DRIVERS LICENSE NUMBER STATE

[REDACTED] [REDACTED] [REDACTED]

LAST KNOWN EMPLOYER LOCATION

BROOKS COUNTY JAIL P / 3 /

ARRESTING AGENCY ARRESTING OFFICER #

BCSO - BROOKS CO SHERIFF'S OFFICE AGENT SEACRIST # 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
[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 [REDACTED] [REDACTED]

PROPERTY

CASH AT TIME OF ARREST: \$0 OFFICER WHO RECORDED PROPERTY STORAGE LOCATION RCPT#
R. URSREY 62769 [REDACTED] [REDACTED]

Item	Qty	Description	Description	Qty	Description	Qty
WALLET			EARRINGS SIC	4		
WATCH			HAND SANITIZER	1		
RING						
KEYS						
BELT						
KNIFE						
LIGHTER						
PEN/PENCIL			CELL PHONE	1	TOUCHSCREEN W/CASE	
CR CARDS						

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

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1136

Inmate #: 13461

REQUIRED BOND TOTAL

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					
BOND POSTED	AT/NEAR	OFFENSE	ARREST			
	N	STATE	STATE			
DISPOSITION	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
13461	BROWN, DELLISA DANNESSA	/1990		502	160	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.

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

Insurance Agency Policy Number Phys. Date
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.

Sgt. Unney 10-4-16 [Signature]
Signature of Officer Date Signature of Inmate # 13461 Date