

PERSONAL HISTORY REPORT

1. File #	2. Date	3. Type of Report Arrest <input type="checkbox"/> Information <input type="checkbox"/>	4. Case Agent ID #	5. District/Office	6. Typed By
7. C/S Name		8. Arrest #	9. Place of Interview		10. Time Began
11. Interviewed By			12. Others Present		

I. DESCRIPTIVE AND IDENTIFYING DATA

13. Full Name (First name, middle initial and last)				14. Alias/Nickname				15. Maiden Name			
16. Address				17. City		18. State	19. How Long		20. Telephone		
21. Previous Address				22. City		23. State		24. How Long		25. Telephone	
26. Sex	27. Race	28. Height	29. Weight	30. Age		31. DOB	Alias DOB		32. Place of Birth		
33. Citizenship		34. Hair	35. Facial Hair		36. Eyes	37. Glasses		38. Build	39. Complexion		40. Social Security #
41. Drivers License #			42. Scars/Marks			43. Tattoos (Type and Location)					
44. Attire						45. Visible Injuries					
46. Automobile (Year, Color, Make, Model)						47. License (Year, State, Number)					
50. Employer				51. Address				52. Occupation		53. Length	
54. Previous Employer				55. Address				56. Occupation		57. Length	

II. CURRENT ARREST DATA

58. Date of Arrest	59. Time of Arrest	60. Location of Arrest									
61. ISP Arresting Agents					62. Other Officers Present			63. Other Agency			
64. Charges				65. Date of Offense		66. Offense (ILCS)		67. Crime Code(s)			
68. Defendant Transported To			69. Transported By						70. Time		
71. Rights Given Yes <input type="checkbox"/> No <input type="checkbox"/>		72. Given By		73. Time		74. LEADS/NCIC Checked By					
75. Caution Codes	<input type="checkbox"/> Attempted Suicide	<input type="checkbox"/> Drug Use	<input type="checkbox"/> Resisted Arrest	<input type="checkbox"/> Armed With Weapon	<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Violent	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Impersonating Opposite Sex	<input type="checkbox"/> History of Admission to Mental Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Habitual Criminal
76. Fingerprint Cards Submitted By		77. FBI #	ISB #	C.P.R. IR #	Public Aid #	Alien ID #	FOID #				
78. Gang/Organization Affiliation					79. Person(s) Contacted						

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III. PERSONAL DATA

80. Marital Status	81. Times Married	82. Dates Married	83. Places Married	84. Times Divorced	85. Dates Div.	86. Places Divorced					
87. Present Spouse		88. Maiden Name		89. Date of Birth	90. Occupation						
91. Previous Spouse		92. Address		93. Previous Spouse		94. Address					
95. Father		96. Address		97. Mother		98. Address					
99. Father-in-law		100. Address		101. Mother-in-law		102. Address					
103. Sister/Brother		104. Address		105. Sister/Brother		106. Address					
107. Sister/Brother		108. Address		109. Sister/Brother		110. Address					
111. Children		112. Age	113. Children		114. Age	115. Children		116. Age			
117. Children		118. Age	119. Children		120. Age	121. Children		122. Age			
123. Military Service (Branch)		124. Dates		125. Rank Attained		126. Job Assignment		127. Service No.		128. Type of Discharge	
129. Read Yes <input type="checkbox"/> No <input type="checkbox"/>		130. Write Yes <input type="checkbox"/> No <input type="checkbox"/>		131. Registered Voter Yes <input type="checkbox"/> No <input type="checkbox"/>		132. County		133. Union Member		134. Union and Local #	
135. High School Attended				136. Years		137. College Attended			138. Years		
139. Doing Business As Sole Proprietor or Partnership Yes <input type="checkbox"/> No <input type="checkbox"/> Business Name						140. Address			141. Partners		
142. Officer, Director or Principal Stockholder in Any Corporation Yes <input type="checkbox"/> No <input type="checkbox"/> Corporation Name					143. Pay Property Tax Yes <input type="checkbox"/> No <input type="checkbox"/>		144. County State				
145. Bank			146. Type of Accounts				147. Maintain Cash in Safety Deposit Box Yes <input type="checkbox"/> No <input type="checkbox"/> Where				
148. Loans Outstanding					149. Attorney						

IV. ARREST/DRUG DATA

150. Previous Arrest/Charge	151. Date	152. Co-Defendants	153. Arresting Agency	154. Disposition				
155. Previous Arrest/Charge	156. Date	157. Co-Defendants	158. Arresting Agency	159. Disposition				
160. Previous Arrest/Charge	161. Date	162. Co-Defendants	163. Arresting Agency	164. Disposition				
165. Addicted to Drugs Yes <input type="checkbox"/> No <input type="checkbox"/>		166. Habitually Use Yes <input type="checkbox"/> No <input type="checkbox"/>		167. Drugs Used		168. Date First Used		
169. Source of Drugs				170. Drug Associates				
171. Addiction Cures Attempted <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Private			172. Length of Treatment		173. Location		174. Time Interview Ended	