

# CLEVELAND DIVISION OF POLICE

CLEVELAND, OHIO  
DIVISIONAL INFORMATION

DIST.      ZONE \_\_\_\_\_ 20

EXAMINED BY \_\_\_\_\_ RANK \_\_\_\_\_ 20

FROM \_\_\_\_\_ TO \_\_\_\_\_

SUBJECT Hospital Detail

COPIES TO Chief's Office, Field Operations, Central Charging Office, District/Unit Files

Sir or Ma'am:

A detail has been established at \_\_\_\_\_ Hospital, Room \_\_\_\_\_.

**ARRESTEE/PATIENT:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

**ADMITTED:**      Date \_\_\_\_\_ Time \_\_\_\_\_ hours

Nature of injury/illness \_\_\_\_\_

Admitting Doctor \_\_\_\_\_

**TERMINATED:**      Date \_\_\_\_\_ Time \_\_\_\_\_ hours

Reason for termination \_\_\_\_\_

**VICTIM:**

Name \_\_\_\_\_ Type of Crime \_\_\_\_\_

Date \_\_\_\_\_ Incident Report Number \_\_\_\_\_

Name of Business  
or Company \_\_\_\_\_ Address \_\_\_\_\_

Unit/Detective Investigating \_\_\_\_\_

Visitation Permitted    Yes    No

Respectfully,

\_\_\_\_\_