

SANTA ROSA COUNTY SHERIFF OFFICE



Sheriff Bob Johnson



santarosasheriff.org

Safe Program

Subject Information:

- Name: _____
- Race: _____
- Sex: _____
- DOB: _____
- Developmental age (If applicable): _____
- Nickname(If any): _____

Residence Information:

- Home Address _____
- City _____
- Names of Caregivers: _____
- Nearest Relatives: _____

Vehicle Information:

- | | |
|-----------------------|---------------------|
| • License Plate _____ | License Plate _____ |
| • Make _____ | Make _____ |
| • Model _____ | Model _____ |

Subject Physical Description:

- Height: _____
- Weight: _____
- Complexion: _____
- Hair Color: _____
- Hair Style: _____
- Facial Hair: _____
- Eye Color: _____
- Distinguishing Marks: _____

- Favorite Clothing: _____

Misc. Information (if applicable):

- Preferred Method of Communication: _____
- Known Trigger/s: _____

- Likes: _____
- Dislikes: _____
- Stims: _____
- Eye contact: _____
- Calming Techniques: _____
- Frequently Visited Places: _____
- Fascinations: _____
- Officer Safety Issues: _____

Emergency Contacts:

- Name/Relation: _____
- Phone Number: (____)-____-____
- Name/Relation: _____
- Phone Number: (____)-____-____

Physical/Mental Limitations:

- Physical: _____
- Mental: _____
- Medication: _____
- Notes: _____

Please email completed forms to Dispatch@SRSO.net

Pictures may be submitted along with the completed form.