



# COMMITTING OFFICER'S REPORT

CHRISTIAN COUNTY DETENTION CENTER  
110 WEST ELM ST, ROOM 70, OZARK, MO  
PHONE: 417-582-1976 FAX: 417-582-0478



## ARRESTEE INFORMATION

Name: WOODS, JOHN E Male  Female  DOB: 04/23/70 SSN: 600-22-4340  
Address: 957 CANE CREEK RD City: ISSIE MILLS State: MO Zip: 65680  
Arrestee Taking Medication YES  NO  UNK  If yes, location: \_\_\_\_\_  
BAC (if applicable): \_\_\_\_\_ Money with arrestee: YES  NO  Amount: \_\_\_\_\_  
Phone Number: (479) 209-5432 Alternate Number: \_\_\_\_\_

## ARREST INFORMATION

Arrest #: \_\_\_\_\_ OCN: \_\_\_\_\_ Date of Arrest: 07/25/25 Time of Arrest: 12:00  
Arrest Location: HWY 65 / HWY CC  
Was vehicle towed? YES  NO  If yes, by whom: FINLEY RIVER TOWING

Involved in an Accident?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Medical Attention Required	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Resisted Arrest	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Warrant Applied For	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Arrested while Driving	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Arrest Warrant Issued	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

## ARREST TYPE

		Y	N
24 Hour Hold	Will probable cause statement be submitted pursuant to Supreme Court Rule 21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DWI Arrest - 8 Hour Hold	If so, was attempt made to place subject with responsible party or care facility	<input type="checkbox"/>	<input type="checkbox"/>
Christian County Warrant	Has warrant been confirmed	<input type="checkbox"/>	<input type="checkbox"/>
Probation & Parole Warrant	Has Probation & Parole been contacted	<input type="checkbox"/>	<input type="checkbox"/>
Serving Sentence	Does subject have sentence and judgment paper	<input type="checkbox"/>	<input type="checkbox"/>
Other Agency Hold	Has other agency been contacted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Book and Release	-----	<input type="checkbox"/>	<input type="checkbox"/>

## Use 3<sup>rd</sup> Column of Charge Code Manual

ChargeCode: <u>569.080</u> <u>002Y202029.0</u>	Charge: <u>TAMPERING W/ MTR VEH</u>
ChargeCode:	Charge: <u>PnP WARRANT FROM AZ</u>
ChargeCode:	Charge:
ChargeCode:	Charge:

## FIT FOR CONFINEMENT

Does the arrestee appear to be seriously ill YES  NO   
 Does the arrestee appear to be seriously injured YES  NO   
 Does the arrestee appear to be seriously impaired YES  NO

NOTE: If any of the above listed criteria are answered in the affirmative, the arresting officer MUST consult with corrections staff prior to releasing custody of the arrestee to Christian County Detention Staff!

I, the below signed peace officer, deliver the above named person to the Christian County Missouri Detention Center for the above listed charges.

OFFICER PRINT/SIGN: CPL. S. MARTIN DSN: 539 AGENCY: CCSO

[Signature] 7-25-25 1309  
Searching Officer Signature DATE TIME



# CHRISTIAN COUNTY SHERIFFS OFFICE (MO)

110 West Elm Street, Ozark, MO 65721

## Booking Report

Inmate Name	DOB	SSN	Inmate No.
<b>WOODS, JOHN E</b>	<b>04/23/1970</b>	<b>600-22-4340</b>	<b>113413</b>

### Inmate

Race	Sex	Age	Juvenile	Moniker	Inmate Status
<b>W</b>	<b>M</b>	<b>55</b>	<b>N</b>		<b>Incarcerated</b>
Caution	Driver License	State	Religion		
	<b>D084254002</b>	<b>MO</b>	<b>NONE</b>		
Marital Status	Resident Status	Ethnicity	Language		
<b>SINGLE</b>	<b>N</b>	<b>N</b>	<b>ENGLISH</b>		



### Addresses

Type	Street Address	City	State	Zip Code	Country
	<b>957 CANE CREEK RD</b>	<b>KISSEE MILLS</b>	<b>MO</b>	<b>65680</b>	<b>USA</b>

### Phone Numbers

Type	Phone	Ext/PIN
<b>CELL</b>	<b>(479) 209-5432</b>	

### Physical Description

Height	Weight	Build	Skin Color	Complexion	Eyes	Type of Eyewear	Teeth	Place of Birth
<b>604</b>	<b>300</b>	<b>5</b>	<b>WHITE</b>	<b>FAR</b>	<b>GRN</b>	<b>GLASSES</b>	<b>NORMAL</b>	City <b>CASSA GRANDA</b> State <b>AZ</b>
Hair	Hair Length	Hair Style	Beard	Mustache	Side Burns	Mannerisms		Country
<b>BLK</b>	<b>SHORT</b>	<b>BALDING</b>	<b>FULL</b>			<b>COMPLIANT</b>		<b>USA</b>

### Identification Numbers

Local PD #	Local SO #	State #	Military ID #	Branch	Rank	
FBI #	NCIC #	DOC #	Passport ID #	Type	Issued By	Exp. Date
			Alien Req.	Type	Issued By	Exp. Date

### Employment

Company Name	Job Title	Schedule			
Street Address	City	State	Zip Code	Phone No.	Ext

### Education

Read/ Write	Institution	Last Grade Completed	Status
<input type="checkbox"/>			

### Booking

Complaint No	Facility Held At			
	<b>CHRISTIAN COUNTY DETENTION #CCDC</b>			
Arrest #	Arrest Agency	Arrest Agency ORI	Booking Number	Prisoner Type
		Officer		
		<b>7/25/25</b>	<b>74519</b>	<b>7/25/25</b>

# CHRISTIAN COUNTY SHERIFFS OFFICE (MO)

110 West Elm Street, Ozark, MO 65721

## Booking Report

Inmate Name <b>WOODS, JOHN E</b>	DOB <b>04/23/1970</b>	SSN <b>600-22-4340</b>	Inmate No. <b>113413</b>
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	CHRISTIAN COUNTY SHERIFF	MO0220000	113413
Arrest Date / Time <b>07/25/2025 1200</b>	Arresting Officer <b>539 - S MARTIN</b>	Arrest Classification <b>24 HOUR HOLD</b>	OCN Number <b>CHRISTIAN COUNTY SHERIFFS OFFICE (MO)</b>

Cell Block <b>BOOKING</b>	Cell Number <b>74-1</b>	Housing Status <b>BOOKING</b>	Reason Confined <b>24 HOUR HOLD</b>
Arrest Location <b>HWY 65/ HWY CC</b>			

Booking Date / Time <b>07/25/2025 1401</b>	Booking Officer <b>161 - H HAMILTON</b>	Sheet #	Convicted Date
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Checked Criminal History    
  OCN/FP Search    
  Hold Orders

First Miranda  
 Second Miranda

**Attorney**

Attorney	Law Firm	Secretary / Assistant	Public Defender
StreetAddress	City	State	Zip Code
Country			
Phone Type	Phone	Ext/PIN	Email Address

**Charges**

Charge / Jurisdiction	Statute	Warrant No. / State Charge Code	Bond Amt /	Bond Type / Local Code	Disposition / Court Date/Time
*24 HOUR HOLD			\$0.00	NO BOND	

**Property**

Quantity	Description	Property Returned By	Value	Property Returned Date
1	GRAY ON COLOR SHOES		0.00	
	161 - H HAMILTON			
1	MO ID		0.00	
	161 - H HAMILTON			
1	BRANSON BANK 1746,CHASE 2728, BLUCURRENT 7683		0.00	
	161 - H HAMILTON			
1	BLACK IN COLOR METAL WALLET		0.00	
	161 - H HAMILTON			
1	BLACK IN COLOR SMART PHONE, WITH NO CASE		0.00	
	161 - H HAMILTON			
1	BLACK/GRAY SOCKS		0.00	

	Officer
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**CHRISTIAN COUNTY JAIL ORIENTATION SHEET**

(PRINT) LAST: WOODS, FIRST: JOHN

**Medical Services**

**Offender Authorization and Consent to Treatment / Information Release**

Authorize the responsible physician or designee at Christian County Jail to administer medical examinations and /or treatment as necessary while I am incarcerated. I also authorize any medical, dental, or mental health information to be exchanged with medical facilities or providers, or other correctional institutions in which I may be housed as it pertains to my treatment.

Print Name JOHN WOODS Signature  Date 7-25-25

**OFFENDER FEES AND CHARGES**

All offenders housed at the Christian County Jail will be required to pay any fees and charges acquired by the individual while at this facility. Charges and Fees are as follows.

1. Nurse Visits - \$8.00 and Doctor Visits - \$15.00. However, there is no charge for receiving a health screening or a physician visit for a health assessment. Medication refills- \$8.00 per prescription.
2. Indigent items due to no funds are per cost of each item.
3. Damage to jail property - per cost of item & is a Class D Felony. All charges will be taken out of any money brought into the facility, or money sent in for the offender.

If any offender has to leave the facility due to a medical emergency, requiring hospitalization; the offender can and will be billed directly from the hospital. Christian County Jail does not assume responsibility for pre-existing conditions, or medical expenses incurred.

Upon release from the Christian County Jail, I understand that if I have any medical and or mental health conditions, I can contact 911 and receive help; for mental health I may contact a 24 hour mental health crisis line (800)-494-7355. Furthermore, I can visit any walk-in clinic or emergency room and receive treatment.

**ORIENTATION GUIDELINES**

**All your property** will be placed in a property bin and sealed during the Booking process. The officers **will not** open your bin to retrieve any property once the bin is sealed. You need to inform the Booking Officer of any legal, religious items, or any addresses and phone numbers within your property that you require. Your property bin will be sealed until you leave the facility. Offenders may access medical daily by requesting a medical service request form. See the rulebook for a complete list of medical services.

Offenders will be issued **1 identification wristband** when classified and moved to a permanent housing pod. Removal or destruction of a wristband will result in a \$2.00 charge and may also include lockdown or criminal charges. It is the **offender's responsibility** to read the Christian County Jail Rules & Regulations book located in the permanent housing pods.

**PRISONER RAPE ELIMINATION ACT (PREA) GUIDELINES**

The Christian County Jail has a zero tolerance policy for staff sexual misconduct with inmates-meaning that all allegations are reported and investigated. False accusations will result in disciplinary actions. Agency policy defines specified prohibited behaviors between inmates and employees: and between inmates regarding sexual conduct, sexual assault, and sexual harassment. The Christian County Jail prohibits sexual contact and/or violence between offenders. Definitions included in agency policies are consistent with those used by the Bureau of Justice and relevant state criminal statutes. The Christian County Jail prohibits staff sexual harassment of offenders by employees, as well as defining what constitutes sexual harassment of offenders. The Christian County Jail is committed to investigating all allegations of offender's sexual violence and staff sexual misconduct with offenders. Medical and mental health protocols exist for inmates who allege sexual assault and/or misconduct including referral to the local sexual assault treatment center. The Christian County Jail prohibits retaliation against either an inmate or employee who report allegations of misconduct-whether the misconduct involves employees or offenders. The Christian County Jail policy governs investigations of allegations of staff sexual misconduct, and offender-offender sexual violence/abuse. The results of criminal investigations are referred for prosecutorial review, and if warranted, criminal prosecution. Notify a staff member immediately if you are the victim of a sexual assault. This can be done by submitting a request form or confiding with staff verbally.

By signing below I have read and understand each section listed above to its entirety.

Offender's Signature:  Date: 7-25-25

Officer's Signature:  Date: 7-25-25

# CHRISTIAN COUNTY SHERIFFS OFFICE (MO)

110 West Elm Street, Ozark, MO 65721

## Inmate Property List Report

Inmate Name	Inmate Number	Cell Block	Cell No.	Cell Bed
WOODS, JOHN E	113413	BOOKING	74-1	

  

Date Received	Qty.	Description	Make	Model	Disposition	Released Date	Released
07/25/2025 1402	1	GRAY ON COLOR SHOES					N
07/25/2025 1402	1	MO ID					N
07/25/2025 1402	1	BRANSON BANK 1746,CHASE 2728, BLUCURRENT 7683					N
07/25/2025 1403	1	BLACK IN COLOR METAL WALLET					N
07/25/2025 1404	1	BLACK IN COLOR SMART PHONE, WITH NO CASE					N
07/25/2025 1405	1	BLACK/GRAY SOCKS					N
07/25/2025 1406	1	GRAY IN COLOR SWEATPANTS					N
07/25/2025 1406	1	BLACK IN COLOR SHIRT					N
07/25/2025 1406	1	BLACK IN COLOR UNDERWEAR					N

I certify that the above is a correct list of items removed from my possession at the time I was placed in detention.

Inmate's Signature

Officer's Signature

7/25/25

7/25/25

I received all of the above listed property (minus any property previously released as indicated on this receipt).

Inmate's Signature

Officer's Signature

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