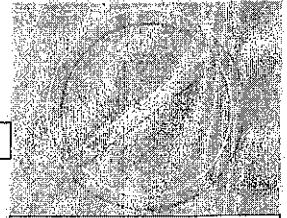


11/03/2019

Moultrie County Sheriff's Office
Correctional Institution Management Information System
Personal History Information

3:35 am



Book Type: ADMIN Book Date: 11/03/2019 Book Time: 03:18 Sheriff ID: SINCLM Special Warning:

Prisoner Name: SINGER, CLARICE M SINGER CLARICE MARIE Sex: F Race: WH Complexion: FAR DOB: 08/19/1958 Age: 61 2019-0000423

Identification Numbers: [Redacted] Hair: [Redacted] Eyes: [Redacted] Height: [Redacted] Weight: [Redacted] Build: [Redacted] City of Birth: EFFINGHAM State: IL Marital Status: Married
Last Address: 1208 CR 1800 N City: SULLIVAN State: IL Phone: [Redacted]

Charge and Warrent Information
Warrant Number: County: Agency:

Charge: 625 ILCS 5/11-501(a)(2) Description: DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL

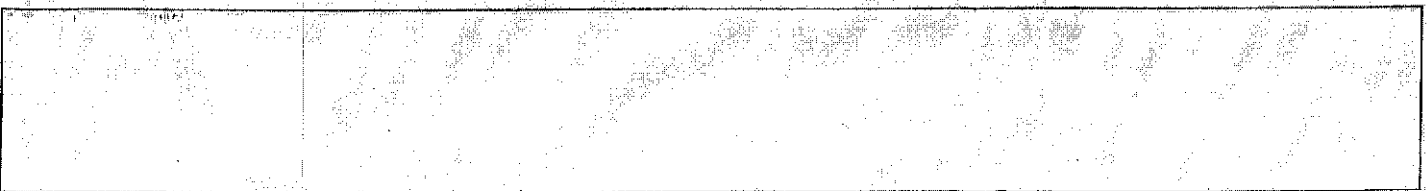
Incident Number: Offense Date: 11/03/2019 Arresting Agency: Moultrie Cnty Sherf's Off Arrest Officer: 226
Arrest Location: City: State: County: Moultrie

Employment Information
Employer: RETIRED Occupation: RETIRED From: To:
Address: City: State: Phone: 0

Emergency Contact
Name: Phone:
Address: City: State:

Badge: 323 Booking Officer: WILBUR, ERIKA Officer Signature: SGT. Wilbur

Inmate Signature: Clarice Singer



11/03/2019

Moultrie County Sheriff's Office
Correctional Institution Management Information System
PAGE TWO HISTORY CARD

3:35 am

CIMIS # 2019-0000423

Complete Charge List

Type Statute	Description	Cls	Incident #
ST 625 ILCS 5/11-501(a)(2)	DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL	A	

Tattoo	Location	Scar/Mark	Location
		Glasses	Both Eyes

Gang:

Property Locker:

Warrant Number	County	Agency

Warnings

Prisoner's behavior suggest a psychiatric problem:

Administrative Warning:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> - Allergies | <input type="checkbox"/> - Asthma | <input type="checkbox"/> - Body Lice | <input type="checkbox"/> - Dental Problem |
| <input type="checkbox"/> - Diabetes | <input type="checkbox"/> - Venereal Disease | <input type="checkbox"/> - Ear Problem | <input type="checkbox"/> - Epilepsy |
| <input type="checkbox"/> - Hay Fever | <input type="checkbox"/> - Heart Problem | <input type="checkbox"/> - Tuberculosis | <input type="checkbox"/> - Hepatitis |
| <input type="checkbox"/> - Rupture | <input type="checkbox"/> - Skin Disease | <input type="checkbox"/> - Throat Problem | <input type="checkbox"/> - Ulcers |
| <input type="checkbox"/> - Pregnant | <input type="checkbox"/> - High Blood Pressure | <input type="checkbox"/> - Infectious Disease | |