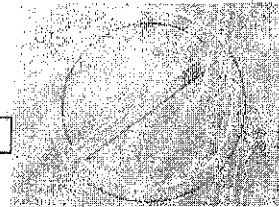


11/03/2019

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

1:51 am



Book Type: ADMIN Book Date: 11/03/2019 Book Time: 01:43 Sheriff ID: SINTID Special Warning:

Prisoner Name: SINGER, TIMOTHY D SINGER TIMOTHY DWIGHT Sex: M Race: WH Complexion: LGT DOB: 09/08/1952 Age: 67 2019-0000422

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

Charge and Warrant Information  
Warrant Number: County: Agency:

Charge: 625 ILCS 5/11-501(a)(2) 625 ILCS 5/11-709(a) Description: DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL IMPROPER TRAFFIC LANE USAGE

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: SELF EMPLOYED Occupation: FARMER From: 08/01/1975 To:  
Address: 1208 CR 1800 N City: SULLIVAN State: IL Phone: [Redacted]

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

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

Inmate Signature: [Handwritten Signature]

[Redacted Area]

11/03/2019

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

1:51 am

CIMIS # 2019-0000422

Complete Charge List

Type Statute	Description	Cls	Incident #
ST 625 ILCS 5/11-501(a)(2)	DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL	A	
ST 625 ILCS 5/11-709(a)	IMPROPER TRAFFIC LANE USAGE	P	

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 |   |