

Inmate #: 13463

DEFENDANT NAME (LAST, FIRST, MIDDLE) BOUTWELL, DEWAYNE SCOTT RACE W SEX M DATE OF BIRTH 1966 PLACE OF BIRTH GEORGIA

Age at Booking 49 CURRENT AGE 49 HEIGH' 510 WEIGHT 185 HAIR BRO EYES BLU INS NO. SOCIAL SECURITY #



PHOTOID: 39453

Visible Scars and Marks SID NUMBER FBI NUMBER

Address QUITMAN, GA 31643 PHONE NUMBER

ALIAS DRIVERS LICENSE NUMBER STATE

LAST KNOWN EMPLOYER BROOKS COUNTY JAIL LOCATION P / 3 /

ARRESTING AGENCY BCSO - BROOKS CO SHERIFF'S OFFICE ARRESTING OFFICER # AGENT SEACRIST GBI

BOOKING OFFICER R. URSREY SEARCHED BY GOLDEN FINGERPRINTED BY B. PARNELL OCA OTN ATTORNEY

ARREST DATE 10/04/2016 TIME 1050 LOCATION BROOKS COUNTY CID Do you want to consult with your consulate?

HOLD FOR

CLASSIFICATION ADMIN. SEPARATION CLASSIFICATION OFFICER 62769 - R. URSREY CLASS. DATE 10/04/2016 CLASSIFICATION REMARKS INITIAL BOOKING

PERSONAL DATA

DRUG

ANY SIGNS/HISTORY OF DRUG USE N STRIP SEARCHED N IF YES, INDICATE TYPE(S):

RELEASE

DATE TIME RELEASE TYPE RELEASING OFFICER REMARKS RELEASE TO WHOM RECEIVING SIGNATURE DATE

PROPERTY

Table with columns: Item, Qty, Description, Description, Qty, Description, Qty. Includes entries for WALLET, WATCH, RING, KEYS, BELT (1), KNIFE, LIGHTER, PEN/PENCIL, CR CARDS, and CELL PHONE.

I HEREBY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST. X [Signature] DEFENDANT'S SIGNATURE AT TIME OF ARREST X [Signature] WITNESS I HEREBY STATE THAT THE ABOVE PROPERTY WAS RETURNED TO ME, IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST, ON THE DATE OF MY RELEASE. X DEFENDANT'S SIGNATURE AT TIME OF RELEASE X WITNESS

Inmate #: 13463

REQUIRED BOND TOTAL

POSTED BOND TOTAL

CHARGE	OFFENSE DATE CNT	STATUTE	UCR	TYPE	CASE#	CHARGE	OFFENSE DATE CNT	STATUTE	UCR	TYPE	CASE#
	10/04/2016	42-4-5	7399		09-0037-34-17		10/04/2016	42-4-5	7399		09-0037-34-17
CHARGE REQ. BOND WARRANT#						CHARGE REQ. BOND WARRANT#					
CRUELTY TO INMATES						CRUELTY TO INMATES					
LOCATION	AT/NEAR	OFFENSE	ARREST			LOCATION	AT/NEAR	OFFENSE	ARREST		
	N	STATE	STATE				N	STATE	STATE		
BOND POSTED			BOND POSTED			BOND POSTED			BOND POSTED		
TYPE COMPANY AMOUNT			TYPE COMPANY AMOUNT			TYPE COMPANY AMOUNT			TYPE COMPANY AMOUNT		
DISPOSITION	DATE	SENTENCE				DISPOSITION	DATE	SENTENCE			
	COURT DATE						COURT DATE				
	04/17/2016						04/17/2016				
	COURT SUPERIOR						COURT SUPERIOR				
CHARGE	OFFENSE DATE CNT	STATUTE	UCR	TYPE	CASE#	CHARGE	OFFENSE DATE CNT	STATUTE	UCR	TYPE	CASE#
	10/04/2016	42-4-5	7399		09-0037-34-17		10/04/2016	16-10-1	7399		09-0037-34-17
CHARGE REQ. BOND WARRANT#						CHARGE REQ. BOND WARRANT#					
CRUELTY TO INMATES						VIOLATION OF OATH BY PUBLIC OFFICER					
LOCATION	AT/NEAR	OFFENSE	ARREST			LOCATION	AT/NEAR	OFFENSE	ARREST		
	N	STATE	STATE				N	STATE	STATE		
BOND POSTED			BOND POSTED			BOND POSTED			BOND POSTED		
TYPE COMPANY AMOUNT			TYPE COMPANY AMOUNT			TYPE COMPANY AMOUNT			TYPE COMPANY AMOUNT		
DISPOSITION	DATE	SENTENCE				DISPOSITION	DATE	SENTENCE			
	COURT DATE						COURT DATE				
	04/17/2016						04/17/2016				
	COURT SUPERIOR						COURT SUPERIOR				

Agency ID (ORI)

GA0140000

# ARREST/BOOKING REPORT

INTERNAL COPY

Booking Date:

10/04/2016

Time:

1214

Inmate #:

13463

CHARGE	OFFENSE DATE	CNT	STATUTE	UCR	TYPE	CASE#
	10/04/2016		16-5-23	7399		09-0037-34-17
LOCATION	CHARGE	REQ. BOND	WARRANT#			
	SIMPLE BATTERY					
BOND POSTED	AT/NEAR	OFFENSE	ARREST			
	N	STATE	STATE			
DISPOSITION	TYPE	COMPANY	AMOUNT			
	DATE	SENTENCE				
	COURT DATE					
	04/17/2016					
	COURT					
	SUPERIOR					

# MEDICAL QUESTIONNAIRE

Inmate#	Inmate Name	DOB	SOC	HGHT	WGHT	HAIR	EYES	SEX
13463	BOUTWELL, DEWAYNE SCOTT	/1966		510	185	BRO	BLU	M

Officer/Physician

- Y Is the inmate conscious?
- N Is there pain, bleeding, or any symptoms suggesting emergency care?
- N Are there visible signs of trauma or illness requiring emergency care?
- N Is there fever, swollen lymph nodes, or jaundice that could be spread?
- Y Is the skin in good condition and free of vermin?
- N Does the inmate appear to be under the influence of alcohol?
- N Does the inmate appear to be under the influence of any other drugs?
- N Are there any visible signs of alcohol/drug withdrawal?
- N Does the inmate's behavior suggest the risk of suicide?
- N Does the inmate's behavior suggest the risk of assault to anyone?
- N Does the inmate report to be on medication which should be available?

> If yes, list medication: 1.  2.   
3.  4.

- N Is the inmate on medication for diabetes, heart disease, or seizures?
- N Is the inmate on medication for arthritis, asthma, or ulcers?
- N Is the inmate on medication for high blood pressure?
- N Does the inmate have a special diet prescribed by a physician?
- N Does the inmate have a history of venereal disease or abnormal discharge?
- N Does inmate have any known allergies?
- N Has the inmate recently been hospitalized?
- N Has inmate recently seen a medical or psychiatric doctor for any illness?
- N Is the inmate allergic to any medication?

> If yes, then list medication: 1.  2.   
3.  4.

- N Has inmate fainted recently or had a recent head injury?
- N Does inmate have a history of epilepsy?
- N Does inmate have a history of tuberculosis?
- N Does inmate have a history of diabetes?
- N Does inmate have a history of hepatitis?
- N Does inmate have a history of heart disease?
- N Does inmate have (A)ir/(B)lood borne disease, (T)Both, or (N)either?
- N Does inmate have a history of high blood pressure?
- N Does inmate have a painful dental condition?
- N Does inmate have any other medical problem we should know about?

> If yes, list problems: 1.  2.   
3.  4.

- If female, is inmate pregnant?
- Is inmate currently on birth control pills?
- Has inmate recently delivered?
- Does inmate have any history of narcotics use?

Insurance Agency  Phys. Date   
Policy Number  Given By

Special Notes **INMATE STATES THAT HE HEALTH**

CAN YOU READ/WRITE \_\_\_ YES \_\_\_ NO (If no, the following must be read to the inmate):  
I, the above listed inmate, acknowledge that the above listed medical questions accurately reflect my condition at the time of booking and that I have let a booking officer know if I need immediate medical attention.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Inmate # 13463 \_\_\_\_\_ Date \_\_\_\_\_