LONG SENTENCE PRISONER'S RECORD			PRIS	PRISION FORM 3		
General Register No:	CENC0000230/18	-	Seria	al No:	239	
Name :	Asa Muheirwe		Age	on conviction	57	
Place of birth :	Lwengo		Marri	ied or Single	Separated	
Occupation when free :	Service Men		Num	ber of Children (if any):	0	
Employed or not :						
Address at time of arrest :	CHIEF					
	VILLAGE	Busolwe				
	GOMBOLOLA					
	AREA					
	DISTRICT	Lwengo				
Name and Address of next of kin :				Relationship :	Mother	
Crime of which convicted :	Intentionally endangering safe	Intentionally endangering safety of persons travelling by railway				
Place crime committed :				Date:	13-06-2005	
Court :	High Court			Sentence :	13-06-2005	
Standard of Education :	No school			Religion :		

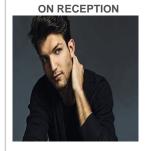
MEDICAL EXAMINATION ON RECEIPTION

Date :		Medical Officer :		
COLOUR OF HAIR	Curly Hairs			
NATIONALITY	Uganda			
PLACE OF BIRTH	Lwengo			
OCCUPATION:	TRADE			
	EMPLOYED AT TIME OF CONVICTION?			
	IN OWN EMPLOYMENT?			
	UNEMPLOYED?			
DESCRIPTION MARKINGS ON BODY				
	STATEMENT SH	HOWING TRADE FOLLOWING AT	EACH PRISON	
Prisons	То	Trade of Occupation		Supt's Initials

RECORD OF PREVIOUS CONVICTIONS	C.R.O No					
Station	Court	Place	Date	Crime	Name	Prison s in which Under gone
Central Region	High Court		13-06-20 05	Intention ally enda ngering safety of persons travelling by railway	Asa Muheirwe	Central Region

DESCRIPTION OF PRISONER							
Date when description taken	Build	Weig ht	Heig ht	Com plexi on	Hair	Eye	Skin
	Fat		7 .0		Curly Hairs	Black eyes	

DISTINCTIVE MARKS OF PRISONER				
HEAD				
RIGHT SIDE				
LEFT SIDE				
	PHOTOGRAPH			



ON DISCHARGE(If sentence over 7 years)

SPECIAL REMARKS

The following are subject to which special attention should be called for the information of the Authorities of prisons, viz, a administrations or denials of previous convictions, escapes or attempts to escape specious circumstances connected with visits, correspondence, corporal punishment, violent conducts, any peculiar mental or bodily condition requiring special treatment. Attempts to commit suicide or bodily injuries, whether convicted at the same time and place jointly with other prisoners, giving the General Register Number and names of the latter with their relationship, if any. Every entry to be concise and in order of date. Escapes, attempts to escape and any peculiar mental or bodily condition requiring special treatment should be entered in red ink.

Date	Prison	Subject of Remarks	Supt's Initial
RECOR	RD OF SCHO	OL AND CLA	ASSES
Date	Prison	Subject of Remarks	Supt's Initial

MEDICAL HISTORY SHEET

Vaccinated				Fit to work as			
Re-vaccinated				Medical officer			
Has had smallpox				Date			
State of health, special remarks				(To be completed in ca Light Labour only)	ase of		
		RECORD OF	ADMISSIONS TO HO	OSPITAL, ACCIDENTS, S ATIONS	SPECIAL		
		Record	l of admissions to h examinations	ospital, accidents, speci s - Continued	ial		
		E	Examined prior to di	scharge – Remarks:			
	Date :			Medical Officer :			
A/C No		UG/000000102/1	18	PROPERTY BOOK No	UG/000000	00102/18	
			RECORD OF SUPPLEI	MENTARY CASH, ETC			
	Date	Amount	IN or OUT	Supplementary property Bo Folio No.		itials of Officer in narge	
L							

No:	CENC0000230/18
Name:	Asa Muheirwe
Sentence:	
years:	
Period In days:	
Date of commencement:	13-06-2005
Date due for periodical review:	
Date of expiration:	
Treated as appellant:	
Earliest possible date for release:	24-02-2010
Examined:	
Date:	20-09-2018

FORFEITURE OF REMISSION						
Date	Days forfeited	Date	Days forfeited			
Actual date of release						
Examined prior to release						

	PROGRESS IN STAGE						
	Stage		Date		Remarks		
	Stage II		13	3-09-2017	Stage Assigned		
PROGRESS IN STAGE							
Date		Offence	Punishme Awarded		nt	Supt's Ini	tials
NEWSPAPER REPORT OF TRIAL AND APPEAL (IF ANY)							

(To be pasted below) The title of the date of the newspaper, and name of the Judge of Magistrate of the court by whom the prisoner was trial to be inserted above the report. The name of the Judge of Magistrate should be stated whether a report is available or not

RECORD OF VISITS AND LETTERS						
Date Due	Date Paid	Prices	Name and Relationship of Visitor			

WELFARE DETAILS AT RECEIPTION BOARD						
Name :	Asa Muheirwe	Number :	CENC0000230/18			

Seen by Receiption Board on :		at:				
Sex:	Female	Age:	57			
Married (or) Single :	Separated	Literate :	Yes			
Degree of education (school attended – standard reached) :		No school				
Religion :						
Physical and Mental state (to be filed by Prisons Medical Officer before the prisoner is seen by Receiption Board):						
History since last imprisonment (if any) previous action taken by prison authorities i.e. After care :						
Note from previous records (if any re disciplinary offences, medical history special occurrences :						
Recommendation regarding classification :		Star				
Instructions reposition with any special recommendations from the Board :						
Number of children, sex, ages :						
Who are dependent members of prisoner's family and where are they living :						
What income is there :						
Do dependents of prisoner own land or property :						
Does the Board consider an investigation by Welfare Officer necessary :						
Has prisoner any salary or debts owing to him or property with police :						
Does prisoner, or his family own money as the result of his imprisonment :						
Any further details :						

Date :		Officer in charge :	
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DISCHARGE BOARD SUMMARY

To be completed three months before the month of discharge

To be completed three months	belore the month of disordings		
Prison :	Central Region		
Name (In full) :	Asa Muheirwe		
Superintendent :			
Former employment :			
Address on discharge if none fixed, state town to which proceeding :			
What he wishes to do :			
Any offer of help or employment :			
ocational and spare time training :			
Amount of previous cash :			
Earliest date of discharge :			
Licence expires (If has any) :			
Date :	Officer in charge :		
Superintendent's opinion and recommendation :			

Date :		Superintendent :							
Disposal on Release									
Date	Whether on Licence, Under Supervision, Pardon, Remission, or Expiration of Sentence or Death, etc.		Licence Number	Date of Expired on Licence or Supervision		Destination			
PARTICULARS OF AFTER – CARE									