



INCIDENT# 2012-046874

 JUVENILE INFORMATION

PAGE 2 OF 8

## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS: <b>SADLEY, MICHAEL</b>	D.L./ID NO. (STATE) AR 929892016	DATE OF BIRTH 8/7/1953
ADDRESS: Street City State Zip <b>1800 S BROADWAY 905 ST LITTLE ROCK, AR 72204</b>		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER	HOME PHONE	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS: _____ (SE) Spouse _____ (AQ) Acquaintance _____ (CS) Common-Law Spouse _____ (FR) Friend _____ (PA) Parent _____ (NE) Neighbor _____ (SB) Sibling _____ (BE) Babysitter (baby) _____ (CH) Child _____ (BG) Boyfriend/Girlfriend _____ (GP) Grandparents _____ (CF) Child of BF/GF _____ (GC) Grandchild _____ (HR) Homosexual Rel. _____ (IL) In-Law _____ (XS) Ex-Spouse _____ (SP) Stepparent _____ (EE) Employee _____ (SC) Stepchild _____ (ER) Employer _____ (SS) Stepsibling _____ (OK) Otherwise Known _____ (OF) Other Family Member _____ (RU) Relationship Unknown <b>1</b> (ST) Stranger _____ (VO) Victim Was Suspect
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <b>58</b> Range _____ / _____		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7 - 364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown		
RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	
VICTIM INJURY: (Max. 5) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness		NIC #	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8
AGGRAVATED ASSAULT/HOMICIDE (Max. 2) <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			

## VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS: <b>STANLEY, MICHAEL</b>	D.L./ID NO. (STATE) AR	DATE OF BIRTH 12/14/1997
ADDRESS: Street City State Zip <b>, AR</b>		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER	HOME PHONE	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS: _____ (SE) Spouse _____ (AQ) Acquaintance _____ (CS) Common-Law Spouse _____ (FR) Friend _____ (PA) Parent _____ (NE) Neighbor _____ (SB) Sibling _____ (BE) Babysitter (baby) _____ (CH) Child _____ (BG) Boyfriend/Girlfriend _____ (GP) Grandparents _____ (CF) Child of BF/GF _____ (GC) Grandchild _____ (HR) Homosexual Rel. _____ (IL) In-Law _____ (XS) Ex-Spouse _____ (SP) Stepparent _____ (EE) Employee _____ (SC) Stepchild _____ (ER) Employer _____ (SS) Stepsibling _____ (OK) Otherwise Known _____ (OF) Other Family Member _____ (RU) Relationship Unknown <b>2</b> (ST) Stranger _____ (VO) Victim Was Suspect
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <b>14</b> Range _____ / _____		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7 - 364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown		
RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input checked="" type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input checked="" type="checkbox"/> (U) Unconsciousness		NIC #	THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8
AGGRAVATED ASSAULT/HOMICIDE (Max. 2) <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input checked="" type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			

INCIDENT# 2012-046874

 JUVENILE INFORMATIONPAGE 3 OF 8

## SUSPECT

SUSPECT # 1	NAME: Last <b>STANLEY, MICHAEL</b>	First Middle	AKA
ARRESTEE # 0	ADDRESS: Street <b>AR</b>	City	State Zip
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT	PHONE (TYPE) <b>None</b>
ARREST LOCATION	ARREST DATE	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Custody	D.L./ID NO. (STATE) <b>AR</b>
CHARGE:			NIC #
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>14</u> Age Range: _____ to _____	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	WEAPONS AT ARREST: (Max 2) (Place "A" in blank if auto/semi) <input checked="" type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/BlackJack/Brass
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8	HEIGHT: Ft. _____ In. _____	WEIGHT: lbs. _____	
CLOTHING DESCRIPTION Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____			
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input checked="" type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input checked="" type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown
HAIR LENGTH:-2 <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD:-1 <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR:-1 <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input checked="" type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
		SCAR/B*THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown
			TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
		ADDED DESCRIPTION	

INCIDENT# 2012-046874

 JUVENILE INFORMATIONPAGE 4 OF 8

## SUSPECT

SUSPECT # 2	NAME: Last First Middle <b>SADLEY, MICHAEL</b>			AKA
ARRESTEE # 1	ADDRESS: Street City State Zip 1800 S BROADWAY 905 ST LITTLE ROCK AR 72204			DATE OF BIRTH 8/7/1953
RES. STATUS: <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT		PHONE (TYPE) None
ARREST LOCATION	ARREST DATE	ARREST TYPE: <input checked="" type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Custody	D.L./ID NO. (STATE) AR 929892016	
CHARGE: 99-02				NIC #
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>58</u> Age Range: _____ to _____	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		WEAPONS AT ARREST: (Max 2) (Place "A" in blank if auto/semi) <input checked="" type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/BlackJack/Brass
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8		HEIGHT: Ft. _____ In. _____	WEIGHT: lbs. _____	
CLOTHING DESCRIPTION Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____				
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input checked="" type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input checked="" type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
HAIR LENGTH:-2 <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD:-1 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR:-1 <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	SCAR/B*THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown
			TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back	
			ADDED DESCRIPTION	

INCIDENT# 2012-046874

 JUVENILE INFORMATIONPAGE 5 OF 8

## OTHER PERSONS

 Witness     Owner     Contact     Missing     Runaway     ATL     Wanted     Driver     Person Reporting     Juvenile

Other Person# 1	NAME: Last <b>TAYLOR, KEVIN</b>	First Middle	Soc. Sec. No.:						
ADDRESS: Street 3805 W 12TH ST 100 LITTLE ROCK, AR 72204	City State Zip	DATE OF BIRTH 1/25/1974							
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT CITY OF LITTLE ROCK	PHONE (Work) 5013791513						
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age <u>38</u> Range _____/_____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7 - 364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	D.L./ID NO. (STATE) AR						
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.			NIC #						
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.			HEIGHT: Ft. _____ In. _____						
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			WEIGHT: lbs. _____						
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B*THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back		
CLOTHING DESCRIPTION									
Hat _____		Coat _____		Shirt _____		Pants/Dress _____		Shoes _____	

INCIDENT# 2012-046874

 JUVENILE INFORMATIONPAGE 6 OF 8 Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 2	NAME: Last <b>WILHELM, PARIS</b>	First Middle	Soc. Sec. No.:				
ADDRESS: Street City State Zip 3805 W 12TH ST 100 LITTLE ROCK, AR 72204			DATE OF BIRTH 9/1/1976				
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT CITY OF LITTLE ROCK	PHONE (Work) 5013791513				
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	AGE: Exact Age <u>35</u> Range _____ / _____	D.L./ID NO. (STATE) AR					
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.		NIC #				
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7 - 364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown		HEIGHT: Ft. _____ In. _____				
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	WEIGHT: lbs. _____				
HAIR LENGTH:-2 <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD:-1 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR:-1 <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	FACIAL HAIR:-3 <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown				
CLOTHING DESCRIPTION Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____		DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B'THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown				
TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown		TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back					
<b>VEHICLE # 1</b>							
<input type="checkbox"/> WANTED <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD AUTH. _____							
YEAR 1985	MAKE DODG	MODEL CARAVAN	STYLE VN	VIN 2B4FK41G8FR143510	LICENSE NO. (TYPE) 156RDJ PC	LIC YR 2012	STATE AR
OWNER'S NAME ESTRADA, CLAUDIO				ADDRESS 5100 W 30TH ST LITTLE ROCK, AR 72204			
COLOR MAR	DISPOSITION OF RECOVERY <input checked="" type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC #		INSURANCE/POLICY #		

INCIDENT# 2012-046874

 JUVENILE INFORMATIONPAGE 7 OF 8**PROPERTY****DRUG INFORMATION**

P.LOSS	P. DES	QTY	Description (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	25	1	NA NA NA WALLET W/ CONTENTS		1.00		0.00	

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.

PROPERTY DESCRIPTION:	(11) Drug/Narc. Equipment	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture
(01) Aircraft	(12) Farm Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community
(02) Alcohol	(13) Firearms	(23) Office-Type Equipment	(34) Structures-Storage
(03) Automobiles	(14) Gambling Equipment	(24) Other Motor Vehicles	(35) Structures-Other
(04) Bicycles	(15) Heavy Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower
(05) Buses	Construction/Industry	(26) Radios/TVs/VCR	(37) Trucks
(06) Clothes/Furs	(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories
(07) Computer Hardware/ Software	(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft
(08) Consumable Goods	(18) Livestock	(29) Structures-Single Occupancy	(77) Other
(09) Credit Cards/Debit Cards	(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)
(10) Drugs/Narcotics	(20) Money	(31) Structures-Commercial/Business	

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/	(O) Other Depressants
(A) "Crack" Cocaine	(E) Marijuana	(I) LSD	Methamphetamines	(P) Other Drugs
(B) Cocaine	(F) Morphine	(J) PCP	(M) Other Stimulants	(U) Unknown Type Drug
(C) Hashish	(G) Opium	(K) Other Hallucino.	(N) Barbiturates	

TYPE DRUG MEASUREMENT		
Units	Weight	Capacity
(DU) Dosage Unit (Pills, etc.)	(GM) Gram	(ML) Milliliter
(NP) Number of Plants	(KG) Kilogram	(LT) Liter
	(OZ) Ounce	(FO) Fluid Ounce
	(LB) Pound	(GL) Gallon

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry \_\_\_\_\_ Tools Apparently Used \_\_\_\_\_

**NARRATIVE**

OFFICERS RESPONDED TO THIS LOCATION TO ASSIST CODE ENFORCEMENT ASKING FOR OFFICERS. UPON ARRIVAL OFFICERS CONTACTED MR. TAYLOR, MR. WILHELM AND MR. SADLEY WHO WERE ALL STANDING BEHIND VEH-1. AS OFFICERS GOT TO THE TOP OF THE HILL THEY OBSERVED MR. STANLEY WHO WAS UNCONSCIOUS AND BLEEDING FROM THE MOUTH LAYING BEHIND VEH-1. OFFICERS CALLED FOR MEMS AND RESCUE AS WELL AS ADVISED 1L32 AND 1L31, WHO RESPONDED. CSSU AND THE D.O. WERE NOTIFIED AND RESPONDED TO PROCESS THE SCENE. MR. SADLEY ADVISED THAT MR. STANLEY AND POSSIBLY ANOTHER YOUNG B/M STOLE HIS WALLET FROM HIM. HE ALSO ADVISED THAT HE DID HIT MR. STANLEY WITH VEH-1. OFFICERS TRANSPORTED MR. SADLEY TO THE DOWNTOWN D.O. FOR FURTHER INVESTIGATION. WHILE MEMS WAS TREATING MR. STANLEY, OFFICERS OBSERVED THE LISTED PROPERTY FALL OUT OF MR. STANLEY'S PANTS. THE ITEM WAS TRANSFERRED TO CSSU WHILE THEY PROCESSED THE SCENE. MR. STANLEY WAS CHARGED WITH HOMICIDE AND TRANSPORTED TO PCRJ.

INCIDENT# 2012-046874

 JUVENILE INFORMATIONPAGE 8 OF 8

## ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal  
 (B) Criminal attacked police officer; criminal killed by other officer

- (C) Criminal attacked a civilian  
 (D) Criminal attempted flight from a crime  
 (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest  
 (G) Unable to determine/not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NODRIVE-BY?  YES  NOGANG RELATED?  YES  NO**HATE/BIAS RELATIONSHIP:  (88) None  IF YES, COMPLETE BELOW**

## RACIAL (Anti-)

- (11) White  
 (12) Black  
 (13) American Indian/  
 Alaskan Native  
 (14) Asian/Pacific Islander  
 (15) Multi-Racial Group

## RELIGIOUS (Anti-)

- (21) Jewish  
 (22) Catholic  
 (23) Protestant  
 (24) Islamic (Muslim)  
 (25) Other Religion  
 (26) Multi-Religious Group  
 (27) Atheism/Agnosticism

## ETHNICITY/NATIONAL ORIGIN (Anti-)

- (32) Hispanic  
 (33) Other Ethnicity

## DISABILITY (Anti-)

- (51) Physical Disability  
 (52) Mental Disability

## SEXUAL (Anti-)

- (41) Male Homosexual (Gay)  
 (42) Female Homosexual (Lesbian)  
 (43) Homosexual (Gay and Lesbian)  
 (44) Heterosexual  
 (45) Bisexual