

INCIDENT# 2012-003587	<input type="checkbox"/> JUVENILE INFORMATION	PAGE <u>2</u> OF <u>7</u>
-----------------------	---	---------------------------

SUSPECT

SUSPECT # 1	NAME: Last WITZKE, STEVEN First Middle AKA
----------------	--

ARRESTEE # 0	ADDRESS: Street City State Zip 600 HARDIN 335 RD LITTLE ROCK AR 72211	DATE OF BIRTH 5/24/1977
-----------------	--	----------------------------

RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT unknown	PHONE (TYPE) None
---	---	--------------------------------	-------------------

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) AR
-----------------	-------------	---	---------------------------

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>34</u> Age Range: <u> </u> to <u> </u> <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	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 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.		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	
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			

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. <u> </u> In. <u> </u>	WEIGHT: lbs. <u> </u>
---	---	--------------------------

CLOTHING DESCRIPTION			
Hat <u> </u>	Coat <u> </u>	Shirt <u> </u>	Pants/Dress <u> </u>
Shoes <u> </u>			

COMPLEXION:-2 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <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 checked="" 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 checked="" 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	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input checked="" 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 checked="" 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 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 checked="" type="checkbox"/> (11) Back		
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		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 checked="" type="checkbox"/> (7) 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				ADDED DESCRIPTION	

INCIDENT# 2012-003587		<input type="checkbox"/> JUVENILE INFORMATION		PAGE <u>3</u> OF <u>7</u>					
OTHER PERSONS									
___Witness ___Owner <input checked="" type="checkbox"/> Contact ___Missing ___Runaway ___ATL ___Wanted ___Driver ___Person ___Juvenile Reporting									
Other Person# 1	NAME: Last First Middle FAIR, RHONDA			Soc. Sec. No.:					
ADDRESS: Street City State Zip 600 HARDIN RD LITTLE ROCK, AR 72211				DATE OF BIRTH 4/17/1983					
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		PHONE (Home) 5013192128		PLACE OF EMPLOYMENT Guest Service Representative					
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk		AGE: Exact Age <u>28</u> Range _____ / _____		D.L./ID NO. (STATE) AR					
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hisp. <input checked="" type="checkbox"/> (U) Unk.		NIC#					
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		<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 checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <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 checked="" 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 checked="" 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 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		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		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		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			
CLOTHING DESCRIPTION		DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input checked="" type="checkbox"/> (02) Apologetic <input checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input checked="" 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 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 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	
Hat _____		Coat _____		Shirt _____					
Pants/Dress _____		Shoes _____							

INCIDENT# 2012-003587	<input type="checkbox"/> JUVENILE INFORMATION	PAGE <u>4</u> OF <u>7</u>
-----------------------	---	---------------------------

Witness
 Owner
 Contact
 Missing
 Runaway
 ATL
 Wanted
 Driver
 Person Reporting
 Juvenile

Other Person# 2	NAME: Last JUILIANO, HEATHER First Middle	Soc. Sec. No.:
--------------------	---	----------------

ADDRESS: Street City State Zip 600 HARDIN RD 335 LITTLE ROCK, AR 72211	DATE OF BIRTH 11/28/1972
---	-----------------------------

RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT	PHONE (Work)
---	--------------	---------------------	--------------

MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk	AGE: Exact Age <u>39</u> Range _____/_____	D.L./ID NO. (STATE) AR
---	--	---------------------------

SEX: (M) Male (F) Female (U) Unk.

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk.

RACE: (W) White (B) Black (I) American Indian
 (A) Asian/Pacific Islander (U) Unknown

HEIGHT: Ft. _____ In. _____

WEIGHT: lbs. _____

COMPLEXION:-2 <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <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 checked="" 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 checked="" 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	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input checked="" type="checkbox"/> (05) Nervous <input checked="" 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
--	---	--	---	---	--	--	--

CLOTHING DESCRIPTION

Hat	Coat	Shirt	Pants/Dress	Shoes
-----	------	-------	-------------	-------

INCIDENT# 2012-003587		<input type="checkbox"/> JUVENILE INFORMATION			PAGE <u>5</u> OF <u>7</u>		
___Witness ___Owner <input checked="" type="checkbox"/> Contact ___Missing ___Runaway ___ATL ___Wanted ___Driver ___Person Reporting ___Juvenile							
Other Person# 3	NAME: Last First Middle MATZ, AMANDA			Soc. Sec. No.:			
ADDRESS: Street City State Zip 600 HARDIN RD 327 LITTLE ROCK, AR 72211				DATE OF BIRTH 12/22/1984			
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		PHONE (Home)		PLACE OF EMPLOYMENT		PHONE (Work)	
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk			AGE: Exact Age <u>27</u> Range _____/_____		D.L./ID NO. (STATE) AR		
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <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		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 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 checked="" 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 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	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input checked="" 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 (lt) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lt) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lt) <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 (lt) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lt) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lt) <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# 2012-003587		<input type="checkbox"/> JUVENILE INFORMATION			PAGE <u>6</u> OF <u>7</u>	
__ Witness __ Owner <input checked="" type="checkbox"/> Contact __ Missing __ Runaway __ ATL __ Wanted __ Driver __ Person Reporting __ Juvenile						
Other Person# 4	NAME: Last First Middle FONTENOT, RONALD			Soc. Sec. No.:		
ADDRESS: Street City State Zip 600 HARDIN RD 327 LITTLE ROCK, AR 72211				DATE OF BIRTH 6/22/1982		
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		PHONE (Home)		PLACE OF EMPLOYMENT		PHONE (Work)
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk			AGE: Exact Age <u>29</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.			<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		NIC #	
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hisp. <input checked="" 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		HAIR STYLE:-2		HAIR COLOR:-1		
<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input checked="" type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown		<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 checked="" type="checkbox"/> (11) Unknown		<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 checked="" type="checkbox"/> (8) Unknown		
HAIR LENGTH:-2		BUILD:-1		EYE COLOR:-1		
<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 checked="" type="checkbox"/> (6) Unknown		<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown		<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 checked="" type="checkbox"/> (7) Unknown		
FACIAL HAIR:-3		DEMEANOR:-3		SCAR/B'THMARK:-3		TATTOO:-2
<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		<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 checked="" type="checkbox"/> (12) Unknown		<input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lf) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lf) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lf) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown		<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 (lf) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lf) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lf) <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 _____						

NARRATIVE

OFFICERS RESPONDED TO AN ASSAULT JUST OCCURRED CALL AT THE INCIDENT LOCATION. OFFICERS WENT TO ROOM 335 CONTACT WAS MADE WITH STEVEN WITZKE AND HIS GIRLFRIEND HEATHER JULIANO. THEY BOTH SEEMED VERY AGITATED. MR. WITZKE SAID HIS FRIEND HAD BEEN STABBED IN ROOM 329. OFFICER HECK STAYED WITH THE TWO SUBJECTS. I WENT TO THE ROOM AND LOOKED IN THE WINDOW. I SAW THE LOWER PORTION OF A PERSONS LEGS AND SOCKED FEET. THE NIGHT GUEST SERVICE REPRESENTATIVE HAD COME UP TO THE FLOOR. I HAD HER OPEN THE DOOR. I SAW THE VICTIM LAYING FACE DOWN. I TOLD OFFICER HECK THAT WE HAD A BODY. OFC. HECK CAME TO THE DOOR TO COVER ME. I THEN WENT INTO THE ROOM, TO MAKE SURE IT WAS CLEAR. I THEN LEFT THE ROOM AND OFC. HECK CALLED SERGEANT TAYLOR TO NOTIFY HIM OF THE SITUATION. I STOOD BY THE ROOM WITH THE VICTIM, MEMS WAS REQUESTED. OFFICER HECK PLACED MR. WITZKE IN HIS PATROL CAR AS HE WAS SUPPOSED TO BE A WITNESS TO THE CRIME. MISS JULIANO WAS ASKED TO GET HER COAT SHOES AND HER DOG, SO THAT SHE COULD LEAVE. AS SHE WAS GETTING DRESSED SHE TOLD ME SHE WAS EPILEPTIC AND THAT SHE FELT FUNNY. I TOLD HER TO BE CALM, THAT SHE WAS NOT UNDER ARREST OR THAT AT THAT TIME IN ANY TROUBLE THAT I WAS AWARE OF. AFTER PLACING HER IN MY CAR I CHECKED ON HER PERIODICALLY TO MAKE SURE SHE WAS OK. OFFICER HECK SPOKE TO MS. MATZ, WHO WAS STAYING NEXT DOOR. HE LATER TOLD ME THAT ACCORDING TO MS. MATZ, THE VICTIM HAD ATTEMPTED TO START SOMETHING WITH HER HUSBAND, MR. FONTENOT, BUT MR. WITZKE STEPPED IN AND TOOK HIM INTO ROOM 329. THE DETECTIVES ARRIVED AS WELL AS CRIME SCENE. THE DETECTIVES HAD US TRANSPORT BOTH SUBJECTS TO THE DOWNTOWN DETECTIVES OFFICE. HE WAS CHARGED WITH FIRST DEGREE MURDER.

INCIDENT# 2012-003587	<input type="checkbox"/> JUVENILE INFORMATION	PAGE <u>7</u> OF <u>7</u>
ADDITIONAL HOMICIDE CIRCUMSTANCES <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal <input type="checkbox"/> (B) Criminal attacked police officer; criminal killed by other officer <input type="checkbox"/> (C) Criminal attacked a civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/not enough information		
RELATED CASE NUMBER(S)		
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> IF YES, COMPLETE BELOW		
RACIAL (Anti-) <input type="checkbox"/> (11) White <input type="checkbox"/> (12) Black <input type="checkbox"/> (13) American Indian/ Alaskan Native <input type="checkbox"/> (14) Asian/Pacific Islander <input type="checkbox"/> (15) Multi-Racial Group	RELIGIOUS (Anti-) <input type="checkbox"/> (21) Jewish <input type="checkbox"/> (22) Catholic <input type="checkbox"/> (23) Protestant <input type="checkbox"/> (24) Islamic (Muslim) <input type="checkbox"/> (25) Other Religion <input type="checkbox"/> (26) Multi-Religious Group <input type="checkbox"/> (27) Atheism/Agnosticism	ETHNICITY/NATIONAL ORIGIN (Anti-) <input type="checkbox"/> (32) Hispanic <input type="checkbox"/> (33) Other Ethnicity DISABILITY (Anti-) <input type="checkbox"/> (51) Physical Disability <input type="checkbox"/> (52) Mental Disability
SEXUAL (Anti-) <input type="checkbox"/> (41) Male Homosexual (Gay) <input type="checkbox"/> (42) Female Homosexual (Lesbian) <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) <input type="checkbox"/> (44) Heterosexual <input type="checkbox"/> (45) Bisexual		