

AGENCY: Seattle PD	WASPD0000	CASE NUMBER 2013-383276	FILE NUMBER	PCN NUMBER	SUPERFORM
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ARREST INFORMATION		
DATE & TIME OF VIOLATION 10/22/2013 6:00 AM	CRIMINAL TRAFFIC CITATION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOMPLICES
DATE OF ARREST/TIME 10/22/2013 6:02 AM	ARREST LOCATION 2300 44 AV SW SEATTLE, WA 98116 	

SUSPECT INFORMATION								
NAME (LAST, FIRST, MIDDLE/JR, SR, 1st, 2nd) Stanley, Michael S		DOB 4/26/1965	ALIAS, NICKNAMES					
ARMED/DANGEROUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IDENTITY IN DOUBT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CITIZENSHIP						
PHYSICAL DETAILS								
SEX M	HEIGHT 507	WEIGHT 190	SKIN TONE	RACE I	EYE BRO	HAIR GRY	SCARS, MARKS, TATTOOS, DEFORMITIES	
IDENTIFICATION DETAILS								
CCN	PRIOR BA # 0	AFIS #	FBI # 276914CA9	STATE ID #	DRIVER'S LICENSE #		STATE	SSN
RESIDENCE				EMPLOYMENT / SCHOOL				
LAST KNOWN ADDRESS 223 YESLER WY UNIT: 922 SEATTLE, WA 98104				EMPLOYER, SCHOOL (ADDRESS, SHOP/UNION NUMBER :				
RESIDENCE PHONE				BUSINESS PHONE		OCCUPATION		
EMERGENCY CONTACT								
PERSON TO BE CONTACTED IN CASE OF EMERGENCY			RELATIONSHIP	Address				PHONE

CHARGE INFORMATION			
OFFENSE <input type="checkbox"/> DV <input type="checkbox"/> FUGITIVE M - HARRASSMENT	RCW / ORD# SMC 12A.06.040	COURT / CAUSE # SMC /	CITATION #
OFFENSE <input type="checkbox"/> DV <input type="checkbox"/> FUGITIVE	RCW / ORD#	COURT / CAUSE #	CITATION #

WARRANT / OTHER				
WARRANT DATE	WARRANT NUMBER	OFFENSE	AMOUNT OF BAIL	WARRANT TYPE
ORIGINATING POLICE AGENCY		ISSUING AGENCY	WARRANT RELEASED TO: (SERIAL # / UNIT / DATE / TIME)	


PROPERTY INFORMATION	
LIST VALUABLE ITEMS OR PROPERTY LEFT FOR ARRESTEE AT JAIL 2 JACKETS	
LIST VALUABLE ITEMS OR PROPERTY ENTERED INTO EVIDENCE (SIMPLE DESCRIPTION, IDENTIFYING MARKS, SERIAL #)	
LIST ITEMS ENTERED INTO SAFEKEEPING KNIFE, SCREW DRIVER, WIRE CUTTERS, PLYERS, FLASH LIGHT	
TOTAL CASH OF ARRESTEE \$0.00	WAS CASH TAKEN INTO EVIDENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMOUNT: \$0.00
SIGNATURE OF JAIL STAFF RECEIVING ITEMS / SERIAL #	

OFFICER INFORMATION		
ARRESTING OFFICER / SERIAL # Wiebke, Todd W 6672	TRANSPORTING OFFICER / SERIAL # 6672	SUPERVISOR SIGNATURE / SERIAL #
SUPERFORM COMPLETED BY (SIGNATURE/SERIAL #) Wiebke, Todd		CONTACT PERSON FOR ADDITIONAL INFORMATION (NAME/SERIAL#/PHONE)

COURT FILE			
SUPERIOR COURT FILING INFO	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> AT LARGE <input type="checkbox"/> OUT ON BOND	COURT CAUSE (STAMP OR WRITE)	
COURT/DIST. CT.NO.	DIST. CT. BOND \$	SUP. CT. DATE	

EXTRADITE				
PERSON APPROVING EXTRADITION	SEAKING-LOCAL ONLY WACIC-STATE WIDE <input type="checkbox"/>	NCIC-WILL EXTRADITE FROM ID & OR ONLY <input type="checkbox"/>	NCIC-WILL EXTRADITE FROM OR, ID, MT, WY, CA, NV, UT, CO, AZ, NM, HI, AK <input type="checkbox"/>	NCIC-WILL EXTRADITE FROM FROM ALL 50 STATES <input type="checkbox"/>
E N T R Y	CCN _____ WAC _____ NCIC _____	DOE _____ TOE _____ OP _____	C L E A R A N C E	DOC _____ TOC _____ OP _____

PROBABLE CAUSE INFORMATION	
STATEMENT OF PROBABLE CAUSE: NON-VUCSA	
CONCISELY SET FORTH FACTS SHOWING PROBABLE CAUSE FOR EACH ELEMENT OF THE OFFENSE AND THAT THE SUSPECT COMMITTED THE OFFENSE. IF NOT PROVIDED, THE SUSPECT WILL BE AUTOMATICALLY RELEASED. INDICATE ANY WEAPONS INVOLVED. (DRUG CRIME CERTIFICATE BELOW.)	

ON (date) 10/22/2013 AT (time) 6:00 AM , WITHIN THE (city/unincorporated area of county) City of SEATTLE ,	
COUNTY OF KING, STATE OF WASHINGTON, THE FOLLOWING DID OCCUR:	
On 10-22-2013 at approximately 0545 hours, S/Stanley was in the alley east of the 2300 block of 44 AVE SW. S/Stanley was extremely intoxicated and making growling noises. The victim opened a window and asked if he was okay and advised that he was calling the police. S/Stanely began yelling at the victim and challenging him to fight, saying that he was going to beat him up, specifically, "come down here and I will fuck you up." The victim was afraid to leave his house for work believing that he was going to be attacked by S/Stanley and is fearful of retaliation.	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.	REQUEST 72-HR RUSH FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ANTICIPATED FILING DATE
DATE AND PLACE 10/22/2013 Seattle	SIGNATURE / AGENCY todd.wiebke@seattle.gov / WASPD0000 
This printout is from the King County Booking and Referral System (BARS), where the above officer signed and transmitted this eSuperform as permitted by GR 30 and LCrRLJ 2.6.	

DRUG CRIME INFORMATION	
DRUG CRIME CERTIFICATE	
Part I: ON (date) THE SUSPECT (suspect's name)	
<input type="checkbox"/> DELIVERED <input type="checkbox"/> POSSESSED WITH INTENT TO DELIVER/MANUFACTURE <input type="checkbox"/> POSSESSED WHAT THE UNDERSIGNED OFFICER (officer's name) BASED ON TRAINING AND EXPERIENCE, BELIEVES TO BE (approximate quantity and type of controlled substance) . APPROXIMATE STREET VALUE OF THE CONTROLLED SUBSTANCE IS (value of drugs) .	
Part II: FACTS INDICATING THE SUSPECT <input type="checkbox"/> DELIVERED <input type="checkbox"/> POSSESSED WITH INTENT TO DELIVER/MANUFACTURE <input type="checkbox"/> POSSESSED THE CONTROLLED SUBSTANCE:	
ON (date) AT (time) , WITHIN THE (city/unincorporated area of county) COUNTY OF KING, STATE OF WASHINGTON, THE FOLLOWING DID OCCUR:	
MY SOURCE OF INFORMATION ABOUT THIS CRIME (e.g., myself, other person with firsthand knowledge)	
OTHER FACTS	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.	REQUEST 72-HR RUSH FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ANTICIPATED FILING DATE
DATE AND PLACE	SIGNATURE / AGENCY
ZONE DETAILS	
SODA ZONE <input type="checkbox"/> YES <input type="checkbox"/> NO	DRUG FREE ZONE? EXACT LOCATION IS REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO
LAB WORK LAB WORK REQUESTED? (DATE / TYPE)	

OBJECT TO RELEASE INFORMATION	
LAW ENFORCEMENT OBJECT TO RELEASE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, EXPLAIN WHY SAFETY OF INDIVIDUAL OR PUBLIC WILL BE THREATENED IF SUSPECT IS RELEASED ON BAIL OR RECOGNIZANCE (CONSIDER HISTORY OF VIOLENCE, MENTAL ILLNESS, DRUG DEPENDENCY, DRUG DEALING, DOCUMENTED GANG MEMBER, FAILURE TO APPEAR, LACK OF TIES TO COMMUNITY). INCLUDE FARR GUIDLINES. DESCRIBE TYPE OF WEAPON. BE SPECIFIC.	
S/ is a violent offender with a warrant out of Canada.	
TIES TO COMMUNITY (MARITAL STATUS, TIME IN COUNTY, ETC.)	
S/ is a transient violent sex offender registered as homeless.	
CONVICTION RECORD	
<input type="checkbox"/> SUBJECT ARMED/DANGEROUS <input type="checkbox"/> SUSPECT IDENTITY IN QUESTION? <input type="checkbox"/> WARRANT(S) FOR FTA	
<input type="checkbox"/> HISTORY OF FTA'S (LIST)	

CASE NUMBER
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VICTIM DATA: Please include below data for the following types of arrests: any Domestic Violence or related offense, Assault, Harassment, Stalking and Sex Offenses. Information is used by jail staff for no contact orders and to make recommendations regarding release.

VICTIM INFORMATION				
VICTIM'S NAME	PHONE NUMBER	ALTERNATIVE NUMBER	DATE OF BIRTH	ADDRESS