

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |  |                                |                              |                                     |
|---|--|--|--------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                |                              | Report generated: 4/19/2024 6:06 AM |
| INCIDENT NUMBER<br><b>2024-049230</b>         |  | UNIT ASSIGNED<br><b>3X53</b>   | CALL DATE<br><b>04/19/2024</b> | CALL TIME<br><b>03:49:00</b> | TYPE OF CALL<br><b>BATTERY</b>      |
| INCIDENT DATE<br><b>4/19/2024 3:49:52 AM</b>  |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>3618 W ROOSEVELT RD</b> |                                |                              | DISTRICT<br><b>53</b>               |

| OFFENSE  |  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
|--|--|--|---|--|---|--|--|---|--|---|--|--|--|--|---|---|---|---|--|---|---|---|---|---|--|---|--|---|--|---|--|---|---|--|--|---|--|--|--|---|---|--|--|--|--|--|--|---|---|--|--|--|--|--|--|---|--|--|--|---|---|--|--|
| INCIDENT OFFENSE TYPE  |  |  | OFFENSE STATUS  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| 1. ROBBERY (INDIVIDUAL)  | 5.   | Attempted  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| 2.   | 6.   | 1 <input checked="" type="checkbox"/>  | 2 <input type="checkbox"/>  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| 3.   | 7.   | 3 <input type="checkbox"/>   | 4 <input type="checkbox"/>  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| 4.   | 8.   | Attempted  | 5 <input type="checkbox"/>  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
|  |  | Completed  | 6 <input type="checkbox"/>  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
|  |  | Completed  | 7 <input type="checkbox"/>  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
|  |  | Completed  | 8 <input type="checkbox"/>  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| SUSPECTS USED:   |  | TYPE OF CRIMINAL ACTIVITY:   | GANG RELATED INFO:  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown  |  | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| LOCATION CODE: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (01) Air / Bus / Train Terminal</td> <td><input type="checkbox"/> (16) Lake / Waterway</td> <td><input type="checkbox"/> (44) Daycare Facility</td> <td><input type="checkbox"/> (51) Rest Area</td> </tr> <tr> <td><input type="checkbox"/> (02) Bank / Savings &amp; Loan</td> <td><input type="checkbox"/> (17) Liquor Store</td> <td><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal</td> <td><input type="checkbox"/> (52) School - College / University</td> </tr> <tr> <td><input type="checkbox"/> (03) Bar / Night Club</td> <td><input type="checkbox"/> (18) Parking Lot / Garage</td> <td><input type="checkbox"/> (46) Farm Facility</td> <td><input type="checkbox"/> (53) School - Elementary / Secondary</td> </tr> <tr> <td><input type="checkbox"/> (04) Church / Synagogue / Temple</td> <td><input type="checkbox"/> (19) Rental / Storage Facility</td> <td><input type="checkbox"/> (47) Gambling / Casino / Racetrack</td> <td><input type="checkbox"/> (54) Shelter - Mission / Homeless</td> </tr> <tr> <td><input type="checkbox"/> (05) Commercial / Office Building</td> <td><input type="checkbox"/> (20) Residence / House</td> <td><input type="checkbox"/> (48) Industrial Site</td> <td><input type="checkbox"/> (55) Shopping Mall</td> </tr> <tr> <td><input type="checkbox"/> (06) Construction Site</td> <td><input type="checkbox"/> (21) Restaurant</td> <td><input type="checkbox"/> (49) Military Installation</td> <td><input type="checkbox"/> (56) Tribal Lands</td> </tr> <tr> <td><input type="checkbox"/> (07) Convenience Store</td> <td><input type="checkbox"/> (22) School / College</td> <td><input type="checkbox"/> (50) Park / Playground</td> <td><input type="checkbox"/> (57) Community Center</td> </tr> <tr> <td><input type="checkbox"/> (08) Department / Discount Store</td> <td><input type="checkbox"/> (23) Service / Gas Station</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (09) Drug Store / DR Office / Hospital</td> <td><input checked="" type="checkbox"/> (25) Other / Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (10) Field / Woods</td> <td><input type="checkbox"/> (37) Abandoned/Condemned Structure</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (11) Government / Public Building</td> <td><input type="checkbox"/> (38) Amusement Park</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (12) Grocery / Supermarket</td> <td><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (13) Highway / Road / Alley</td> <td><input type="checkbox"/> (40) ATM Separate from Bank</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (14) Hotel / Motel / Etc</td> <td><input type="checkbox"/> (41) Auto Dealership New / Used</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (15) Jail / Penitentiary</td> <td><input type="checkbox"/> (42) Camp / Campground</td> <td></td> <td></td> </tr> </table> |  |  |   | <input type="checkbox"/> (01) Air / Bus / Train Terminal | <input type="checkbox"/> (16) Lake / Waterway | <input type="checkbox"/> (44) Daycare Facility | <input type="checkbox"/> (51) Rest Area  | <input type="checkbox"/> (02) Bank / Savings & Loan | <input type="checkbox"/> (17) Liquor Store             | <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal | <input type="checkbox"/> (52) School - College / University      | <input type="checkbox"/> (03) Bar / Night Club | <input type="checkbox"/> (18) Parking Lot / Garage | <input type="checkbox"/> (46) Farm Facility                    | <input type="checkbox"/> (53) School - Elementary / Secondary | <input type="checkbox"/> (04) Church / Synagogue / Temple | <input type="checkbox"/> (19) Rental / Storage Facility | <input type="checkbox"/> (47) Gambling / Casino / Racetrack | <input type="checkbox"/> (54) Shelter - Mission / Homeless | <input type="checkbox"/> (05) Commercial / Office Building  | <input type="checkbox"/> (20) Residence / House | <input type="checkbox"/> (48) Industrial Site | <input type="checkbox"/> (55) Shopping Mall | <input type="checkbox"/> (06) Construction Site | <input type="checkbox"/> (21) Restaurant | <input type="checkbox"/> (49) Military Installation | <input type="checkbox"/> (56) Tribal Lands | <input type="checkbox"/> (07) Convenience Store | <input type="checkbox"/> (22) School / College | <input type="checkbox"/> (50) Park / Playground | <input type="checkbox"/> (57) Community Center | <input type="checkbox"/> (08) Department / Discount Store | <input type="checkbox"/> (23) Service / Gas Station |  |  | <input type="checkbox"/> (09) Drug Store / DR Office / Hospital | <input checked="" type="checkbox"/> (25) Other / Unknown |  |  | <input type="checkbox"/> (10) Field / Woods | <input type="checkbox"/> (37) Abandoned/Condemned Structure |  |  | <input type="checkbox"/> (11) Government / Public Building | <input type="checkbox"/> (38) Amusement Park |  |  | <input type="checkbox"/> (12) Grocery / Supermarket | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds |  |  | <input type="checkbox"/> (13) Highway / Road / Alley | <input type="checkbox"/> (40) ATM Separate from Bank |  |  | <input type="checkbox"/> (14) Hotel / Motel / Etc | <input type="checkbox"/> (41) Auto Dealership New / Used |  |  | <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (42) Camp / Campground |  |  |
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| <input type="checkbox"/> (03) Bar / Night Club   | <input type="checkbox"/> (18) Parking Lot / Garage               | <input type="checkbox"/> (46) Farm Facility  | <input type="checkbox"/> (53) School - Elementary / Secondary   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
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| <input type="checkbox"/> (06) Construction Site  | <input type="checkbox"/> (21) Restaurant                         | <input type="checkbox"/> (49) Military Installation  | <input type="checkbox"/> (56) Tribal Lands  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
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| <input type="checkbox"/> (08) Department / Discount Store  | <input type="checkbox"/> (23) Service / Gas Station              |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (09) Drug Store / DR Office / Hospital  | <input checked="" type="checkbox"/> (25) Other / Unknown         |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (10) Field / Woods  | <input type="checkbox"/> (37) Abandoned/Condemned Structure      |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (11) Government / Public Building   | <input type="checkbox"/> (38) Amusement Park                     |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (12) Grocery / Supermarket  | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds      |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (13) Highway / Road / Alley   | <input type="checkbox"/> (40) ATM Separate from Bank             |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (14) Hotel / Motel / Etc  | <input type="checkbox"/> (41) Auto Dealership New / Used         |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (15) Jail / Penitentiary  | <input type="checkbox"/> (42) Camp / Campground                  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| (FOR BURGLARY ONLY)  |  | METHOD OF ENTRY:   |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| NUMBER OF PREMISES ENTERED _____   |  | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (11) Firearm (Unknown)</td> <td><input type="checkbox"/> (50) Poison</td> </tr> <tr> <td><input type="checkbox"/> (12) Handgun</td> <td><input type="checkbox"/> (60) Explosives</td> </tr> <tr> <td><input type="checkbox"/> (13) Rifle</td> <td><input type="checkbox"/> (65) Fire / Incendiary Device</td> </tr> <tr> <td><input type="checkbox"/> (14) Shotgun</td> <td><input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills</td> </tr> <tr> <td><input type="checkbox"/> (15) Other Firearm</td> <td><input type="checkbox"/> (85) Asphyxiation</td> </tr> <tr> <td><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)</td> <td><input type="checkbox"/> (90) Other</td> </tr> <tr> <td><input type="checkbox"/> (30) Blunt Object (Club, etc)</td> <td><input checked="" type="checkbox"/> (95) Unknown</td> </tr> <tr> <td><input type="checkbox"/> (35) Motor Vehicle (as weapon)</td> <td><input type="checkbox"/> (99) None</td> </tr> <tr> <td><input type="checkbox"/> (40) Personal Weapons (hands, etc)</td> <td></td> </tr> </table>  |  |  |   | <input type="checkbox"/> (11) Firearm (Unknown)          | <input type="checkbox"/> (50) Poison          | <input type="checkbox"/> (12) Handgun          | <input type="checkbox"/> (60) Explosives | <input type="checkbox"/> (13) Rifle                 | <input type="checkbox"/> (65) Fire / Incendiary Device | <input type="checkbox"/> (14) Shotgun                         | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills | <input type="checkbox"/> (15) Other Firearm    | <input type="checkbox"/> (85) Asphyxiation         | <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) | <input type="checkbox"/> (90) Other                           | <input type="checkbox"/> (30) Blunt Object (Club, etc)    | <input checked="" type="checkbox"/> (95) Unknown        | <input type="checkbox"/> (35) Motor Vehicle (as weapon)     | <input type="checkbox"/> (99) None                         | <input type="checkbox"/> (40) Personal Weapons (hands, etc) |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (11) Firearm (Unknown)  | <input type="checkbox"/> (50) Poison                             |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (12) Handgun  | <input type="checkbox"/> (60) Explosives                         |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (13) Rifle  | <input type="checkbox"/> (65) Fire / Incendiary Device           |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (14) Shotgun  | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (15) Other Firearm  | <input type="checkbox"/> (85) Asphyxiation                       |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)   | <input type="checkbox"/> (90) Other                              |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (30) Blunt Object (Club, etc)   | <input checked="" type="checkbox"/> (95) Unknown                 |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (35) Motor Vehicle (as weapon)  | <input type="checkbox"/> (99) None                               |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| <input type="checkbox"/> (40) Personal Weapons (hands, etc)  |  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |  |  |  |   |   |  |  |  |  |  |  |   |  |  |  |   |   |  |  |

|  |   |  |  |
|--|---|--|--|
| ENTRY DATE<br><b>04/19/2024 09:37:47</b> | REPORTING OFFICER<br><b>AUSTIN KURCZ - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>BRIAN HEALY - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

**VICTIM**

|               |   |
|---------------|---|
| VICTIM #<br>1 | NAME (Last, First, Middle) or BUSINESS<br><b>CITIZEN, TASIA</b> |
|---------------|---|

ADDRESS: **UNK AR**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>0000000000</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>02/27/1999</b> |
|--|--|---|------------------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |                                   |   |
|--|-----------------------------------|---|
| AGE:<br>Exact Age: <u>25</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><br><input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input checked="" type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <u>1</u> <input type="checkbox"/> (RU) Relationship Unknown<br><input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |
|--|-----------------------------------|---|

THIS VICTIM RELATED TO WHICH OFFENSES?  
 1  2  3  4  5  6  7  8

VICTIM TYPE:  (I) Individual  (B) Business  (F) Financial Inst.  (U) Unknown  
 (G) Government  (R) Religious  (S) Society / Public  (O) Other

VICTIM INJURY:  
 (N) None  (M) Apparent Minor Injury  (B) Apparent Broken Bones  
 (I) Possible Internal Injury  (T) Loss of Teeth  (L) Severe Laceration  
 (O) Other Major Injury  (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:  (01) Argument  (02) Assault on Law Enf Officer  (03) Drug Deal  
 (04) Gangland  (05) Juvenile Gang  (06) Lover's Quarrel  (07) Mercy Killings  
 (08) Other Felony Involved  (09) Other Circumstances  (10) Unknown Circumstances  (20) Criminal Killed by Private Citizen  
 (21) Criminal Killed by Police Officer  (30) Child Playing w/ Weapon  (31) Gun-Cleaning Accident  (32) Hunting Accident  
 (33) Other Negligent Weapon Handling  (34) Other Negligent Killings

CLOTHING DESCRIPTION  
HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_  
COAT \_\_\_\_\_ PANTS/DRESS \_\_\_\_\_

**SUSPECT #1**

|                       |  |      |
|-----------------------|--|------|
| SUSPECT #<br><b>1</b> | NAME (Last, First, Middle)<br><b>,</b> | AKA: |
|-----------------------|--|------|

|            |                       |
|------------|-----------------------|
| ARRESTEE # | ADDRESS:<br><b>AR</b> |
|------------|-----------------------|

|             |             |               |              |
|-------------|-------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|-------------|-------------|---------------|--------------|

|  |  |   |               |
|--|--|---|---------------|
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH |
|--|--|---|---------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |   |                       |                                 |  |                  |
|--|---|-----------------------|---------------------------------|--|------------------|
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown           | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                  | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass | (A -- automatic) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department |   | D.L. / ID No. (STATE) | WEIGHT:<br>Lbs _____            |  |                  |

|   |  |
|---|--|
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |
|---|--|

|                  |              |
|------------------|--------------|
| ARREST LOCATION: | ARREST DATE: |
|------------------|--------------|

CHARGE: **5-12-102I**

ARRESTING OFFICERS

|   |   |
|---|---|
| OFFICER 1: _____ <input type="checkbox"/> MVR | OFFICER 5: _____ <input type="checkbox"/> MVR |
| OFFICER 2: _____ <input type="checkbox"/> MVR | OFFICER 6: _____ <input type="checkbox"/> MVR |
| OFFICER 3: _____ <input type="checkbox"/> MVR | OFFICER 7: _____ <input type="checkbox"/> MVR |
| OFFICER 4: _____ <input type="checkbox"/> MVR | OFFICER 8: _____ <input type="checkbox"/> MVR |

Suspect information continued on next page.

### SUSPECT #1

| SUSPECT #   | NAME (Last, First, Middle)   | AKA:  |  |  |   |  |
|---|--|---|--|--|---|--|
| 1   | ,  |   |  |  |   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input checked="" type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input checked="" type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input checked="" type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input checked="" type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  |  |   |  |

**ADDED DESCRIPTION:**

n/a

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | UNK UNK +<br>UNK MONEY                 | 0        | 10    |                  | 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) Unknown

|                                     |  |                                     |  |
|-------------------------------------|--|-------------------------------------|--|
| PROPERTY DESCRIPTION:               | (10) Drugs/Narcotics                           | (21) Negotiable Instruments         | (32) Structures-Industrial/Manufacture |
| (01) Aircraft                       | (11) Drug/Narcotic Equipment                   | (22) Nonnegotiable Instruments      | (33) Structures-Public/Community       |
| (02) Alcohol                        | (12) Farm Equipment                            | (23) Office-Type Equipment          | (34) Structures-Storage                |
| (03) Automobiles                    | (13) Firearms                                  | (24) Other Motor Vehicles           | (35) Structures-Other                  |
| (04) Bicycles                       | (14) Gambling Equipment                        | (25) Purses/Handbags/Wallets        | (36) Tools-Power/Hand/Lawnmower        |
| (05) Buses                          | (15) Heavy Equipment Construction/<br>Industry | (26) Radios/TVs/VCR                 | (37) Trucks                            |
| (06) Clothes/Furs                   | (16) Household Good                            | (27) Recordings-Audio/Visual        | (38) Vehicle Parts/Accessories         |
| (07) Computer Hardware/<br>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)   |
|                                     | (20) Money                                     | (31) Structures-Commercial/Business |  |

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

|                        |               |            |
|------------------------|---------------|------------|
| TYPE DRUG MEASUREMENT: |               |            |
| Units                  | Weight        |            |
| (DU) Dosage Unit       | (GM) Gram     | (OZ) Ounce |
| (Pills, etc)           | (KG) Kilogram | (LB) Pound |
| (NP) Number of Plants  |               |            |

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
Tools Apparently Used: \_\_\_\_\_

Capacity  
(ML) Milliliter (GL) Gallon  
(LT) Liter (FO) Fluid Ounce

**NARRATIVE**

CONTACT WAS MADE WITH TASIA WHO STATED SHE WAS ROBBED. SHE STATED THE SUBJECT HIT HER BUT SHE HAD NO VISIBLE INJURIES. WE COULD NOT UNDERSTAND HER DUE TO HER SLURRING HER WORDS. SHE SEEMED TO BE UNDER THE INFLUENCE OF SOMETHING. SHE COULD NOT TELL US WHERE OR WHEN THIS HAPPENED AND WHO DID IT. SHE STATED \$10 WAS TAKEN.

MEMS RESPONDED AND TRANSPORTED HER TO UAMS. NO FURTHER ACTION TAKEN. MVR AND BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal     | <input type="checkbox"/> (C) Criminal attacked a civilian             | <input type="checkbox"/> (F) Criminal resisted arrest                     |
| <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer | <input type="checkbox"/> (D) Criminal attempted flight from a crime   | <input type="checkbox"/> (G) Unable to determine / not enough information |
|   | <input type="checkbox"/> (E) Criminal killed in commission of a crime |   |

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO      DRIVE-BY?  YES  NO      GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:**  (88) None  YES, SEE BELOW

- |  |   |   |  |
|--|---|---|--|
| <b>RACIAL (Anti-)</b>  | <b>RELIGIOUS (Anti-)</b>                            | <b>ETHNICITY / NATIONAL ORIGIN (Anti-)</b>        | <b>SEXUAL (Anti-)</b>                                      |
| <input type="checkbox"/> (11) White                            | <input type="checkbox"/> (21) Jewish                | <input type="checkbox"/> (32) Hispanic            | <input type="checkbox"/> (41) Male Homosexual (Gay)        |
| <input type="checkbox"/> (12) Black                            | <input type="checkbox"/> (22) Catholic              | <input type="checkbox"/> (33) Other Ethnicity     | <input type="checkbox"/> (42) Female Homosexual (Lesbian)  |
| <input type="checkbox"/> (13) American Indian / Alaskan Native | <input type="checkbox"/> (23) Protestant            | <b>DISABILITY (Anti-)</b>                         | <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) |
| <input type="checkbox"/> (14) Asian / Pacific Islander         | <input type="checkbox"/> (24) Islamic (Muslim)      | <input type="checkbox"/> (51) Physical Disability | <input type="checkbox"/> (44) Heterosexual                 |
| <input type="checkbox"/> (15) Multi-Racial Group               | <input type="checkbox"/> (25) Other Religion        | <input type="checkbox"/> (52) Mental Disability   | <input type="checkbox"/> (45) Bisexual                     |
|  | <input type="checkbox"/> (26) Multi-Religious Group |   |  |
|  | <input type="checkbox"/> (27) Atheist/Agnostic      |   |  |

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |  |                                |                              |                                      |
|---|--|--|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                |                              | Report generated: 4/19/2024 11:48 AM |
| INCIDENT NUMBER<br><b>2024-049276</b>         |  | UNIT ASSIGNED<br><b>1X73</b>   | CALL DATE<br><b>04/19/2024</b> | CALL TIME<br><b>07:03:00</b> | TYPE OF CALL<br><b>BATTERY</b>       |
| INCIDENT DATE<br><b>4/19/2024 7:03:55 AM</b>  |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>402 SHADY LN 22</b> |                                |                              | DISTRICT<br><b>61</b>                |

| OFFENSE  |    |   |  |
|--|----|---|--|
| INCIDENT OFFENSE TYPE  |    |   | OFFENSE STATUS   |
| 1. BATTERY 1ST DEGREE  | 5. | Attempted   | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>            |
| 2.   | 6. | Completed   | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 3.   | 7. | Attempted   | 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>            |
| 4.   | 8. | Completed   | 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>            |
| SUSPECTS USED:   |    | TYPE OF CRIMINAL ACTIVITY:  |  |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown  |    | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing  |  |
|  |    | GANG RELATED INFO:  |  |
|  |    | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown   |  |
| LOCATION CODE:   |    |   |  |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input checked="" type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (42) Camp / Campground |    |   |  |
| (FOR BURGLARY ONLY)  |    | METHOD OF ENTRY:  |  |
| NUMBER OF PREMISES ENTERED _____   |    | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force   |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |    | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  |  |
|  |    | <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input checked="" type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (99) None |  |

|  |  |   |  |
|--|--|---|--|
| ENTRY DATE<br><b>04/19/2024 13:43:56</b> | REPORTING OFFICER<br><b>JOHN FUSARO - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>GREGORY BIRKHEAD - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|



**VICTIM**

|  |   |   |                                    |
|--|---|---|------------------------------------|
| VICTIM #<br>1  | NAME (Last, First, Middle) or BUSINESS<br><b>KENNEDY,QUINTON</b>  |   |                                    |
| ADDRESS:<br><b>3510 S BRYANT ST 22 LITTLE ROCK AR 72207</b>  |   |   |                                    |
| HOME PHONE:<br><b>5014422928</b>   | WORK PHONE:   | MOBILE PHONE:   | OTHER PHONE:                       |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br><b>08/20/1990</b> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:  |                                    |
| AGE:<br>Exact Age: <b>33</b><br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)   |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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   |   | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 21 (RU) Relationship Unknown<br><input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |   |   |                                    |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness  |   |   |                                    |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |   |                                    |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |   |   |                                    |

**SUSPECT #1**

|                       |   |      |
|-----------------------|---|------|
| SUSPECT #<br><b>1</b> | NAME (Last, First, Middle)<br><b>RICE, BRYANT</b> | AKA: |
|-----------------------|---|------|

|            |  |
|------------|--|
| ARRESTEE # | ADDRESS:<br><b>HOMELESS LITTLE ROCK AR 0</b> |
|------------|--|

|             |             |               |                                   |
|-------------|-------------|---------------|-----------------------------------|
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE:<br><b>5016185529</b> |
|-------------|-------------|---------------|-----------------------------------|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>08/19/1996</b> |
|--|--|---|------------------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |   |                       |                                 |  |
|--|---|-----------------------|---------------------------------|--|
| AGE:<br>Exact Age: <u>  27  </u><br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                  | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department |   | D.L. / ID No. (STATE) | WEIGHT:<br>Lbs _____            |  |

|   |  |
|---|--|
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |
|---|--|

|                  |              |
|------------------|--------------|
| ARREST LOCATION: | ARREST DATE: |
|------------------|--------------|

CHARGE: **5-13-201**

ARRESTING OFFICERS

|   |   |
|---|---|
| OFFICER 1: _____ <input type="checkbox"/> MVR | OFFICER 5: _____ <input type="checkbox"/> MVR |
| OFFICER 2: _____ <input type="checkbox"/> MVR | OFFICER 6: _____ <input type="checkbox"/> MVR |
| OFFICER 3: _____ <input type="checkbox"/> MVR | OFFICER 7: _____ <input type="checkbox"/> MVR |
| OFFICER 4: _____ <input type="checkbox"/> MVR | OFFICER 8: _____ <input type="checkbox"/> MVR |

Suspect information continued on next page.

### SUSPECT #1

|   |  |   |  |  |   |   |
|---|--|---|--|--|---|---|
| SUSPECT #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>RICE,BRYANT</b>   | AKA:  |  |  |   |   |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown | <b>HAIR STYLE:</b><br><input checked="" type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input checked="" type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input checked="" type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input checked="" type="checkbox"/> (05) Hand (lft)<br><input checked="" type="checkbox"/> (06) Hand (rt)<br><input checked="" type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input checked="" type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  |  |   |   |

**ADDED DESCRIPTION:**

n/a

**SUSPECT #2**

|   |   |   |                                 |  |
|---|---|---|---------------------------------|--|
| SUSPECT #<br>2  | NAME (Last, First, Middle)<br><b>DODSON,CRYSTAL</b>   |   | AKA:                            |  |
| ARRESTEE #  | ADDRESS:<br><b>HOMELESS LITTLE ROCK AR 0</b>  |   |                                 |  |
| HOME PHONE:   | WORK PHONE:   | MOBILE PHONE:   | OTHER PHONE:                    |  |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                                 | DATE OF BIRTH<br><b>10/06/1976</b>   |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:  |                                 |  |
| AGE:<br>Exact Age: <u>47</u><br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:  | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |   | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs _____            |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 |   | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |                                 |  |
| ARREST LOCATION:  |   | ARREST DATE:  |                                 |  |
| CHARGE: 5-13-201  |   |   |                                 |  |
| ARRESTING OFFICERS  |   |   |                                 |  |
| OFFICER 1: _____  | <input type="checkbox"/> MVR  | OFFICER 5: _____  | <input type="checkbox"/> MVR    |  |
| OFFICER 2: _____  | <input type="checkbox"/> MVR  | OFFICER 6: _____  | <input type="checkbox"/> MVR    |  |
| OFFICER 3: _____  | <input type="checkbox"/> MVR  | OFFICER 7: _____  | <input type="checkbox"/> MVR    |  |
| OFFICER 4: _____  | <input type="checkbox"/> MVR  | OFFICER 8: _____  | <input type="checkbox"/> MVR    |  |

(\* -- automatic)

Suspect information continued on next page.

**SUSPECT #2**

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| <b>SUSPECT #</b><br>2   | <b>NAME (Last, First, Middle)</b><br><b>DODSON,CRYSTAL</b>   |   | <b>AKA:</b>  |  |   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>HAIR LENGTH:</b><br><input checked="" type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input checked="" type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input checked="" type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input checked="" type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input checked="" type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  |  |   |  |

**ADDED DESCRIPTION:**

n/a

**OTHER PERSONS - CONTACT**

|  |   |  |   |   |  |  |
|--|---|--|---|---|--|--|
| <b>OTHER PERSON #</b><br>1   | <b>NAME (Last, First, Middle)</b><br><b>KENNEDY, SAUNDRA</b>  |  |   |   |  |  |
| <b>ADDRESS:</b><br>3510 S BRYANT ST 22 LITTLE ROCK AR 72207  |   |  |   |   |  |  |
| <b>HOME PHONE:</b><br>5014422928   | <b>WORK PHONE:</b>  | <b>MOBILE PHONE:</b>   | <b>OTHER PHONE:</b>   |   |  |  |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | <b>DATE OF BIRTH</b><br>08/17/1973  |   |  |  |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | <b>MENTALLY AFFLICTED?</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | <b>OCCUPATION / EMPLOYER:</b>  |   |   |  |  |
| <b>AGE:</b><br>Exact Age: <u>50</u><br>Range: _____ - _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | <b>NIC:</b>   | <b>HEIGHT:</b><br>Ft _____ In _____  | <b>WEIGHT:</b><br>Lbs _____   |   |  |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>FACAIL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back   |  |  |

### OTHER PERSONS - CONTACT

|  |   |  |  |  |   |   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
|--|---|--|--|--|---|---|--------------------|--------------------|--------------------|---------------------|------------------|---------------------|----------------|--|---|--|--|--|---|--|---|---|---|---|--|--|---|
| <b>OTHER PERSON #</b><br>2   | <b>NAME (Last, First, Middle)</b><br><b>CASTRO,LIEANNA</b>  |  |  |  |   |   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <b>ADDRESS:</b><br><b>HOMELESS LITTLE ROCK AR 0</b>  |   |  |  |  |   |   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <b>HOME PHONE:</b><br>501264907  |   | <b>WORK PHONE:</b>   |  | <b>MOBILE PHONE:</b>   |   | <b>OTHER PHONE:</b>   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |   | <b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   |  | <b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |   | <b>DATE OF BIRTH</b><br><b>12/29/1995</b>   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |   | <b>MENTALLY AFFLICTED?</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |  | <b>OCCUPATION / EMPLOYER:</b>  |   |   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <b>AGE:</b><br>Exact Age: <b>28</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  |   |  | <b>NIC:</b><br><br>D.L. / ID No. (STATE)   |  | <b>HEIGHT:</b><br>Ft _____ In _____<br><br><b>WEIGHT:</b><br>Lbs _____  |   |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 12.5%;"><b>COMPLEXION:</b></td> <td style="width: 12.5%;"><b>HAIR STYLE:</b></td> <td style="width: 12.5%;"><b>HAIR COLOR:</b></td> <td style="width: 12.5%;"><b>FACAIL HAIR:</b></td> <td style="width: 12.5%;"><b>DEMEANOR:</b></td> <td style="width: 12.5%;"><b>SCAR / MARK:</b></td> <td style="width: 12.5%;"><b>TATTOO:</b></td> </tr> <tr> <td> <input type="checkbox"/> (1) Light<br/> <input type="checkbox"/> (2) Medium<br/> <input type="checkbox"/> (3) Dark<br/> <input type="checkbox"/> (4) Acne<br/> <input type="checkbox"/> (5) Freckled<br/> <input type="checkbox"/> (6) Ruddy<br/> <input type="checkbox"/> (7) Other<br/> <input type="checkbox"/> (8) Unknown                 </td> <td> <input type="checkbox"/> (01) Afro<br/> <input type="checkbox"/> (02) Wavy<br/> <input type="checkbox"/> (03) Straight<br/> <input type="checkbox"/> (04) Curly<br/> <input type="checkbox"/> (05) Braided<br/> <input type="checkbox"/> (06) Ponytail<br/> <input type="checkbox"/> (07) Military<br/> <input type="checkbox"/> (08) Processed<br/> <input type="checkbox"/> (09) Wig/Toupee<br/> <input type="checkbox"/> (10) Other<br/> <input type="checkbox"/> (11) Unknown                 </td> <td> <input type="checkbox"/> (1) Black<br/> <input type="checkbox"/> (2) Blonde<br/> <input type="checkbox"/> (3) Brown<br/> <input type="checkbox"/> (4) Grey<br/> <input type="checkbox"/> (5) Red<br/> <input type="checkbox"/> (6) Sandy<br/> <input type="checkbox"/> (7) Other<br/> <input type="checkbox"/> (8) Unknown                 </td> <td> <input type="checkbox"/> (01) Clean Shaven<br/> <input type="checkbox"/> (02) Unshaven<br/> <input type="checkbox"/> (03) Full Beard<br/> <input type="checkbox"/> (04) Must. (hvy)<br/> <input type="checkbox"/> (05) Must. (thin)<br/> <input type="checkbox"/> (06) Brows (hvy)<br/> <input type="checkbox"/> (07) Brows (thin)<br/> <input type="checkbox"/> (08) Side Burns<br/> <input type="checkbox"/> (09) Goatee<br/> <input type="checkbox"/> (10) Other<br/> <input type="checkbox"/> (11) Unknown                 </td> <td> <input type="checkbox"/> (01) Angry<br/> <input type="checkbox"/> (02) Apologetic<br/> <input type="checkbox"/> (03) Calm<br/> <input type="checkbox"/> (04) Irrational<br/> <input type="checkbox"/> (05) Nervous<br/> <input type="checkbox"/> (06) Polite<br/> <input type="checkbox"/> (07) Professional<br/> <input type="checkbox"/> (08) Stupor<br/> <input type="checkbox"/> (09) Violent<br/> <input type="checkbox"/> (10) Drunk / High<br/> <input type="checkbox"/> (11) Other<br/> <input type="checkbox"/> (12) Unknwn                 </td> <td> <input type="checkbox"/> (01) Head<br/> <input type="checkbox"/> (02) Neck<br/> <input type="checkbox"/> (03) Hand (rt)<br/> <input type="checkbox"/> (04) Hand (lft)<br/> <input type="checkbox"/> (05) Arm (rt)<br/> <input type="checkbox"/> (06) Arm (lft)<br/> <input type="checkbox"/> (07) Body<br/> <input type="checkbox"/> (08) Leg (rt)<br/> <input type="checkbox"/> (09) Leg (lft)<br/> <input type="checkbox"/> (10) Other<br/> <input type="checkbox"/> (11) None<br/> <input type="checkbox"/> (12) Unknown                 </td> <td> <input type="checkbox"/> (1) Designs<br/> <input type="checkbox"/> (2) Initials<br/> <input type="checkbox"/> (3) Names<br/> <input type="checkbox"/> (4) Pictures<br/> <input type="checkbox"/> (5) Words<br/> <input type="checkbox"/> (6) Numbers<br/> <input type="checkbox"/> (7) Insignia<br/> <input type="checkbox"/> (8) None<br/> <input type="checkbox"/> (9) Unknown                 </td> </tr> <tr> <td> <b>HAIR LENGTH:</b><br/> <input type="checkbox"/> (1) Long<br/> <input type="checkbox"/> (2) Medium<br/> <input type="checkbox"/> (3) Short<br/> <input type="checkbox"/> (4) Bald(ing)<br/> <input type="checkbox"/> (5) Other<br/> <input type="checkbox"/> (6) Unknown                 </td> <td> <b>BUILD:</b><br/> <input type="checkbox"/> (1) Light<br/> <input type="checkbox"/> (2) Medium<br/> <input type="checkbox"/> (3) Heavy<br/> <input type="checkbox"/> (4) Muscular<br/> <input type="checkbox"/> (5) Unknown                 </td> <td> <b>EYE COLOR:</b><br/> <input type="checkbox"/> (1) Blue<br/> <input type="checkbox"/> (2) Brown<br/> <input type="checkbox"/> (3) Grey<br/> <input type="checkbox"/> (4) Green<br/> <input type="checkbox"/> (5) Hazel<br/> <input type="checkbox"/> (6) Other<br/> <input type="checkbox"/> (7) Unknown                 </td> <td colspan="3" style="border: 1px solid black; padding: 5px;"> <b>CLOTHING DESCRIPTION</b><br/>                 HAT _____<br/>                 COAT _____<br/>                 SHIRT _____<br/>                 PANTS/DRESS _____<br/>                 SHOES _____             </td> <td> <b>TATTOO LOC:</b><br/> <input type="checkbox"/> (01) Arm (lft)<br/> <input type="checkbox"/> (02) Arm (rt)<br/> <input type="checkbox"/> (03) Leg (lft)<br/> <input type="checkbox"/> (04) Leg (rt)<br/> <input type="checkbox"/> (05) Hand (lft)<br/> <input type="checkbox"/> (06) Hand (rt)<br/> <input type="checkbox"/> (07) Face<br/> <input type="checkbox"/> (08) Neck<br/> <input type="checkbox"/> (09) Finger(s)<br/> <input type="checkbox"/> (10) Chest<br/> <input type="checkbox"/> (11) Back                 </td> </tr> </table> |   |  |  |  |   |   | <b>COMPLEXION:</b> | <b>HAIR STYLE:</b> | <b>HAIR COLOR:</b> | <b>FACAIL HAIR:</b> | <b>DEMEANOR:</b> | <b>SCAR / MARK:</b> | <b>TATTOO:</b> | <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknwn | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown | <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____ |  |  | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>COMPLEXION:</b>   | <b>HAIR STYLE:</b>  | <b>HAIR COLOR:</b>   | <b>FACAIL HAIR:</b>  | <b>DEMEANOR:</b>   | <b>SCAR / MARK:</b>   | <b>TATTOO:</b>  |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown   | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknwn | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                  | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |                    |                    |                    |                     |                  |                     |                |  |   |  |  |  |   |  |   |   |   |   |  |  |   |

**OTHER PERSONS - CONTACT**

|                            |  |
|----------------------------|--|
| OTHER PERSON #<br><b>3</b> | NAME (Last, First, Middle)<br><b>HIGGINS,KIRSTEN</b> |
|----------------------------|--|

ADDRESS:  
**21500 WHITE ESTATES 5 BAUXITE AR 72011**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5016724654</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |   |   |                                    |
|--|---|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>11/29/1994</b> |
|--|---|---|------------------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |                                   |  |
|--|-----------------------------------|--|
| AGE:<br>Exact Age: <b>29</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | HEIGHT:<br>Ft _____ In _____<br><br>WEIGHT:<br>Lbs _____ |
|--|-----------------------------------|--|

|   |  |   |  |  |   |   |  |
|---|--|---|--|--|---|---|--|
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | FACIAL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |  |
| HAIR LENGTH:<br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | BUILD:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   |   | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |



**OTHER PERSONS - CONTACT**

|  |  |   |  |
|--|--|---|--|
| <b>OTHER PERSON #</b><br>4   | <b>NAME (Last, First, Middle)</b><br><b>JOHNSON, JASON</b> |   |  |
| <b>ADDRESS:</b><br>HOMELESS LITTLE ROCK AR 0   |  |   |  |
| <b>HOME PHONE:</b>   |  | <b>WORK PHONE:</b>  |  |
| <b>MOBILE PHONE:</b>   |  | <b>OTHER PHONE:</b>   |  |
| <b>SEX:</b> <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |  | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   |  |
| <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |  | <b>DATE OF BIRTH</b><br><b>09/30/1979</b>   |  |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |  | <b>MENTALLY AFFLICTED?</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |  |
| <b>OCCUPATION / EMPLOYER:</b>  |  |   |  |
| <b>AGE:</b><br>Exact Age: <b>44</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  |  | <b>NIC:</b><br>_____<br>D.L. / ID No. (STATE)   |  |
| <b>HEIGHT:</b><br>Ft _____ In _____  |  | <b>WEIGHT:</b><br>Lbs _____   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown   |  | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown   |  |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  |  | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown  |  |
| <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown  |  | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown   |  |
| <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown   |  | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |  |
| <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown |  | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |  |
| <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back                                      |  | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |

**NARRATIVE**

RECEIVED A CALL FOR A CUTTING AT 3510 S. BRYANT STREET, APARTMENT 22.

CONTACT WAS MADE WITH QUINTON KENNEDY WHO ADVISED HE HAD BEEN JUMPED AND BATTERED AT A NEARBY HOMELESS CAMP. MOTHER OF MR. KENNEDY, SAUNDRA KENNEDY, ADVISED MR. KENNEDY ARRIVED AT HER RESIDENCE SUFFERING FROM MULTIPLE INJURIES AT APPROXIMATELY 0700 HOURS ON THE MORNING OF 04/19/2024. MR. KENNEDY ADVISED WHILE HE WAS AT THE CAMP ASLEEP, HE STATED A WHITE FEMALE NAMED CRYSTAL AND ANOTHER HOMELESS MALE, ONLY KNOWN AS "LIL B", HAD STARTED TO BATTER HIM WHILE AT THE CAMP. MR. KENNEDY ADVISED CRYSTAL HAD STRUCK HIM WITH A GOLF CLUB AND LIL B HAD PISTOL WHIPPED HIM. MR. KENNEDY ALSO ADVISED OF A DEAF INDIVIDUAL HAVING BEEN AT THE SCENE DURING THE INCIDENT BUT WAS UNCLEAR OF HIS INVOLVMENT OF THE INCIDENT. OFFICERS OBSERVED MR. KENNEDY HAVING SUSTAINED A LACERATION TO THE TOP OF HIS RIGHT FOOT AND SEVERAL KNOTS BY BLOWS HAVING BEEN LANDED ON HIS ARMS AND HEAD. WHILE STILL ON SCENE OF THE COMPLEX, CONTACT WAS MADE WITH GIRLFRIEND OF MR. KENNEDY, KIRSTEN HIGGINS. MS. HIGGINS ADVISED MR. KENNEDY DOES GO TO HOMELESS CAMPS AND ATTEMPTS TO GET INTO ALTERCATIONS WITH HOMELESS INDIVIDUALS AND PROVIDED A POSSIBLE PHONE NUMBER FOR SUSPECT LIL B. MR. KENNEDY ADVISED OF A LOCATION WHERE THE CAMP WAS LOCATED. OFFICERS WERE ABLE TO TRACK THE LOCATION OF THE CAMP BY BLOODY FOOTPRINTS WHICH HAD BEEN LEFT ON A TRAIL. THE LOCATION OF THE CAMP WAS SLIGHTLY EAST OF SHADY LANE IN A PATCH OF WOODS JUST NORTH OF THE HINDMAN GOLF COURSE. WHILE AT THE CAMP, OFFICERS MADE CONTACT WITH THE DAUGHTER OF CRYSTAL, LIEANNA CASTRO WHO ADVISED SHE DID HEAR AN ARGUMENT BETWEEN CRYSTAL AND ANOTHER MALE ONLY KNOWN AS "YG". MS. CASTRO ADVISED "YG" REAL NAME IS PATRICK YOUNG. PATRICK YOUNG WAS NOT AT THE LOCATION AT THE TIME OF THIS INCIDENT. CRYSTAL WAS NOT ON SCENE AT THE CAMP AT THE TIME OF THIS INCIDENT. LIL B WAS NOT ON SCENE AT THE CAMP AT THE TIME OF THIS INCIDENT. THE DEAF INDIVIDUAL WAS ON SCENE AND WAS IDENTIFIED AS JASON JOHNSON. MR. JOHNSON ADVISED MR. KENNEDY ARRIVED AT THE CAMP YESTERDAY ATTEMPTING TO START AN ALTERCATION WITH HIM. MR. JOHNSON ADVISED HE DID NOT KNOW ANYTHING OF THE INCIDENT INVOLVING MR. KENNEDY IN REGARDS TO THIS REPORT. OFFICERS NOTIFIED MAJOR CRIMES DETECTIVES OF THE INCIDENT. MR. KENNEDY WAS TRANSPORTED BY MEMS TO UAMS FOR TREATMENT OF HIS INJURIES.

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  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:**  (88) None  YES, SEE 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) Atheist/Agnostic

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |                              |   |                              |                                     |                       |
|--|--|------------------------------|---|------------------------------|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>              |   |                              | Report generated: 4/20/2024 3:30 AM |                       |
| INCIDENT NUMBER<br><b>2024-049617</b>                    |  | UNIT ASSIGNED<br><b>3X82</b> | CALL DATE<br><b>04/19/2024</b>  | CALL TIME<br><b>22:43:00</b> | TYPE OF CALL<br><b>SHOTS</b>        |                       |
| INCIDENT DATE<br><b>4/19/2024 10:43:12 PM</b>            |  |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>5704 W 51ST ST</b> |                              |                                     | DISTRICT<br><b>80</b> |

Report Contains Juvenile Information  
Redact Before Release

| OFFENSE   |    |  |  |
|---|----|--|--|
| INCIDENT OFFENSE TYPE   |    |  | OFFENSE STATUS   |
| 1. TERRORISTIC ACT  | 5. | Attempted  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>            |
| 2.  | 6. | Completed  | 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 3.  | 7. | Attempted  | 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>            |
| 4.  | 8. | Completed  | 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>            |
| SUSPECTS USED:  |    | TYPE OF CRIMINAL ACTIVITY:   |  |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown   |    | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |  |
|   |    | GANG RELATED INFO:   |  |
|   |    | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown  |  |
| LOCATION CODE:  |    |  |  |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (04) Church / Synagogue / Temple <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (22) School / College <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (42) Camp / Campground |    |  |  |
| (FOR BURGLARY ONLY)   |    | METHOD OF ENTRY:   |  |
| NUMBER OF PREMISES ENTERED _____  |    | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force  |  |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  |    |  |  |
| <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc)  |    |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other  |    |  |  |

|  |  |  |  |
|--|--|--|--|
| ENTRY DATE<br><b>04/20/2024 04:27:25</b> | REPORTING OFFICER<br><b>TAYLOR THOMAS - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>RYAN BEWLEY - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

**VICTIM**

|  |  |  |                                    |
|--|--|--|------------------------------------|
| VICTIM #<br><b>1</b>   | NAME (Last, First, Middle) or BUSINESS<br><b>HENDRIX, NICOLLETTE</b>   |  |                                    |
| ADDRESS:<br><b>5704 W 51ST ST LITTLE ROCK AR 72209</b>   |  |  |                                    |
| HOME PHONE:<br><b>5012562212</b>   | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:                       |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br><b>06/16/1999</b> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |                                    |
| AGE:<br>Exact Age: <u>24</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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   |  | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown<br><input type="checkbox"/> 1 (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |  |                                    |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness  |  |  |                                    |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                                    |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |                                    |

**VICTIM**

|  |  |  |                                    |
|--|--|--|------------------------------------|
| VICTIM #<br><b>2</b>   | NAME (Last, First, Middle) or BUSINESS<br><b>CLINE, KAMERIS</b>  |  |                                    |
| ADDRESS:<br><p style="text-align: center;"><b>3216 LONGCOY ST LITTLE ROCK AR 72205</b></p>   |  |  |                                    |
| HOME PHONE:<br><b>0000000000</b>   | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:                       |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br><b>05/05/2004</b> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |                                    |
| AGE:<br>Exact Age: <u>19</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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   |  | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> 1 <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown<br><input type="checkbox"/> 1 <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |  |                                    |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |  |                                    |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                                    |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |                                    |

VICTIM

|               |  |
|---------------|--|
| VICTIM #<br>3 | NAME (Last, First, Middle) or BUSINESS<br><b>JACKSON,AALIYAH</b> |
|---------------|--|

ADDRESS:  
5704 W 51ST ST LITTLE ROCK AR 72209

|                           |             |               |              |
|---------------------------|-------------|---------------|--------------|
| HOME PHONE:<br>5014173796 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|---------------------------|-------------|---------------|--------------|

|  |  |   |                             |
|--|--|---|-----------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>07/24/2004 |
|--|--|---|-----------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |                               |   |
|--|-------------------------------|---|
| AGE:<br>Exact Age: <u>19</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br>____ (SE) Spouse _____ (AQ) Acquaintance<br>____ (CS) Common-Law Spouse _____ (FR) Friend<br>____ (PA) Parent <u>1</u> _____ (NE) Neighbor<br>____ (SB) Sibling _____ (BE) Babysitter (baby)<br>____ (CH) Child _____ (BG) Boy/Girl Friend<br>____ (GP) Grandparents _____ (CF) Child of BF / GF<br>____ (GC) Grandchild _____ (HR) Homosexual Rel.<br>____ (IL) Inlaw _____ (XS) Ex-Spouse<br>____ (SP) Stepparent _____ (EE) Employee<br>____ (SC) Stepchild _____ (ER) Employer<br>____ (SS) Stepsibling _____ (OK) Otherwise Known<br>____ (OF) Other Family _____ (RU) Relationship Unknown<br><u>1</u> (ST) Stranger _____ (VO) Victim Was Suspect |
|--|-------------------------------|---|

THIS VICTIM RELATED TO WHICH OFFENSES?  
 1  2  3  4  5  6  7  8

VICTIM TYPE:  (I) Individual  (B) Business  (F) Financial Inst.  (U) Unknown  
 (G) Government  (R) Religious  (S) Society / Public  (O) Other

VICTIM INJURY:  
 (N) None  (M) Apparent Minor Injury  (B) Apparent Broken Bones  
 (I) Possible Internal Injury  (T) Loss of Teeth  (L) Severe Laceration  
 (O) Other Major Injury  (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:  (01) Argument  (02) Assault on Law Enf Officer  (03) Drug Deal  
 (04) Gangland  (05) Juvenile Gang  (06) Lover's Quarrel  (07) Mercy Killings  
 (08) Other Felony Involved  (09) Other Circumstances  (10) Unknown Circumstances  (20) Criminal Killed by Private Citizen  
 (21) Criminal Killed by Police Officer  (30) Child Playing w/ Weapon  (31) Gun-Cleaning Accident  (32) Hunting Accident  
 (33) Other Negligent Weapon Handling  (34) Other Negligent Killings

CLOTHING DESCRIPTION  
HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_  
COAT \_\_\_\_\_ PANTS/DRESS \_\_\_\_\_

VICTIM

VICTIM # 4 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: 0000000000 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 2 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent 1 (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family (RU) Relationship Unknown 1 (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS



**SUSPECT #1**

|   |  |   |                                 |                  |
|---|--|---|---------------------------------|------------------|
| SUSPECT #<br>1  | NAME (Last, First, Middle)<br><b>UNKNOWN,</b>  |   |                                 | AKA:             |
| ARRESTEE #  | ADDRESS:<br><b>AR</b>  |   |                                 |                  |
| HOME PHONE:   | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                    |                  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.   | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH                   |                  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |                                 |                  |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC: _____  | HEIGHT:<br>Ft _____<br>In _____ | (A -- automatic) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |  | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs _____            |                  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 |  | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |                                 |                  |
| ARREST LOCATION:  |  | ARREST DATE:  |                                 |                  |
| CHARGE: 5-13-310  |  |   |                                 |                  |
| ARRESTING OFFICERS  |  |   |                                 |                  |
| OFFICER 1: _____  | <input type="checkbox"/> MVR   | OFFICER 5: _____  | <input type="checkbox"/> MVR    |                  |
| OFFICER 2: _____  | <input type="checkbox"/> MVR   | OFFICER 6: _____  | <input type="checkbox"/> MVR    |                  |
| OFFICER 3: _____  | <input type="checkbox"/> MVR   | OFFICER 7: _____  | <input type="checkbox"/> MVR    |                  |
| OFFICER 4: _____  | <input type="checkbox"/> MVR   | OFFICER 8: _____  | <input type="checkbox"/> MVR    |                  |

Suspect information continued on next page.

**SUSPECT #1**

|   |  |   |  |  |   |   |
|---|--|---|--|--|---|---|
| SUSPECT #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>UNKNOWN,</b>  | AKA:  |  |  |   |   |
| <p><b>COMPLEXION:</b></p> <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input checked="" type="checkbox"/> (8) Unknown | <p><b>HAIR STYLE:</b></p> <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <p><b>HAIR COLOR:</b></p> <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input checked="" type="checkbox"/> (8) Unknown | <p><b>FACIAL HAIR:</b></p> <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <p><b>DEMEANOR:</b></p> <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <p><b>SCAR / MARK:</b></p> <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <p><b>TATTOO:</b></p> <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown |
| <p><b>HAIR LENGTH:</b></p> <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input checked="" type="checkbox"/> (6) Unknown  | <p><b>BUILD:</b></p> <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input checked="" type="checkbox"/> (5) Unknown   | <p><b>EYE COLOR:</b></p> <input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input checked="" type="checkbox"/> (7) Unknown  | <p><b>CLOTHING DESCRIPTION:</b></p> <p>HAT _____</p> <p>COAT _____</p> <p>SHIRT _____</p> <p>PANTS/DRESS _____</p> <p>SHOES _____</p>  |  | <p><b>TATTOO LOC:</b></p> <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back   |   |

**ADDED DESCRIPTION:**

n/a

### OTHER PERSONS - CONTACT

|  |   |  |   |   |   |  |
|--|---|--|---|---|---|--|
| OTHER PERSON #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>CARTER,ALFONZA</b>   |  |   |   |   |  |
| ADDRESS:<br><b>44 SAXONY CR LITTLE ROCK AR 72205</b>   |   |  |   |   |   |  |
| HOME PHONE:  | WORK PHONE:   | MOBILE PHONE:  | OTHER PHONE:  |   |   |  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br><b>01/02/2003</b>  |   |   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:   |   |   |   |  |
| AGE:<br>Exact Age: <b>21</b><br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)   | HEIGHT:<br>Ft _____ In _____   | WEIGHT:<br>Lbs _____  |   |   |  |
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input checked="" type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | FACAIL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input checked="" type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |
| HAIR LENGTH:<br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | BUILD:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown  | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |   |   | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

### OTHER PERSONS - WITNESS

|   |  |   |   |  |   |  |   |
|---|--|---|---|--|---|--|---|
| OTHER PERSON #  | NAME (Last, First, Middle)   |   |   |  |   |  |   |
| 2   | <b>RHODES, CARRYN</b>  |   |   |  |   |  |   |
| ADDRESS:  |  |   |   |  |   |  |   |
| 5708 W 51ST ST LITTLE ROCK AR 72209   |  |   |   |  |   |  |   |
| HOME PHONE:   |  | WORK PHONE:   |   | MOBILE PHONE:  |   | OTHER PHONE:   |   |
| 5018043561  |  |   |   |  |   |  |   |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  |   | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |   | DATE OF BIRTH  |   |
|   |  |   |   |  |   | 04/26/1983   |   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |   | OCCUPATION / EMPLOYER:   |   |  |   |
| AGE:  |  | NIC:  |   | HEIGHT:  |   |  |   |
| Exact Age: <u>41</u>  |  |   |   | Ft _____ In _____  |   |  |   |
| Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old   |  |   |   |  |   |  |   |
| <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old   |  | D.L. / ID No. (STATE)   |   | WEIGHT:  |   |  |   |
| <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  |  |   |   | Lbs _____  |   |  |   |
| COMPLEXION:   | HAIR STYLE:  | HAIR COLOR:   | FACIAL HAIR:  | DEMEANOR:  | SCAR / MARK:  | TATTOO:  |   |
| <input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input checked="" type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input checked="" type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |   |
| HAIR LENGTH:  | BUILD:   | EYE COLOR:  | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  | TATTOO LOC:   |
| <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown   | <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                       |   |  |   |  | <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

### OTHER PERSONS - CONTACT

|   |  |   |  |
|---|--|---|--|
| OTHER PERSON #  | NAME (Last, First, Middle)   |   |  |
| 3   | <b>LEWIS,DETAVIS</b>   |   |  |
| ADDRESS:  |  |   |  |
| 5704 W 51ST ST LITTLE ROCK AR 72209   |  |   |  |
| HOME PHONE:   | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:   |
| 9016469844  |  |   |  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br><b>08/13/1997</b>   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |  |
| AGE:  | NIC:   | HEIGHT:   |  |
| Exact Age: <u>26</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  |  | Ft _____ In _____   |  |
|   | D.L. / ID No. (STATE)  | WEIGHT:<br>Lbs _____  |  |
| COMPLEXION:   | HAIR STYLE:  | HAIR COLOR:   | FACAIL HAIR:   |
| <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input checked="" type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Clean Shaven<br><input checked="" type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown                      |
| HAIR LENGTH:  | BUILD:   | EYE COLOR:  | DEMEANOR:  |
| <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown   | <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                       | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input checked="" type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |
|   |  |   | SCAR / MARK:   |
|   |  |   | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown                      |
|   |  |   | TATTOO:  |
|   |  |   | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown   |
|   |  |   | TATTOO LOC:  |
|   |  |   | <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back  |
|   |  |   | CLOTHING DESCRIPTION   |
|   |  |   | HAT _____  |
|   |  |   | COAT _____   |
|   |  |   | SHIRT _____  |
|   |  |   | PANTS/DRESS _____  |
|   |  |   | SHOES _____  |

INCIDENT NUMBER 2024-049617

Report Contains Juvenile Information  
Redact Before Release

JUVENILE INFORMATION

Report generated: 4/20/2024 3:30 AM

### VEHICLE #1

STATUS: **SUBJECT**

HOLD AUTHORITY:

|               |               |                   |              |                    |                                  |                   |
|---------------|---------------|-------------------|--------------|--------------------|----------------------------------|-------------------|
| YEAR:<br>2011 | MAKE:<br>JEEP | MODEL:<br>COMPASS | STYLE:<br>UT | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>ASV64W PC | LIC YEAR:<br>2024 |
|---------------|---------------|-------------------|--------------|--------------------|----------------------------------|-------------------|

|   |                        |              |
|---|------------------------|--------------|
| OWNER'S NAME (Last, First):<br>[REDACTED] | ADDRESS:<br>[REDACTED] | STATE:<br>AR |
|---|------------------------|--------------|

|               |  |      |                     |
|---------------|--|------|---------------------|
| COLOR:<br>WHI | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner | NIC: | INSURANCE POLICY #: |
|---------------|--|------|---------------------|

**NARRATIVE**

OFFICERS RESPONDED TO THE AREA OF MABELVALE PIKE AND PRIMROSE LANE IN REFERENCE TO A SHOTS FIRED CALL. WHILE CIRCULATING THE AREA, OFFICERS WERE FLAGGED DOWN BY LEWIS. LEWIS ADVISED HIS HOUSE WAS "SHOT UP" AND POINTED TO 5704 W 51ST STREET. LEWIS ADVISED HIS GIRLFRIEND AND DAUGHTER WERE INSIDE THE RESIDENCE AND HE WAS NOT ON SCENE AT THE TIME OF THE INCIDENT. OFFICERS MADE CONTACT WITH FIVE SUBJECTS INSIDE THE RESIDENCE (HENDRIX, CLINE, JACKSON, CARTER AND JUV-1). ALL SUBJECTS ADVISED NO ONE IN THE RESIDENCE WAS INJURED. ALL SUBJECTS ALSO ADVISED THEY DID NOT SEE ANYTHING AND ONLY HEARD THE SHOTS BEING FIRED. CARTER ADVISED OFFICERS HE WAS NOT INSIDE THE RESIDENCE AT THE TIME OF THE INCIDENT AND RESPONDED AFTER THE INCIDENT OCCURRED. LEWIS ADVISED THE RESIDENCE WAS SHOT PREVIOUSLY (2024-048033) BUT WAS ABLE TO ADVISE OFFICERS OF NEW DAMAGE TO THE FRONT OF THE RESIDENCE, AS WELL AS DAMAGE TO V-1S DRIVER SIDE DOOR THAT WAS LOCATED IN THE CARPORT. OFFICERS LOCATED MULTIPLE SHELL CASINGS ON 51ST STREET AND PRIMROSE LANE, AS WELL AS IN THE FRONT YARD OF THE RESIDENCE. A SOUTHWEST SUPERVISOR, MAJOR CRIMES DETECTIVES AND CSSU WERE NOTIFIED AND RESPONDED. VICTIMS WERE INTERVIEWED BY DETECTIVES AND CSSU PROCESSED THE CRIME SCENE. A TOTAL OF 24 SHELL CASINGS WERE LOCATED VARYING IN CALIBER. A CRIME SCENE LOG WAS CONDUCTED AND PROVIDED TO CSSU. NO FURTHER INFORMATION AT THIS TIME.



JUVENILE INFORMATION

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  NO      DRIVE-BY?  YES  NO      GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:**  (88) None  YES, SEE BELOW

| RACIAL (Anti-)   | RELIGIOUS (Anti-)                                   | ETHNICITY / NATIONAL ORIGIN (Anti-)               | SEXUAL (Anti-)   |
|--|---|---|--|
| <input type="checkbox"/> (11) White                            | <input type="checkbox"/> (21) Jewish                | <input type="checkbox"/> (32) Hispanic            | <input type="checkbox"/> (41) Male Homosexual (Gay)        |
| <input type="checkbox"/> (12) Black                            | <input type="checkbox"/> (22) Catholic              | <input type="checkbox"/> (33) Other Ethnicity     | <input type="checkbox"/> (42) Female Homosexual (Lesbian)  |
| <input type="checkbox"/> (13) American Indian / Alaskan Native | <input type="checkbox"/> (23) Protestant            | <b>DISABILITY (Anti-)</b>                         | <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) |
| <input type="checkbox"/> (14) Asian / Pacific Islander         | <input type="checkbox"/> (24) Islamic (Muslim)      | <input type="checkbox"/> (51) Physical Disability | <input type="checkbox"/> (44) Heterosexual                 |
| <input type="checkbox"/> (15) Multi-Racial Group               | <input type="checkbox"/> (25) Other Religion        | <input type="checkbox"/> (52) Mental Disability   | <input type="checkbox"/> (45) Bisexual                     |
|  | <input type="checkbox"/> (26) Multi-Religious Group |   |  |
|  | <input type="checkbox"/> (27) Atheist/Agnostic      |   |  |



# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |  |                                |                              |                                     |  |
|--|--|--|--------------------------------|------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                |                              | Report generated: 4/21/2024 3:36 AM |  |
| INCIDENT NUMBER<br><b>2024-050106</b>                    |  | UNIT ASSIGNED<br><b>3X92</b>   | CALL DATE<br><b>04/20/2024</b> | CALL TIME<br><b>22:24:00</b> | TYPE OF CALL<br><b>CRMISC</b>       |  |
| INCIDENT DATE<br><b>4/20/2024 10:24:09 PM</b>            |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>21 NANDINA CIR 12</b> |                                |                              | DISTRICT<br><b>92</b>               |  |

Report Contains Juvenile Information  
Redact Before Release

| OFFENSE  |    |  |                |
|--|----|--|----------------|
| INCIDENT OFFENSE TYPE  |    |  | OFFENSE STATUS |
| 1. TERRORISTIC ACT   | 5. | Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>  |                |
| 2.   | 6. | Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>   |                |
| 3.   | 7. | Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>  |                |
| 4.   | 8. | Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>  |                |
| SUSPECTS USED:   |    | TYPE OF CRIMINAL ACTIVITY:   |                |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown  |    | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |                |
| GANG RELATED INFO:   |    |  |                |
| <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown  |    |  |                |
| LOCATION CODE:   |    |  |                |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (05) Commercial / Office Building <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (42) Camp / Campground |    |  |                |
| (FOR BURGLARY ONLY)  |    | METHOD OF ENTRY:   |                |
| NUMBER OF PREMISES ENTERED _____   |    | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force  |                |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)   |    |  |                |
| <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input checked="" type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc)   |    |  |                |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |    |  |                |

|  |  |  |  |
|--|--|--|--|
| ENTRY DATE<br><b>04/21/2024 05:51:57</b> | REPORTING OFFICER<br><b>CESAR GUERRA GONZALEZ - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>RYAN CUNNINGS - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

**VICTIM**

|  |  |  |                                    |
|--|--|--|------------------------------------|
| VICTIM #<br><b>1</b>   | NAME (Last, First, Middle) or BUSINESS<br><b>WILLIS, BRITTNEY</b>  |  |                                    |
| ADDRESS:<br><b>21 NANDINA CR LITTLE ROCK AR 72210</b>  |  |  |                                    |
| HOME PHONE:<br><b>5013526439</b>   | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:                       |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br><b>08/10/1992</b> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |                                    |
| AGE:<br>Exact Age: <b>31</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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   |  | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 (RU) Relationship Unknown<br><input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |  |                                    |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness  |  |  |                                    |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                                    |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |                                    |

VICTIM

|               |   |
|---------------|---|
| VICTIM #<br>2 | NAME (Last, First, Middle) or BUSINESS<br><b>WILLIS,VINCENT</b> |
|---------------|---|

ADDRESS:  
21 NANDINA CR APT 12 LITTLE ROCK AR 72210

|                           |             |               |              |
|---------------------------|-------------|---------------|--------------|
| HOME PHONE:<br>5015083517 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|---------------------------|-------------|---------------|--------------|

|  |  |   |                             |
|--|--|---|-----------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>02/14/1986 |
|--|--|---|-----------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |                               |  |
|--|-------------------------------|--|
| AGE:<br>Exact Age: 38<br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br>____ (SE) Spouse _____ (AQ) Acquaintance<br>____ (CS) Common-Law Spouse _____ (FR) Friend<br>____ (PA) Parent _____ (NE) Neighbor<br>____ (SB) Sibling _____ (BE) Babysitter (baby)<br>____ (CH) Child _____ (BG) Boy/Girl Friend<br>____ (GP) Grandparents _____ (CF) Child of BF / GF<br>____ (GC) Grandchild _____ (HR) Homosexual Rel.<br>____ (IL) Inlaw _____ (XS) Ex-Spouse<br>____ (SP) Stepparent _____ (EE) Employee<br>____ (SC) Stepchild _____ (ER) Employer<br>____ (SS) Stepsibling _____ (OK) Otherwise Known<br>____ (OF) Other Family _____ 1 (RU) Relationship Unknown<br>____ (ST) Stranger _____ (VO) Victim Was Suspect |
|--|-------------------------------|--|

THIS VICTIM RELATED TO WHICH OFFENSES?  
 1  2  3  4  5  6  7  8

VICTIM TYPE:  (I) Individual  (B) Business  (F) Financial Inst.  (U) Unknown  
 (G) Government  (R) Religious  (S) Society / Public  (O) Other

VICTIM INJURY:  
 (N) None  (M) Apparent Minor Injury  (B) Apparent Broken Bones  
 (I) Possible Internal Injury  (T) Loss of Teeth  (L) Severe Laceration  
 (O) Other Major Injury  (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:  (01) Argument  (02) Assault on Law Enf Officer  (03) Drug Deal  
 (04) Gangland  (05) Juvenile Gang  (06) Lover's Quarrel  (07) Mercy Killings  
 (08) Other Felony Involved  (09) Other Circumstances  (10) Unknown Circumstances  (20) Criminal Killed by Private Citizen  
 (21) Criminal Killed by Police Officer  (30) Child Playing w/ Weapon  (31) Gun-Cleaning Accident  (32) Hunting Accident  
 (33) Other Negligent Weapon Handling  (34) Other Negligent Killings

CLOTHING DESCRIPTION  
HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_  
COAT \_\_\_\_\_ PANTS/DRESS \_\_\_\_\_

VICTIM

|  |  |  |                             |
|--|--|--|-----------------------------|
| VICTIM #<br>3  | NAME (Last, First, Middle) or BUSINESS<br>[REDACTED]   |  |                             |
| ADDRESS:<br>[REDACTED]   |  |  |                             |
| HOME PHONE:<br>[REDACTED]  | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:                |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br>[REDACTED] |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |                             |
| AGE:<br>Exact Age: 12<br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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   |  | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 (RU) Relationship Unknown<br><input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                             |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |  |                             |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |  |                             |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                             |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |                             |

VICTIM

VICTIM # 4 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: [REDACTED] WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 14 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (99) Over 98 Years Old (NB) 1-6 Days Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(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) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family 1 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

**VICTIM**

|  |  |  |   |
|--|--|--|---|
| VICTIM #<br><b>5</b>   | NAME (Last, First, Middle) or BUSINESS<br><div style="background-color: black; width: 100%; height: 1.2em;"></div>                         |  |   |
| ADDRESS:<br><div style="background-color: black; width: 100%; height: 1.2em;"></div>   |  |  |   |
| HOME PHONE:<br><div style="background-color: black; width: 100%; height: 1.2em;"></div>  | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:  |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br><div style="background-color: black; width: 100%; height: 1.2em;"></div> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |   |
| AGE:<br>Exact Age: <u>11</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |   |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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   |  | (SE) Spouse _____ (AQ) Acquaintance<br>(CS) Common-Law Spouse _____ (FR) Friend<br>(PA) Parent _____ (NE) Neighbor<br>(SB) Sibling _____ (BE) Babysitter (baby)<br>(CH) Child _____ (BG) Boy/Girl Friend<br>(GP) Grandparents _____ (CF) Child of BF / GF<br>(GC) Grandchild _____ (HR) Homosexual Rel.<br>(IL) Inlaw _____ (XS) Ex-Spouse<br>(SP) Stepparent _____ (EE) Employee<br>(SC) Stepchild _____ (ER) Employer<br>(SS) Stepsibling _____ (OK) Otherwise Known<br>(OF) Other Family _____ 1 (RU) Relationship Unknown<br>(ST) Stranger _____ (VO) Victim Was Suspect |   |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |  |   |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |  |   |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |   |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |   |



**VICTIM**

|   |   |  |                                    |
|---|---|--|------------------------------------|
| <b>VICTIM #</b><br>6  | <b>NAME (Last, First, Middle) or BUSINESS</b><br>[REDACTED]   |  |                                    |
| <b>ADDRESS:</b><br>[REDACTED]   |   |  |                                    |
| <b>HOME PHONE:</b><br>[REDACTED]  | <b>WORK PHONE:</b>  | <b>MOBILE PHONE:</b>   | <b>OTHER PHONE:</b>                |
| <b>SEX:</b> <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | <b>DATE OF BIRTH</b><br>[REDACTED] |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | <b>MENTALLY AFFLICTED?:</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | <b>OCCUPATION / EMPLOYER:</b>  |                                    |
| <b>AGE:</b><br>Exact Age: <u>8</u><br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | <b>NIC:</b><br>D.L. / ID No. (STATE)  | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><br>SUSPECT(S) VICTIM WAS: (by Suspect Number)   |                                    |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><br><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   |   | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 (RU) Relationship Unknown<br><input type="checkbox"/> 1 (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| <b>VICTIM TYPE:</b> <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |   |  |                                    |
| <b>VICTIM INJURY:</b><br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |   |  |                                    |
| <b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |  |                                    |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |   |  |                                    |

SUSPECT #1

|   |  |   |                                 |  |
|---|--|---|---------------------------------|--|
| SUSPECT #<br>1  | NAME (Last, First, Middle)<br>,  |   | AKA:                            |  |
| ARRESTEE #  | ADDRESS:<br>AR   |   |                                 |  |
| HOME PHONE:   | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                    |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.   | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH                   |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |                                 |  |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4<br><input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:  | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |  | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs _____            | (A -- automatic)   |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 |  | ARREST TYPE:<br><input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |                                 |  |
| ARREST LOCATION:  |  | ARREST DATE:  |                                 |  |
| CHARGE: 5-13-310  |  |   |                                 |  |
| ARRESTING OFFICERS  |  |   |                                 |  |
| OFFICER 1: _____  | <input type="checkbox"/> MVR   | OFFICER 5: _____  | <input type="checkbox"/> MVR    |  |
| OFFICER 2: _____  | <input type="checkbox"/> MVR   | OFFICER 6: _____  | <input type="checkbox"/> MVR    |  |
| OFFICER 3: _____  | <input type="checkbox"/> MVR   | OFFICER 7: _____  | <input type="checkbox"/> MVR    |  |
| OFFICER 4: _____  | <input type="checkbox"/> MVR   | OFFICER 8: _____  | <input type="checkbox"/> MVR    |  |

Suspect information continued on next page.



**SUSPECT #1**

| SUSPECT #   | NAME (Last, First, Middle)   | AKA:  |  |  |   |  |
|---|--|---|--|--|---|--|
| 1   | ,  |   |  |  |   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input checked="" type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input checked="" type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input checked="" type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input checked="" type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  |  |   |  |

**ADDED DESCRIPTION:**

n/a

**NARRATIVE**

OFFICERS RESPONDED TO A CRIMINAL MISCHIEF AT THE LISTED LOCATION. OFFICERS MADE CONTACT WITH THE CALLER, MRS. WILLIS, WHO ADVISED OF HEARING FOUR SHOTS BEFORE A BULLET CAME THROUGH HER WINDOW. OFFICERS OBSERVED WHAT APPEARED TO BE A ENTRY HOLE IN THE WINDOW AND A POSSIBLE STRIKE OUTSIDE THE APARTMENT. MR. WILLIS, MRS. WILLIS'S HUSBAND, ADVISED HIS WIFE, HIS FOUR JUVENILE CHILDREN, AND HIMSELF, WERE ALL INSIDE THE APARTMENT.

OFFICERS CIRCULATED THE AREA FOR SHELL CASINGS WITH NEGATIVE RESULTS. A MAJOR CRIMES DETECTIVE RESPONDED TO THE INCIDENT. NO FURTHER ACTION WAS TAKEN. MVR/BWC IN USE.

JUVENILE INFORMATION

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  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:**  (88) None  YES, SEE 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) Atheist/Agnostic

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |                              |  |                              |                              |                                     |
|---|------------------------------|--|------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |                              | <b>INCIDENT</b>  |                              |                              | Report generated: 4/21/2024 1:57 AM |
| INCIDENT NUMBER<br><b>2024-050139</b>         | UNIT ASSIGNED<br><b>3X73</b> | CALL DATE<br><b>04/20/2024</b>   | CALL TIME<br><b>23:18:00</b> | TYPE OF CALL<br><b>THEFT</b> |                                     |
| INCIDENT DATE<br><b>4/20/2024 11:18:40 PM</b> |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>15617 CHENAL PKY<br/>Kum &amp; Go</b> |                              |                              | DISTRICT<br><b>72</b>               |

| OFFENSE  |    |  |   |
|--|----|--|---|
| INCIDENT OFFENSE TYPE  |    |  | OFFENSE STATUS  |
| 1. AGGRAVATED ROBBERY (BUSINESS)   | 5. |  | Attempted 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>    |
| 2. THEFT OF PROPERTY MISD  | 6. |  | Completed <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3.   | 7. |  | Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>               |
| 4.   | 8. |  | Completed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                       |
| SUSPECTS USED:   |    | TYPE OF CRIMINAL ACTIVITY:   |   |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown  |    | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |   |
| GANG RELATED INFO:   |    |  |   |
| <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown  |    |  |   |
| LOCATION CODE:   |    |  |   |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input checked="" type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (42) Camp / Campground |    |  |   |
| (FOR BURGLARY ONLY)  |    | METHOD OF ENTRY:   |   |
| NUMBER OF PREMISES ENTERED _____   |    | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force  |   |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)   |    |  |   |
| <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc)   |    |  |   |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |    |  |   |

|  |  |   |  |
|--|--|---|--|
| ENTRY DATE<br><b>04/21/2024 05:15:23</b> | REPORTING OFFICER<br><b>JAYLEON HARRELL - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>VICTOR SANDERS - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

**VICTIM**

|   |  |   |               |
|---|--|---|---------------|
| VICTIM #<br>1   | NAME (Last, First, Middle) or BUSINESS<br><b>GO KUM AND</b>  |   |               |
| ADDRESS:<br><b>15617 CHENAL PW LITTLE ROCK AR 72223</b>   |  |   |               |
| HOME PHONE:<br><b>5012241182</b>  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown   | DATE OF BIRTH |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |               |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)<br>(SE) Spouse _____ (AQ) Acquaintance<br>(CS) Common-Law Spouse _____ (FR) Friend<br>(PA) Parent _____ (NE) Neighbor<br>(SB) Sibling _____ (BE) Babysitter (baby)<br>(CH) Child _____ (BG) Boy/Girl Friend<br>(GP) Grandparents _____ (CF) Child of BF / GF<br>(GC) Grandchild _____ (HR) Homosexual Rel.<br>(IL) Inlaw _____ (XS) Ex-Spouse<br>(SP) Stepparent _____ (EE) Employee<br>(SC) Stepchild _____ (ER) Employer<br>(SS) Stepsibling _____ (OK) Otherwise Known<br>(OF) Other Family _____ (RU) Relationship Unknown<br>1 2 (ST) Stranger _____ (VO) Victim Was Suspect |               |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" 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   |  |   |               |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |   |               |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |   |               |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |               |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |   |               |

**SUSPECT #1**

|                       |   |      |
|-----------------------|---|------|
| SUSPECT #<br><b>1</b> | NAME (Last, First, Middle)<br><b>,UNKNOWN</b> | AKA: |
|-----------------------|---|------|

|            |                               |
|------------|-------------------------------|
| ARRESTEE # | ADDRESS:<br><b>UNKNOWN AR</b> |
|------------|-------------------------------|

|             |             |               |              |
|-------------|-------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|-------------|-------------|---------------|--------------|

|  |  |   |               |
|--|--|---|---------------|
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH |
|--|--|---|---------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |   |                       |  |  |
|--|---|-----------------------|--|--|
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown           | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                  | HEIGHT:<br>Ft <b>5</b><br>In <b>10</b> | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department |   | D.L. / ID No. (STATE) | WEIGHT:<br>Lbs <b>170</b>              | (A - automatic)  |

|   |  |
|---|--|
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |
|---|--|

|                  |              |
|------------------|--------------|
| ARREST LOCATION: | ARREST DATE: |
|------------------|--------------|

CHARGE: **5-12-103B**

|   |   |  |  |
|---|---|--|--|
| ARRESTING OFFICERS                            |   |  |  |
| OFFICER 1: _____ <input type="checkbox"/> MVR | OFFICER 5: _____ <input type="checkbox"/> MVR |  |  |
| OFFICER 2: _____ <input type="checkbox"/> MVR | OFFICER 6: _____ <input type="checkbox"/> MVR |  |  |
| OFFICER 3: _____ <input type="checkbox"/> MVR | OFFICER 7: _____ <input type="checkbox"/> MVR |  |  |
| OFFICER 4: _____ <input type="checkbox"/> MVR | OFFICER 8: _____ <input type="checkbox"/> MVR |  |  |

Suspect information continued on next page.

### SUSPECT #1

|                       |   |      |
|-----------------------|---|------|
| SUSPECT #<br><b>1</b> | NAME (Last, First, Middle)<br><b>,UNKNOWN</b> | AKA: |
|-----------------------|---|------|

  

|   |  |   |  |  |   |   |
|---|--|---|--|--|---|---|
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input checked="" type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown   |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

**ADDED DESCRIPTION:**

n/a

**SUSPECT #2**

|                       |   |      |
|-----------------------|---|------|
| SUSPECT #<br><b>2</b> | NAME (Last, First, Middle)<br><b>,UNKNOWN</b> | AKA: |
|-----------------------|---|------|

|            |                               |
|------------|-------------------------------|
| ARRESTEE # | ADDRESS:<br><b>UNKNOWN AR</b> |
|------------|-------------------------------|

|             |             |               |              |
|-------------|-------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|-------------|-------------|---------------|--------------|

|  |  |   |               |
|--|--|---|---------------|
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH |
|--|--|---|---------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |   |                       |                                       |  |
|--|---|-----------------------|---------------------------------------|--|
| AGE:<br>Exact Age: _____<br>Range: _____   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                  | HEIGHT:<br>Ft <b>5</b><br>In <b>9</b> | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown | DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  | D.L. / ID No. (STATE) | WEIGHT:<br>Lbs <b>200</b>             | (A -- automatic c)   |

|   |  |
|---|--|
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |
|---|--|

|                  |              |
|------------------|--------------|
| ARREST LOCATION: | ARREST DATE: |
|------------------|--------------|

CHARGE: **5-36-103M**

ARRESTING OFFICERS

|   |   |
|---|---|
| OFFICER 1: _____ <input type="checkbox"/> MVR | OFFICER 5: _____ <input type="checkbox"/> MVR |
| OFFICER 2: _____ <input type="checkbox"/> MVR | OFFICER 6: _____ <input type="checkbox"/> MVR |
| OFFICER 3: _____ <input type="checkbox"/> MVR | OFFICER 7: _____ <input type="checkbox"/> MVR |
| OFFICER 4: _____ <input type="checkbox"/> MVR | OFFICER 8: _____ <input type="checkbox"/> MVR |

Suspect information continued on next page.



**SUSPECT #2**

|  |   |  |  |  |   |   |
|--|---|--|--|--|---|---|
| SUSPECT #<br><b>2</b>  | NAME (Last, First, Middle)<br><b>,UNKNOWN</b>   | AKA:   |  |  |   |   |
| <p><b>COMPLEXION:</b></p> <input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown <p><b>HAIR LENGTH:</b></p> <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input checked="" type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown | <p><b>HAIR STYLE:</b></p> <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input checked="" type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown <p><b>BUILD:</b></p> <input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <p><b>HAIR COLOR:</b></p> <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input checked="" type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown <p><b>EYE COLOR:</b></p> <input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <p><b>FACIAL HAIR:</b></p> <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <p><b>DEMEANOR:</b></p> <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <p><b>SCAR / MARK:</b></p> <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <p><b>TATTOO:</b></p> <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown <p><b>TATTOO LOC:</b></p> <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <p><b>CLOTHING DESCRIPTION:</b></p> <p>HAT _____</p> <p>COAT _____</p> <p>SHIRT _____</p> <p>PANTS/DRESS _____</p> <p>SHOES _____</p>  |   |  |  |  |   |   |

**ADDED DESCRIPTION:**

n/a

**OTHER PERSONS - PERSON REPORTING**

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| OTHER PERSON #<br>1   | NAME (Last, First, Middle)<br><b>HICKS,FELECIA</b>   |   |  |  |   |  |
| ADDRESS:<br><b>15617 CHENAL PW LITTLE ROCK AR 72223</b>   |  |   |  |  |   |  |
| HOME PHONE:<br><b>5012241182</b>  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:   |  |   |  |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br><b>02/08/1990</b>   |  |   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |  |  |   |  |
| AGE:<br>Exact Age: <u>34</u><br>Range: _____ - _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                     | NIC:<br><br>D.L. / ID No. (STATE)  | HEIGHT:<br>Ft _____ In _____  | WEIGHT:<br>Lbs _____   |  |   |  |
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | FACAIL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |
| HAIR LENGTH:<br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | BUILD:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 08    | 1.00 | N/A N/A WHT<br>N/A MILLER LITE BEER    | 0        | 35    |                  | 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) Unknown

|                                     |  |                                     |  |
|-------------------------------------|--|-------------------------------------|--|
| PROPERTY DESCRIPTION:               | (10) Drugs/Narcotics                           | (21) Negotiable Instruments         | (32) Structures-Industrial/Manufacture |
| (01) Aircraft                       | (11) Drug/Narcotic Equipment                   | (22) Nonnegotiable Instruments      | (33) Structures-Public/Community       |
| (02) Alcohol                        | (12) Farm Equipment                            | (23) Office-Type Equipment          | (34) Structures-Storage                |
| (03) Automobiles                    | (13) Firearms                                  | (24) Other Motor Vehicles           | (35) Structures-Other                  |
| (04) Bicycles                       | (14) Gambling Equipment                        | (25) Purses/Handbags/Wallets        | (36) Tools-Power/Hand/Lawnmower        |
| (05) Buses                          | (15) Heavy Equipment Construction/<br>Industry | (26) Radios/TVs/VCR                 | (37) Trucks                            |
| (06) Clothes/Furs                   | (16) Household Good                            | (27) Recordings-Audio/Visual        | (38) Vehicle Parts/Accessories         |
| (07) Computer Hardware/<br>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)   |
|                                     | (20) Money                                     | (31) Structures-Commercial/Business |  |

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

|                                  |           |            |            |
|----------------------------------|-----------|------------|------------|
| TYPE DRUG MEASUREMENT:           |           |            |            |
| Units                            | Weight    |            |            |
| (DU) Dosage Unit<br>(Pills, etc) | (GM) Gram | (OZ) Ounce | (LB) Pound |
| (NP) Number of Plants            |           |            |            |

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
Tools Apparently Used: \_\_\_\_\_

|          |                 |                  |
|----------|-----------------|------------------|
| Capacity | (ML) Milliliter | (GL) Gallon      |
|          | (LT) Liter      | (FO) Fluid Ounce |

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION FOR AN AGGRAVATED ROBBERY REPORT. PR 1 STATED BETWEEN THE LISTED TIMES, SUSPECT 1 AND SUSPECT 2 ROBBED THE LOCATION FOR BEER. PR 1 STATED SUSPECT 1 AND SUSPECT 2 ENTERED THE STORE AND WENT TO GRAB THE BEER FROM THE BACK. THEY THEN STOOD IN LINE AS IF THEY WERE GOING TO PAY. PR 1 STATED SUSPECT 1 RAISED UP HIS JACKET AND REVEALED AN UNKNOWN HANDGUN TO PR 1. SUSPECT 1 THEN STATED, "DON'T SAY NOTHING" BEFORE BOTH SUSPECTS WALKED OUT WITH THE BEER.

PR 1 STATED SHE DID NOT SEE WHAT VEHICLE THEY LEFT IN BUT STATED THERE ARE CAMERAS ALL AROUND THE STORE. PR 1 STATED SHE DOESN'T HAVE ACCESS TO THE CAMERAS BUT SOMEONE WOULD IN THE MORNING. PR 1 WAS GIVEN AN INCIDENT CARD AND ADVISED A DETECTIVE WOULD BE IN CONTACT. A SUPERVISOR WAS NOT CONTACTED ABOUT THIS INCIDENT.

NO FURTHER POLICE ACTION WAS TAKEN. MVR AND BWC IN USE.

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  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:**  (88) None  YES, SEE 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) Atheist/Agnostic

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |                              |   |                              |                                     |                       |
|--|--|------------------------------|---|------------------------------|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>              |   |                              | Report generated: 4/22/2024 1:17 AM |                       |
| INCIDENT NUMBER<br><b>2024-050518</b>                    |  | UNIT ASSIGNED<br><b>2X82</b> | CALL DATE<br><b>04/21/2024</b>  | CALL TIME<br><b>21:00:00</b> | TYPE OF CALL<br><b>THEFT</b>        |                       |
| INCIDENT DATE<br><b>4/21/2024 9:00:10 PM</b>             |  |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br>8902 GEYER SPRINGS RD |                              |                                     | DISTRICT<br><b>83</b> |

Report Contains Juvenile Information  
Redact Before Release

| OFFENSE  |  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
|--|--|--|---|--|---|--|--|---|--|---|--|--|--|--|---|---|---|---|--|---|---|---|---|---|--|---|--|---|--|---|--|---|---|--|--|---|--|--|--|---|---|--|--|--|---|--|--|---|--|--|--|--|---|--|--|---|--|--|--|---|--|--|--|--|---|--|--|
| INCIDENT OFFENSE TYPE  |  |  | OFFENSE STATUS  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| 1. ROBBERY (BUSINESS)  | 5.   |  | Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>                           |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| 2.   | 6.   |  | Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>                |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| 3.   | 7.   |  | Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>                           |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| 4.   | 8.   |  | Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>                           |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| SUSPECTS USED:   |  | TYPE OF CRIMINAL ACTIVITY:   | GANG RELATED INFO:  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown  |  | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| LOCATION CODE: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (01) Air / Bus / Train Terminal</td> <td><input type="checkbox"/> (16) Lake / Waterway</td> <td><input type="checkbox"/> (44) Daycare Facility</td> <td><input type="checkbox"/> (51) Rest Area</td> </tr> <tr> <td><input type="checkbox"/> (02) Bank / Savings &amp; Loan</td> <td><input type="checkbox"/> (17) Liquor Store</td> <td><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal</td> <td><input type="checkbox"/> (52) School - College / University</td> </tr> <tr> <td><input type="checkbox"/> (03) Bar / Night Club</td> <td><input type="checkbox"/> (18) Parking Lot / Garage</td> <td><input type="checkbox"/> (46) Farm Facility</td> <td><input type="checkbox"/> (53) School - Elementary / Secondary</td> </tr> <tr> <td><input type="checkbox"/> (04) Church / Synagogue / Temple</td> <td><input type="checkbox"/> (19) Rental / Storage Facility</td> <td><input type="checkbox"/> (47) Gambling / Casino / Racetrack</td> <td><input type="checkbox"/> (54) Shelter - Mission / Homeless</td> </tr> <tr> <td><input type="checkbox"/> (05) Commercial / Office Building</td> <td><input type="checkbox"/> (20) Residence / House</td> <td><input type="checkbox"/> (48) Industrial Site</td> <td><input type="checkbox"/> (55) Shopping Mall</td> </tr> <tr> <td><input type="checkbox"/> (06) Construction Site</td> <td><input type="checkbox"/> (21) Restaurant</td> <td><input type="checkbox"/> (49) Military Installation</td> <td><input type="checkbox"/> (56) Tribal Lands</td> </tr> <tr> <td><input type="checkbox"/> (07) Convenience Store</td> <td><input type="checkbox"/> (22) School / College</td> <td><input type="checkbox"/> (50) Park / Playground</td> <td><input type="checkbox"/> (57) Community Center</td> </tr> <tr> <td><input type="checkbox"/> (08) Department / Discount Store</td> <td><input type="checkbox"/> (23) Service / Gas Station</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (09) Drug Store / DR Office / Hospital</td> <td><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (10) Field / Woods</td> <td><input type="checkbox"/> (25) Other / Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (11) Government / Public Building</td> <td><input type="checkbox"/> (37) Abandoned/Condemned Structure</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (12) Grocery / Supermarket</td> <td><input type="checkbox"/> (38) Amusement Park</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (13) Highway / Road / Alley</td> <td><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (14) Hotel / Motel / Etc</td> <td><input type="checkbox"/> (40) ATM Separate from Bank</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (15) Jail / Penitentiary</td> <td><input type="checkbox"/> (41) Auto Dealership New / Used</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> (42) Camp / Campground</td> <td></td> <td></td> </tr> </table> |  |  |   | <input type="checkbox"/> (01) Air / Bus / Train Terminal | <input type="checkbox"/> (16) Lake / Waterway | <input type="checkbox"/> (44) Daycare Facility | <input type="checkbox"/> (51) Rest Area  | <input type="checkbox"/> (02) Bank / Savings & Loan | <input type="checkbox"/> (17) Liquor Store             | <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal | <input type="checkbox"/> (52) School - College / University      | <input type="checkbox"/> (03) Bar / Night Club | <input type="checkbox"/> (18) Parking Lot / Garage | <input type="checkbox"/> (46) Farm Facility                    | <input type="checkbox"/> (53) School - Elementary / Secondary | <input type="checkbox"/> (04) Church / Synagogue / Temple | <input type="checkbox"/> (19) Rental / Storage Facility | <input type="checkbox"/> (47) Gambling / Casino / Racetrack | <input type="checkbox"/> (54) Shelter - Mission / Homeless | <input type="checkbox"/> (05) Commercial / Office Building  | <input type="checkbox"/> (20) Residence / House | <input type="checkbox"/> (48) Industrial Site | <input type="checkbox"/> (55) Shopping Mall | <input type="checkbox"/> (06) Construction Site | <input type="checkbox"/> (21) Restaurant | <input type="checkbox"/> (49) Military Installation | <input type="checkbox"/> (56) Tribal Lands | <input type="checkbox"/> (07) Convenience Store | <input type="checkbox"/> (22) School / College | <input type="checkbox"/> (50) Park / Playground | <input type="checkbox"/> (57) Community Center | <input type="checkbox"/> (08) Department / Discount Store | <input type="checkbox"/> (23) Service / Gas Station |  |  | <input type="checkbox"/> (09) Drug Store / DR Office / Hospital | <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) |  |  | <input type="checkbox"/> (10) Field / Woods | <input type="checkbox"/> (25) Other / Unknown |  |  | <input type="checkbox"/> (11) Government / Public Building | <input type="checkbox"/> (37) Abandoned/Condemned Structure |  |  | <input type="checkbox"/> (12) Grocery / Supermarket | <input type="checkbox"/> (38) Amusement Park |  |  | <input type="checkbox"/> (13) Highway / Road / Alley | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds |  |  | <input type="checkbox"/> (14) Hotel / Motel / Etc | <input type="checkbox"/> (40) ATM Separate from Bank |  |  | <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (41) Auto Dealership New / Used |  |  |  | <input type="checkbox"/> (42) Camp / Campground |  |  |
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| <input type="checkbox"/> (03) Bar / Night Club   | <input type="checkbox"/> (18) Parking Lot / Garage               | <input type="checkbox"/> (46) Farm Facility  | <input type="checkbox"/> (53) School - Elementary / Secondary   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (04) Church / Synagogue / Temple  | <input type="checkbox"/> (19) Rental / Storage Facility          | <input type="checkbox"/> (47) Gambling / Casino / Racetrack  | <input type="checkbox"/> (54) Shelter - Mission / Homeless  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (05) Commercial / Office Building   | <input type="checkbox"/> (20) Residence / House                  | <input type="checkbox"/> (48) Industrial Site  | <input type="checkbox"/> (55) Shopping Mall   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (06) Construction Site  | <input type="checkbox"/> (21) Restaurant                         | <input type="checkbox"/> (49) Military Installation  | <input type="checkbox"/> (56) Tribal Lands  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (07) Convenience Store  | <input type="checkbox"/> (22) School / College                   | <input type="checkbox"/> (50) Park / Playground  | <input type="checkbox"/> (57) Community Center  |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (08) Department / Discount Store  | <input type="checkbox"/> (23) Service / Gas Station              |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (09) Drug Store / DR Office / Hospital  | <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)     |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (10) Field / Woods  | <input type="checkbox"/> (25) Other / Unknown                    |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (11) Government / Public Building   | <input type="checkbox"/> (37) Abandoned/Condemned Structure      |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (12) Grocery / Supermarket  | <input type="checkbox"/> (38) Amusement Park                     |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (13) Highway / Road / Alley   | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds      |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (14) Hotel / Motel / Etc  | <input type="checkbox"/> (40) ATM Separate from Bank             |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (15) Jail / Penitentiary  | <input type="checkbox"/> (41) Auto Dealership New / Used         |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
|  | <input type="checkbox"/> (42) Camp / Campground                  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| (FOR BURGLARY ONLY)  |  | METHOD OF ENTRY:   |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| NUMBER OF PREMISES ENTERED _____   |  | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (11) Firearm (Unknown)</td> <td><input type="checkbox"/> (50) Poison</td> </tr> <tr> <td><input type="checkbox"/> (12) Handgun</td> <td><input type="checkbox"/> (60) Explosives</td> </tr> <tr> <td><input type="checkbox"/> (13) Rifle</td> <td><input type="checkbox"/> (65) Fire / Incendiary Device</td> </tr> <tr> <td><input type="checkbox"/> (14) Shotgun</td> <td><input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills</td> </tr> <tr> <td><input type="checkbox"/> (15) Other Firearm</td> <td><input type="checkbox"/> (85) Asphyxiation</td> </tr> <tr> <td><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)</td> <td><input type="checkbox"/> (90) Other</td> </tr> <tr> <td><input type="checkbox"/> (30) Blunt Object (Club, etc)</td> <td><input type="checkbox"/> (95) Unknown</td> </tr> <tr> <td><input type="checkbox"/> (35) Motor Vehicle (as weapon)</td> <td><input checked="" type="checkbox"/> (99) None</td> </tr> <tr> <td><input type="checkbox"/> (40) Personal Weapons (hands, etc)</td> <td></td> </tr> </table>  |  |  |   | <input type="checkbox"/> (11) Firearm (Unknown)          | <input type="checkbox"/> (50) Poison          | <input type="checkbox"/> (12) Handgun          | <input type="checkbox"/> (60) Explosives | <input type="checkbox"/> (13) Rifle                 | <input type="checkbox"/> (65) Fire / Incendiary Device | <input type="checkbox"/> (14) Shotgun                         | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills | <input type="checkbox"/> (15) Other Firearm    | <input type="checkbox"/> (85) Asphyxiation         | <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) | <input type="checkbox"/> (90) Other                           | <input type="checkbox"/> (30) Blunt Object (Club, etc)    | <input type="checkbox"/> (95) Unknown                   | <input type="checkbox"/> (35) Motor Vehicle (as weapon)     | <input checked="" type="checkbox"/> (99) None              | <input type="checkbox"/> (40) Personal Weapons (hands, etc) |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (11) Firearm (Unknown)  | <input type="checkbox"/> (50) Poison                             |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (12) Handgun  | <input type="checkbox"/> (60) Explosives                         |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (13) Rifle  | <input type="checkbox"/> (65) Fire / Incendiary Device           |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (14) Shotgun  | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (15) Other Firearm  | <input type="checkbox"/> (85) Asphyxiation                       |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)   | <input type="checkbox"/> (90) Other                              |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (30) Blunt Object (Club, etc)   | <input type="checkbox"/> (95) Unknown                            |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (35) Motor Vehicle (as weapon)  | <input checked="" type="checkbox"/> (99) None                    |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| <input type="checkbox"/> (40) Personal Weapons (hands, etc)  |  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |  |  |   |  |   |  |  |   |  |   |  |  |  |  |   |   |   |   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |   |  |  |   |  |  |  |   |   |  |  |  |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |   |  |  |  |  |   |  |  |

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|--|---|--|--|
| ENTRY DATE<br><b>04/22/2024 03:16:34</b> | REPORTING OFFICER<br><b>JUAN TELLO - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>RYAN CUNNINGS - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

**VICTIM**

|   |  |   |               |
|---|--|---|---------------|
| VICTIM #<br><b>1</b>  | NAME (Last, First, Middle) or BUSINESS<br><b>DOLLAR TREE</b>   |   |               |
| ADDRESS:<br><b>8902 GEYER SPRINGS RD LITTLE ROCK AR 72209</b>   |  |   |               |
| HOME PHONE:<br><b>5014000395</b>  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown   | DATE OF BIRTH |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |               |
| AGE:<br>Exact Age: _____<br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)<br>(SE) Spouse _____ (AQ) Acquaintance<br>(CS) Common-Law Spouse _____ (FR) Friend<br>(PA) Parent _____ (NE) Neighbor<br>(SB) Sibling _____ (BE) Babysitter (baby)<br>(CH) Child _____ (BG) Boy/Girl Friend<br>(GP) Grandparents _____ (CF) Child of BF / GF<br>(GC) Grandchild _____ (HR) Homosexual Rel.<br>(IL) Inlaw _____ (XS) Ex-Spouse<br>(SP) Stepparent _____ (EE) Employee<br>(SC) Stepchild _____ (ER) Employer<br>(SS) Stepsibling _____ (OK) Otherwise Known<br>(OF) Other Family _____ 1 (RU) Relationship Unknown<br>(ST) Stranger _____ (VO) Victim Was Suspect |               |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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  |  |   |               |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |   |               |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |   |               |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |               |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |   |               |

**SUSPECT #1**

|   |   |   |                                       |  |
|---|---|---|---------------------------------------|--|
| SUSPECT #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>,UNK</b>   |   |                                       | AKA:   |
| ARRESTEE #  | ADDRESS:<br><b>UNK AR</b>   |   |                                       |  |
| HOME PHONE:   | WORK PHONE:   | MOBILE PHONE:   | OTHER PHONE:                          |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |                                       | DATE OF BIRTH  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |                                       |  |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:  | HEIGHT:<br>Ft <b>5</b><br>In <b>4</b> | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A -- automatic) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |   | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs <b>170</b>             |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 |   | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |                                       |  |
| ARREST LOCATION:  |   | ARREST DATE:  |                                       |  |
| CHARGE: <b>5-12-102B</b>  |   |   |                                       |  |
| ARRESTING OFFICERS  |   |   |                                       |  |
| OFFICER 1: _____  | <input type="checkbox"/> MVR  | OFFICER 5: _____  | <input type="checkbox"/> MVR          |  |
| OFFICER 2: _____  | <input type="checkbox"/> MVR  | OFFICER 6: _____  | <input type="checkbox"/> MVR          |  |
| OFFICER 3: _____  | <input type="checkbox"/> MVR  | OFFICER 7: _____  | <input type="checkbox"/> MVR          |  |
| OFFICER 4: _____  | <input type="checkbox"/> MVR  | OFFICER 8: _____  | <input type="checkbox"/> MVR          |  |

Suspect information continued on next page.



SUSPECT #1

|                |   |      |
|----------------|---|------|
| SUSPECT #<br>1 | NAME (Last, First, Middle)<br><b>,UNK</b> | AKA: |
|----------------|---|------|

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown | <b>HAIR STYLE:</b><br><input checked="" type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input checked="" type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input checked="" type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
|---|--|---|--|--|---|--|

**CLOTHING DESCRIPTION:**  
 HAT \_\_\_\_\_  
 COAT \_\_\_\_\_  
 SHIRT \_\_\_\_\_  
 PANTS/DRESS \_\_\_\_\_  
 SHOES \_\_\_\_\_

ADDED DESCRIPTION:

n/a

### OTHER PERSONS - PERSON REPORTING

|   |  |   |  |  |   |   |  |
|---|--|---|--|--|---|---|--|
| OTHER PERSON #<br><b>1</b>  | NAME (Last, First, Middle)<br><b>RODGERS,HENRY</b>   |   |  |  |   |   |  |
| ADDRESS:<br><b>8902 GEYER SPRINGS RD LITTLE ROCK AR 72209</b>   |  |   |  |  |   |   |  |
| HOME PHONE:<br><b>5014000395</b>  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:   |  |   |   |  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br><b>09/28/1958</b>   |  |   |   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |  |  |   |   |  |
| AGE:<br>Exact Age: <u>65</u><br>Range: _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | HEIGHT:<br>Ft _____ In _____  | WEIGHT:<br>Lbs _____   |  |   |   |  |
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | FACAIL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |  |
| HAIR LENGTH:<br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | BUILD:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   |   | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

**OTHER PERSONS - CONTACT**

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| OTHER PERSON #   | NAME (Last, First, Middle)  |  |  |   |   |  |
| 2  | [REDACTED]  |  |  |   |   |  |
| ADDRESS:   |   |  |  |   |   |  |
| [REDACTED]   |   |  |  |   |   |  |
| HOME PHONE:  | WORK PHONE:   | MOBILE PHONE:  | OTHER PHONE:   |   |   |  |
| [REDACTED]   |   |  |  |   |   |  |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH  |   |   |  |
| [REDACTED]   |   |  | [REDACTED]   |   |   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:   |  |   |   |  |
| AGE:   |   | NIC:   | HEIGHT:  |   |   |  |
| Exact Age: <u>16</u>   |   |  | Ft _____ In _____  |   |   |  |
| Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old  |   | D.L. / ID No. (STATE)  | WEIGHT: _____ Lbs _____  |   |   |  |
| <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old  |   |  |  |   |   |  |
| <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   |   |  |  |   |   |  |
| COMPLEXION:  | HAIR STYLE:   | HAIR COLOR:  | FACIAL HAIR:   | DEMEANOR:   | SCAR / MARK:  | TATTOO:  |
| <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |
| HAIR LENGTH:   | BUILD:  | EYE COLOR:   | CLOTHING DESCRIPTION   |   |   |  |
| <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown   | <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown  | <input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                       |  |   |   |  |
|  |   |  | HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |   |   |  |
|  |   |  | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back           |   |   |  |

INCIDENT NUMBER 2024-050518

Report Contains Juvenile Information

Report generated: 4/22/2024 1:17 AM

JUVENILE INFORMATION

Redact Before Release

| VEHICLE #1                              |  |                  |                              |             |                               |                   |
|---|--|------------------|------------------------------|-------------|-------------------------------|-------------------|
| STATUS: OTHER                           |  |                  | HOLD AUTHORITY:              |             |                               |                   |
| YEAR:<br>2000                           | MAKE:<br>FORD  | MODEL:<br>FUSION | STYLE:<br>4T                 | VIN:<br>UNK | LICENSE NO. (TYPE):<br>UNK PC | LIC YEAR:<br>2023 |
| OWNER'S NAME (Last, First):<br>UNK, UNK |  |                  | ADDRESS:<br>0 UNK UNK 00 UNK |             |                               | STATE:<br>AR      |
| COLOR:<br>WHI                           | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:                         |             | INSURANCE POLICY #:           |                   |

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)       | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 08    | 8.00 | UNK UNK WHT<br>UNK UNKNOWN FROZEN FOOD ITEMS | 0        | 80    |                  | 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) Unknown

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

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

|                        |               |            |
|------------------------|---------------|------------|
| TYPE DRUG MEASUREMENT: |               |            |
| Units                  | Weight        |            |
| (DU) Dosage Unit       | (GM) Gram     | (OZ) Ounce |
| (Pills, etc)           | (KG) Kilogram | (LB) Pound |
| (NP) Number of Plants  |               |            |

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
 Tools Apparently Used: \_\_\_\_\_

Capacity  
 (ML) Milliliter (GL) Gallon  
 (LT) Liter (FO) Fluid Ounce

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED ADDRESS IN REFERENCE TO A THEFT CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE STAFF OF THE BUSINESS, MR. RODGERS AND J1.

MR. RODGERS ADVISED HE OBSERVED SUSPECT 1 ENTER THE PLACE OF BUSINESS. MR. RODGERS FURTHER ADVISED SUSPECT 1 LOADED UP A SHOPPING CART FULL OF MISCELLANEOUS ITEMS. MR. RODGERS ADVISED SUSPECT 1 LEFT THE CART INSIDE THE STORE AND DID NOT WALK WITH THE ITEMS PASS THE POINT OF SELL. MR. RODGERS WAS ADVISED BY J1 THAT SUSPECT LEFT THE MISCELLANEOUS ITEMS AT THE REGISTER. MR. RODGERS ADVISED HE CONFRONTED SUSPECT 1 ABOUT THE FROZEN FOOD ITEMS THAT WERE MISSING. MR. RODGERS ADVISED SUSPECT 1 STATED " I PUT THEM BACK". MR. RODGERS ADVISED HE KNEW SHE WAS NOT TELLING THE TRUTH AND FURTHER ADVISED SHE SAW SOME FROZEN FOOD ITEMS IN HER JACKET. MR. RODGERS ADVISED WHEN HE ATTEMPTED TO CONFRONT SUSPECT 1 ABOUT THE FROZEN FOOD ITEMS, SUSPECT 1 STATED " YOU NEED TO GET OUT OF MY FACE OR I'M GOING TO FUCK YOU UP!". MR. RODGERS ADVISED AFTER SUSPECT 1 SAID THE STATEMENT SHE GOT INTO VEHICLE 1 AND WAS LAST SEEN GOING SOUTHBOUND ON GEYER SPRINGS ROAD.

OFFICERS CONTACTED A SOUTHWEST SUPERVISOR AND A DETECTIVE. DETECTIVES AND MAJOR CRIME DID NOT RESPOND TO THE SCENE. OFFICERS TOOK FINGERPRINTS OF THE BACK FREEZER OF THE BUSINESS FOR POSSIBLE FINGERPRINTS LEFT BY SUSPECT 1. OFFICERS STORED THE FINGERPRINTS AT THE SOUTHWEST SUBSTATION. MR. RODGERS WAS PROVIDED WITH A REPORT NUMBER AND WAS ADVISED TO CALL US BACK IF SUSPECT 1 RETURNED. NO FURTHER POLICE ACTION WAS TAKEN. MVR/BWC IN USE

JUVENILE INFORMATION

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  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:**  (88) None  YES, SEE 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) Atheist/Agnostic

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