

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 10/30/2023 8:16 AM
INCIDENT NUMBER 2023-124744		UNIT ASSIGNED 2X41	CALL DATE 10/26/2023	CALL TIME 16:14:00	TYPE OF CALL UNK
INCIDENT DATE 10/26/2023 4:14:41 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 3600 SPRINGER BLVD 526			DISTRICT 41

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. HOMICIDE	5.	Attempted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. BURGLARY - RESIDENTIAL	6.	Completed	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
3. THEFT OF PROPERTY MISD	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	<input type="checkbox"/> (B) Buying / Receiving	<input type="checkbox"/> (C) Cultivate / Manufacture / Publish
<input type="checkbox"/> (C) Computer Equip	<input checked="" type="checkbox"/> (N) Not Applicable / Unknown	<input type="checkbox"/> (E) Exploiting Children	<input type="checkbox"/> (O) Operating / Promoting / Assisting
		<input type="checkbox"/> (T) Transport / Transmit / Import	<input type="checkbox"/> (U) Using / Consuming
		<input type="checkbox"/> (D) Distributing / Selling	<input type="checkbox"/> (P) Possessing / Concealing
GANG RELATED INFO:			
<input type="checkbox"/> (J) Juvenile Gang			
<input type="checkbox"/> (G) Other Gang			
<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
<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 checked="" 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)		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)	
NUMBER OF PREMISES ENTERED <u>1</u>	METHOD OF ENTRY:	<input checked="" type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison
<input checked="" type="checkbox"/> (F) Forcible	<input type="checkbox"/> (N) No Force	<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 type="checkbox"/> (99) None
		<input type="checkbox"/> (40) Personal Weapons (hands, etc)	
NARCAN USED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 10/27/2023 01:31:00	REPORTING OFFICER INIQUA WALTERS -	ORIGINAL APPROVING SUPERVISOR KRISTEN WATSON	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS HEGWOOD, MARYSSA
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ADDRESS: **3600 SPRINGER BL 526 LITTLE ROCK AR 72202**

HOME PHONE: 3183555135	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 03/09/1992
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RES STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>31</u> 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 <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (bv Suspect Number) <table style="width:100%; border: none;"> <tr> <td>(SE) Spouse</td> <td>(AQ) Acquaintance</td> </tr> <tr> <td>(CS) Common-Law Spouse</td> <td>(FR) Friend</td> </tr> <tr> <td>(PA) Parent</td> <td><u>1</u> (NE) Neighbor</td> </tr> <tr> <td>(SB) Sibling</td> <td>(BE) Babysitter (baby)</td> </tr> <tr> <td>(CH) Child</td> <td>(BG) Boy/Girl Friend</td> </tr> <tr> <td>(GP) Grandparents</td> <td>(CF) Child of BF / GF</td> </tr> <tr> <td>(GC) Grandchild</td> <td>(HR) Homosexual Rel</td> </tr> <tr> <td>(IL) Inlaw</td> <td>(XS) Ex-Spouse</td> </tr> <tr> <td>(SP) Stepparent</td> <td>(EE) Employee</td> </tr> <tr> <td>(SC) Stepchild</td> <td>(ER) Employer</td> </tr> <tr> <td>(SS) Stepsibling</td> <td>(OK) Otherwise Known</td> </tr> <tr> <td>(OF) Other Family</td> <td>(RU) Relationship Unknown</td> </tr> <tr> <td>(ST) Stranger</td> <td>(VO) Victim Was Suspect</td> </tr> </table>	(SE) Spouse	(AQ) Acquaintance	(CS) Common-Law Spouse	(FR) Friend	(PA) Parent	<u>1</u> (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	(ST) Stranger	(VO) Victim Was Suspect
(SE) Spouse	(AQ) Acquaintance																											
(CS) Common-Law Spouse	(FR) Friend																											
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(SS) Stepsibling	(OK) Otherwise Known																											
(OF) Other Family	(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:

<input checked="" type="checkbox"/> (N) None	<input type="checkbox"/> (M) Apparent Minor Injury	<input type="checkbox"/> (B) Apparent Broken Bones
<input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> (L) Severe Laceration
<input type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (U) Unconsciousness	

AGGRAVATED ASSAULT / HOMICIDE:

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

CLOTHING DESCRIPTION

HAT _____ SHIRT _____ SHOES _____
 COAT _____ PANTS/DRESS _____

VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS HAWKINS, KELVIN		
ADDRESS: 11701 MARA LYNN RD 205 LITTLE ROCK AR 72211			
HOME PHONE: 5015111111	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 01/10/1991
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: <u>32</u> Range: _____ - _____ <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	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (bv Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		(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 _____ 1 (RU) Relationship Unknown _____ (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 <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) ,UNKNOWN		AKA:	
ARRESTEE #	ADDRESS: UNKNOWN LITTLE ROCK AR 72202			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE: 5015111111
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk		ETHNICITY: <input type="checkbox"/> (H)Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED?: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
THIS SUSPECT RELATES TO WHICH OFFENSES? <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		NIC: _____ D.L. / ID No. (STATE) _____		
ARREST LOCATION: _____		ARREST DATE: _____		(A -- automatic c)
CHARGE: 99-02 5-39-201R				
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 # 1	NAME (Last, First, Middle) ,UNKNOWN	AKA:				
COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input checked="" type="checkbox"/> (6) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input checked="" type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input checked="" type="checkbox"/> (7) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

ADDED DESCRIPTION:

n/a

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) ,UNKNOWN		AKA:	
ARRESTEE #	ADDRESS: UNKNOWN LITTLE ROCK AR 72206			
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH	
RES STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft <u> 5 </u> In <u> 2 </u>	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass <i>(A -- automatic c)</i>
THIS SUSPECT RELATES TO WHICH OFFENSES? <input 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 <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:		ARREST DATE:		
CHARGE:				
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 # 2	NAME (Last, First, Middle) ,UNKNOWN	AKA:				
COMPLEXION: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input checked="" type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

ADDED DESCRIPTION:

n/a

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) ,UNKNOWN		AKA:	
ARRESTEE #	ADDRESS: AR 72204			
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		DATE OF BIRTH
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft <u> 5 </u> In <u> 6 </u>	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs <u> 180 </u>	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input 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 <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:		ARREST DATE:		
CHARGE:				
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 #3

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

ADDED DESCRIPTION:

n/a

SUSPECT #4

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

(* - automatic)

Suspect information continued on next page.

SUSPECT #4

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

ADDED DESCRIPTION:

n/a

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	16	1.00	UNKNOWN UNKNOW RED UNKNOWN BROOM	0	20		0.00	
1	77	1.00	UNKNOWN UNKNOW BLK UNKNOWN N/A	0	0.0000		0.00	
7	77	1.00	UNKNOWN UNKNOW BLK UNKNOWN N/A	0	0.0000		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:
- | | | | |
|-------------------------------------|--|-------------------------------------|--|
| (01) Aircraft | (10) Drugs/Narcotics | (21) Negotiable Instruments | (32) Structures-Industrial/Manufacture |
| (02) Alcohol | (11) Drug/Narcotic Equipment | (22) Nonnegotiable Instruments | (33) Structures-Public/Community |
| (03) Automobiles | (12) Farm Equipment | (23) Office-Type Equipment | (34) Structures-Storage |
| (04) Bicycles | (13) Firearms | (24) Other Motor Vehicles | (35) Structures-Other |
| (05) Buses | (14) Gambling Equipment | (25) Purses/Handbags/Wallets | (36) Tools-Power/Hand/Lawnmower |
| (06) Clothes/Furs | (15) Heavy Equipment Construction/
Industry | (26) Radios/TVs/VCR | (37) Trucks |
| (07) Computer Hardware/
Software | (16) Household Good | (27) Recordings-Audio/Visual | (38) Vehicle Parts/Accessories |
| (08) Consumable Goods | (17) Jewelry/Precious Metal | (28) Recreational Vehicles | (39) Watercraft |
| (09) Credit Cards/Debit Cards | (18) Livestock | (29) Structures-Single Occupancy | (77) Other |
| | (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/
Methamphetamines | (O) Other Depressants |
| (A) Crack Cocaine | (E) Marijuana | (I) LSD | (P) Other Drugs |
| (B) Cocaine | (F) Morphine | (J) PCP | (U) Unknown Type |
| (C) Hashish | (G) Opium | (K) Other Hallucino. | (N) Barbituates |

TYPE DRUG MEASUREMENT:

- | | | |
|----------------------------------|----------------------------|--------------------------|
| Units | Weight | |
| (DU) Dosage Unit
(Pills, etc) | (GM) Gram
(KG) Kilogram | (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 3600 SPRINGER BLVD FOR AN UNKNOWN TROUBLE. UPON ARRIVAL OFFICERS GOT NOTIFICATION FROM COMMUNICATION ON SHOTS FIRED AND SUBJECT DOWN. MS. HEGWOOD STATED A JUVENILE KNOCKED ON HER DOOR. MS. HEGWOOD STATED SHE OPENED THE DOOR BECAUSE SHE THOUGH IT WAS HER DAUGHTERS FRIEND. MS. HEGWOOD STATED AFTER OPENING THE DOOR THE UNKNOWN JUVENILE STATED THAT THE NEIGHBOR AND HER TWO SISTERS WAS ABOUT TO JUMP HER. MS. HEGWOOD STATED SHE TOLD THE LITTLE GIRL THAT NO ONE WAS GOING TO JUMP HER. MS. HEGWOOD STATED A NEIGHBOR DOOR STAIRS YELLED UPSTAIRS IN TOLD HER TO (SHUT UP BITCH). MS. HEGWOOD STATED SHE WENT BACK IN HER APARTMENT IN CLOSED THE DOOR. MS/ HEGWOOD STATED AFTER SHE CLOSED THE DOOR TO HER APARTMENT THE UNKNOWN B/F RAN UP THE STAIRS AND STARTED BANGING AND KICKING ON HER DOOR. MS. HEGWOOD STATED THAT IS WHEN SHE CALLED OFFICERS. MS. HEGWOOD STATED THE B/F MADE ENTRY INTO HER APARTMENT AND STOLE HER SWIFTER BROOM AND TRIED TO HIT HER WITH IT. MS. HEGWOOD STATED SHE GRABBED A KNIFE AND THE UNKNOWN B/F EXITED HER APARTMENT. MS. HEGWOOD STATED SHE CAME OUT HER APARTMENT TO GET HER DAUGHTER. MS. HEGWOOD STATED WHEN SHE TURNED AROUND ONE OF THE B/F'S WAS BEHIND HER. MS. HEGWOOD STATED THE B/F PUSHED HER FROM BEHIND DOWN THE STAIRS. MS. HEGWOOD STATED THAT IS WHEN SHE GRABBED THE B/F BEFORE THEY BOTH FELL DOWN THE STAIRWAY. MS. HEGWOOD STATED BEFORE THEY HIT THE GROUND THE B/F IN THE RED ROMPER GRABBED HER FROM BEHIND BY THE NECK. MS. HEGWOOD STATED MANAGEMENT TRIED TO BREAK THE FIGHT UP. MS. HEGWOOD STATED MR. HAWKINS ARRIVED AT THE LOCATION FROM PICKING HER SON UP FROM SCHOOL AFTER THE FIGHT WAS OVER. MS. HEGWOODD STATED MR. HAWKINS TRIED TO DEESCALATE THE SITUATION WHEN AN UNKNOWN SUBJECT WEARING A BLACK MASK APPROACHED ON FOOT FIRING SHOTS AT MR. HAWKINS. WHEN OFFICERS ARRIVED TO THE LOCATION FIRE DEPT WAS ON SCENE DOING CHEST COMPRESSIONS ON MR. HAWKINS. OFFICERS SECURED THE SCENE FOR MEDICAL. OFFICERS STARTED A CRIME SCENE LOG. MR. HAWKINS WAS TRANSPORTED TO THE HOSPITAL FOR MEDICAL. OFFICERS SECURED THE LOCATION FOR CRIME SCENE PERSONNEL. 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