

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |   |                                |                              |                                     |
|---|---|--------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | <b>INCIDENT</b>   |                                |                              | Report generated: 6/11/2024 7:19 AM |
| INCIDENT NUMBER<br><b>2024-076921</b>         | UNIT ASSIGNED<br><b>3X52</b>  | CALL DATE<br><b>06/11/2024</b> | CALL TIME<br><b>01:48:00</b> | TYPE OF CALL<br><b>THEFT</b>        |
| INCIDENT DATE<br><b>6/11/2024 1:48:47 AM</b>  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>1800 S ARCH ST</b> |                                |                              | DISTRICT<br><b>52</b>               |

| OFFENSE  |  |  |   |
|--|--|--|---|
| INCIDENT OFFENSE TYPE  |  |  | OFFENSE STATUS  |
| 1. ROBBERY (INDIVIDUAL) <span style="float: right;">5</span>   |  |  | Attempted <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>  |
| 2. THEFT OF PROPERTY MISD <span style="float: right;">6</span>   |  |  | Completed <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> |
| 3. POSSESSING INSTRUMENT OF CRIME <span style="float: right;">7</span>                                       |  |  | Attempted <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>  |
| 4. POSSESSION OF DRUGS MISD <span style="float: right;">8</span>   |  |  | Completed <input type="checkbox"/> 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                                      | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish   | <input type="checkbox"/> (J) Juvenile Gang             |   |
| <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"/> (G) Other Gang                |   |
|  | <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming  | <input checked="" type="checkbox"/> (N) None / Unknown |   |
|  | <input type="checkbox"/> (D) Distributing / Selling <input checked="" type="checkbox"/> (P) Possessing / Concealing  |  |   |
| LOCATION CODE:   | <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (01) Air / Bus / Train Terminal <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"/> (02) Bank / Savings & Loan <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (03) Bar / Night Club <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"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (23) Service / Gas Station<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 checked="" 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) NUMBER OF PREMISES ENTERED _____   | METHOD OF ENTRY:   |  | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  |
|  | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force  |  | <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 type="checkbox"/> (99) None  |
|  |  |  | <input checked="" 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>06/11/2024 10:00:10</b> | REPORTING OFFICER<br><b>NOAH FRENCH - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>BRIAN HEALY - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

**VICTIM**

|  |  |  |                                    |
|--|--|--|------------------------------------|
| <b>VICTIM #</b><br>1   | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>REED,BETHANY</b>   |  |                                    |
| <b>ADDRESS:</b><br><b>UNSHELTERED AR</b>   |  |  |                                    |
| <b>HOME PHONE:</b><br>5015531476   | <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 type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown   | <b>DATE OF BIRTH</b><br>12/05/2003 |
| <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>20</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   | <b>NIC:</b><br><br><b>D.L. / ID No. (STATE)</b>  | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><br><b>SUSPECT(S) VICTIM WAS:</b> (by Suspect Number)  |                                    |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><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   |  | <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 |                                    |
| <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 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   |  |  |                                    |
| <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 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 _____   |  |  |                                    |

| <b>VICTIM</b>   |  |   |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |                        |                         |
|---|--|---|---------------|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|------------------------------------|------------------------|-------------------------|
| VICTIM #<br><b>2</b>  | NAME (Last, First, Middle) or BUSINESS<br><b>SOCIETY</b>   |   |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |                        |                         |
| ADDRESS:<br><b>LITTLE ROCK 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: _____ <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><b>NA</b><br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)<br><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>(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><b>1</b> (RU) Relationship Unknown</td> </tr> <tr> <td><b>1</b> (ST) Stranger</td> <td>(VO) Victim Was Suspect</td> </tr> </table> |               | (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 | <b>1</b> (RU) Relationship Unknown | <b>1</b> (ST) Stranger | (VO) Victim Was Suspect |
| (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   | <b>1</b> (RU) Relationship Unknown   |   |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |                        |                         |
| <b>1</b> (ST) Stranger  | (VO) Victim Was Suspect  |   |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |                        |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" 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 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 checked="" 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 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>VINES, JAMARION</b> | AKA: |
|-----------------------|--|------|

|                        |  |
|------------------------|--|
| ARRESTEE #<br><b>1</b> | ADDRESS:<br><b>5014 VELVET RIDGE DR E11 NORTH LITTLE ROCK AR 72116</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>10/06/1999</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>24</b><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 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 |
|--|--|------|---------------------------------|--|

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

|   |                                   |
|---|-----------------------------------|
| ARREST LOCATION:<br><b>2400 S ARCH ST</b> | ARREST DATE:<br><b>06/11/2024</b> |
|---|-----------------------------------|

CHARGE: 5-12-102I      5-36-103M

|  |   |  |  |
|--|---|--|--|
| ARRESTING OFFICERS   |   |  |  |
| OFFICER 1: <b>NOAH FRENCH</b> <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>VINES,JAMARION</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 | <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<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><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 checked="" 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 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><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

| PROPERTY |       |      |  |          |        | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|--------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE  | TYPE             | QUANTITY | MEASURE |
| 7        | 75    | 1.00 | TRACFONE UNK GRA<br>UNK SMARTPHONE     | 0        | 60     |                  | 0.00     |         |
| 7        | 75    | 1.00 | UNK TRACFO GRA<br>UNK SMARTPHONE       | 0        | 60     |                  | 0.00     |         |
| 0        | 06    | 1.00 | UNK GRN<br>UNK GREEN BAG WITH CONTENTS | 756756   | 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/<br>Industry | (26) Radios/TVs/VCR                 | (37) Trucks                            |
| (07) Computer Hardware/<br>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:
- |                   |               |                      |                                       |                       |
|-------------------|---------------|----------------------|---------------------------------------|-----------------------|
| (A) Crack Cocaine | (D) Heroin    | (H) Other Narcotics  | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants |
| (B) Cocaine       | (E) Marijuana | (I) LSD              | (M) Other Stimulants                  | (P) Other Drugs       |
| (C) Hashish       | (F) Morphine  | (J) PCP              | (N) Barbituates                       | (U) Unknown Type      |
|                   | (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**

OFFICERS RESPONDED TO 1800 BROADWAY STREET IN REFERENCE TO A ROBBERY REPORT. UPON ARRIVAL, CONTACT WAS MADE WITH MS. BETHANY REED. MS. REED ADVISED SHE WAS WALKING BACK TO HER CAMPSITE WHEN AN UNKNOWN BLACK MALE, LATER IDENTIFIED AS MR. JAMARION VINES, KEPT FOLLOWING HER AND ASKING TO USE HER PHONE. MS. REED ADVISED SHE REFUSED TO GIVE HER PHONE TO HIM. MS. REED THEN ADVISED MR. VINES BEGAN TO PUNCH HER IN THE TOP OF THE HEAD AND PULL HER HAIR BEFORE TAKING THE PHONE FROM HER BY FORCE. MS. REED ADVISED SHE ATTEMPTED TO CALL 911 DURING THE INCIDENT. DURING OFFICERS' INVESTIGATION, MR. VINES WAS LOCATED NEAR 24TH STREET AND ARCH STREET. OFFICERS ASKED MR. VINES ABOUT THE STOLEN PHONE, IN WHICH HE REMOVED IT FROM HIS POCKET. MR. VINES WAS PLACED IN HANDCUFFS AND SEARCHED, REVEALING A NARCOTICS PIPE AND A CIGAR WITH GREEN VEGGIE MATTER INSIDE. MR. VINES DENIED TAKING MS. REED'S PHONE BY FORCE AND ADVISED HE TOOK IT BECAUSE SHE STOLE HIS DOG. THE ON DUTY SUPERVISOR AND MAJOR CRIMES DETECTIVES WERE NOTIFIED. MR. VINES AND MS. REED WERE TRANSPORTED TO THE 12TH STREET DETECTIVES OFFICE FOR FURTHER INVESTIGATION. AFTER FURTHER INVESTIGATION, MR. VINES WAS TRANSPORTED TO PCRJ WHERE HE WAS CHARGED WITH ROBBERY (B FELONY), THEFT OF PROPERTY (A MISDEMEANOR), POSSESSION OF AN INSTRUMENT OF CRIME (A MISDEMEANOR), AND POSSESSION OF A CONTROLLED SUBSTANCE SCHEDULE VI (A MISDEMEANOR). MS. REED WAS TRANSPORTED BACK TO HER CAMPSITE. MVR/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





**VICTIM**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>VICTIM #</b><br>1  | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>BROWN,THATIES</b>   |   |                                    |
| <b>ADDRESS:</b><br>1800 BROADWAY ST 419 LITTLE ROCK AR 72206  |   |   |                                    |
| <b>HOME PHONE:</b><br>5017770562  | <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>07/21/1962 |
| <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 checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | <b>OCCUPATION / EMPLOYER:</b>   |                                    |
| <b>AGE:</b><br>Exact Age: <u>61</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   | <b>NIC:</b><br><br>D.L. / ID No. (STATE)  | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><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 <u>1</u> (OK) Otherwise Known<br>_____ (OF) Other Family _____ (RU) Relationship Unknown<br>_____ (ST) Stranger _____ (VO) Victim Was Suspect |                                    |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><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  |   |   |                                    |
| <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 checked="" type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness  |   |   |                                    |
| <b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input checked="" 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 |   |   |                                    |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____ SHIRT <u>RED AND BLACK WITH LOGO ON IT</u> SHOES _____<br>COAT _____ PANTS/DRESS <u>GRAY SHORTS</u>  |   |   |                                    |

| <b>SUSPECT #1</b>   |  |   |  |   |  |                                       |  |
|---|--|---|--|---|--|---------------------------------------|--|
| SUSPECT #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>UNKNOWN,FRANK</b> |   |  |   |  |                                       | AKA:   |
| ARRESTEE #  | ADDRESS:<br><b>HOMELESS LITTLE ROCK AR 72201</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: <u>58</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 <u>5</u><br>In <u>8</u> | 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 |
| 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 |  | 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 <u>200</u>             |  |
| 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: 5-12-1031   |  |   |  |   |  |                                       |  |
| 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,FRANK</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 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 | <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<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 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 checked="" 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 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

| PROPERTY |       |      |   |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|---|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)                                    | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 0        | 77    | 1.00 | UNKNOWN BLK FOLDING KNIFE BLACK FOLDING KNIFE WITH POCHE CLIP AND A CROSS | 756777   | 20    |                  | 0.00     |         |
| 0        | 77    | 1.00 | NONE NONE + NONE BLACK POCKET KNIFE                                       | 0        | 20    |                  | 0.00     |         |
| 0        | 77    | 1.00 | NONE NONE + NONE 2X4 BOARD  | 0        | 1     |                  | 0.00     |         |
| 7        | 77    | 1.00 | NONE UNKNOWN + UNKNOWN BLACK POCKET KNIFE                                 | 0        | 25    |                  | 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/ Industry | (26) Radios/TVs/VCR                 | (37) Trucks                            |
| (06) Clothes/Furs                | (16) Household Good                         | (27) Recordings-Audio/Visual        | (38) Vehicle Parts/Accessories         |
| (07) Computer Hardware/ Software | (17) Jewelry/Precious Metal                 | (28) Recreational Vehicles          | (39) Watercraft                        |
| (08) Consumable Goods            | (18) Livestock                              | (29) Structures-Single Occupancy    | (77) Other                             |
| (09) Credit Cards/Debit Cards    | (19) Merchandise                            | (30) Structures-Other Dwellings     | (88) Pending Inventory (of Property)   |
|                                  | (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              | (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 (Pills, etc) | (GM) Gram     | (OZ) Ounce |
| (NP) Number of Plants         | (KG) Kilogram | (LB) Pound |

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 ON A SUBJECT DOWN. COMMUNICATIONS ADVISED A CALLER STATED THERE IS A B/M LAYING BEHIND THE BUS STOP AT THE LISTED LOCATION BLEEDING FROM THE HEAD. UPON ARRIVAL, OFFICERS MADE CONTACT WITH VIC#1(BROWN) AND HE WAS SITTING DOWN AND THERE WAS BLOOD ALL OVER HIM AND THE GROUND. OFFICER MORRIS NOTICED A LARGE GASH ON THE TOP OF HIS HEAD AND THERE WAS A BLOODY 2X4 BOARD ON THE GROUND. BROWN STATED HE WAS HIT IN THE HEAD BY SUSP#1 (FRANK). BROWN WAS INTOXICATED AND IT WAS HARD TO GET INFORMATION FROM HIM. HE DID ADVISE WHEN ASKED IF HE WENT UNCONSCIOUS AND HE ADVISED YES. THERE WAS A SUBJECT AT THE BUS STOP AND ADVISED THEY DID NOT SEE ANYTHING ON HOW IT HAPPENED, BUT WHEN THEY WALKED UP THEY SAW BROWN UNCONSCIOUS BEHIND THE BUS STOP. THE SUBJECT AT THE BUS STOP DID NOT WANT TO BE ON THE REPORT. BROWN KEPT STATING FRANK IS HOMELESS AND IS GOING TO THE BUS STATION ON CAPITOL AND ALSO GOES TO THE COMPASSION CENTER. BROWN STATED THEY WERE SITTING THERE DRINKING AND THEY BEGAN TO ARGUE. BROWN STATED FRANK GRABBED THE 2X4 AND HIT HIM MULTIPLE TIMES IN THE HEAD. NOT ONLY DID BROWN HAVE A 6 INCH GASH ON HIS HEAD, HE ALSO HAD LUMPS ON HIS HEAD. TWO FINGERS ON HIS RIGHT HAND WERE ALSO CUT SEVERALLY. BROWN ADVISED AFTER FRANK HIT HIM MULTIPLE TIMES, FRANK TOOK HIS POCKET KNIFE AND FLED THE AREA. MEMS WAS NOTIFIED AND RESPONDED. THE DETECTIVES WERE NOTIFIED THAT BROWN WAS VERY INTOXICATED AND IT WAS HARD TO GET INFORMATION FROM HIM. 1X53 OFFICER J. MORRIS AND OFFICER J. WARREN CIRCULATED THE AREA FOR FRANK FOR NEGATIVE RESULTS. BROWN DID HAVE ANOTHER POCKET KNIFE ON HIM THAT WAS STORED FOR SAFETY DUE TO MEMS NOT BEING ABLE TO TAKE IT ON THE TRUCK. BROWN WAS TRANSPORTED TO UAMS FOR MEDICAL ATTENTION. THE 2X4 WAS ALSO STORED UNDER THE LISTED TAG NUMBER. L31 SGT. FOLLETT WAS NOTIFIED AS WELL. 21C671 IS MVR EQUIPPED AND 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





**VICTIM**

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

ADDRESS: **5621 KAVANAUGH BL LITTLE ROCK AR 72207**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5013532204</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: _____ - _____<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><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>(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>1 (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 | (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 |
| (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 \_\_\_\_\_

| <b>SUSPECT #1</b>   |  |   |  |   |              |  |  |
|---|--|---|--|---|--------------|--|--|
| 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 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 <u>6</u><br>In <u>1</u>  |  |
| 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 _____  |              | 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 |  |
| 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 checked="" 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<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 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 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 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 checked="" 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 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 #  | NAME (Last, First, Middle)   |   |   |  |   |  |             |
| 1   | [REDACTED]   |   |   |  |   |  |             |
| ADDRESS:  |  |   |   |  |   |  |             |
| [REDACTED]  |  |   |   |  |   |  |             |
| HOME PHONE:   |  | WORK PHONE:   |   | MOBILE PHONE:  |   | OTHER PHONE:   |             |
| 5 [REDACTED]  |  |   |   |  |   |  |             |
| 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 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  |             |
|   |  |   |   |  |   | [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: 15   |  |   |   |  | 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 checked="" 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 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 type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input checked="" type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <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 | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input checked="" 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  |  |   |  | 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                                       |   |  |   |  | HAT _____   |
|   |  |   | COAT _____  |  |   |  |             |
|   |  |   | SHIRT _____   |  |   |  |             |
|   |  |   | PANTS/DRESS _____   |  |   |  |             |
|   |  |   | SHOES _____   |  |   |  |             |

**OTHER PERSONS - OWNER**

|   |                            |  |  |  |  |   |
|---|----------------------------|--|--|--|--|---|
| OTHER PERSON #  | NAME (Last, First, Middle) |  |  |  |  |   |
| 2   | <b>POSEY, KALEB</b>        |  |  |  |  |   |
| ADDRESS:  |                            |  |  |  |  |   |
| 28 SHADE TREE LN MAYFLOWER AR 72106   |                            |  |  |  |  |   |
| HOME PHONE:   |                            | WORK PHONE:  |  | MOBILE PHONE:  |  | OTHER PHONE:  |
| 4792346599  |                            |  |  |  |  |   |
| 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 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   |
|   |                            |  |  |  |  | 10/28/1997  |
| 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:  |                            | NIC:   |  | HEIGHT:  |  |   |
| Exact Age: <u>26</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:  |
| <input checked="" 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 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 type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input checked="" 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 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 |
| HAIR LENGTH:  |                            | EYE COLOR:   |  | DEMEANOR:  |  | SCAR / MARK:  |
| <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   |                            | <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 checked="" 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 |
| BUILD:  |                            | TATTOO:  |  | TATTOO LOC:  |  |   |
| <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) 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   |  | <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 _____   |                            |  |  |  |  |   |

| PROPERTY |       |      |   |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|---|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)    | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | UNKNOWN US GRN<br>CURRENCY 150 US DOLLARS | 0        | 150   |                  | 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:        | (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**

OFFICERS RESPONDED TO THE LOCATION AND MADE CONTACT WITH JUV #1. JUV #1 IS AN EMPLOYEE OF THE BUSINESS AND ADVISED THE UNKNOWN SUSPECT CAME INTO THE BUSINESS AND ROBBED IT AT KNIFE POINT. JUV #1 STATED HE WAS IN THE REAR OF THE BUSINESS USING THE RESTROOM WHEN SUSP #1 CAME IN. JUV #1 STATED HE CAME BACK TO THE FRONT AND OBSERVED SUSP #1 NEAR THE COUNTER. JUV #1 STATED HE ASKED IF HE COULD HELP SUSP #1. JUV #1 STATED SUSP #1 ADVISED HE COULD TAKE HIS TIME WASHING HIS HANDS. JUV #1 STATED HE COMPLETED WASHING HIS HANDS AND SUSP #1 CAME AROUND THE COUNTER AND DEMANDED THE MONEY FROM THE REGISTER WHILE BRANDISHING A RED POCKET KNIFE. JUV #1 STATED SUSP #1 THEN ASKED FOR THE MONEY IN THE SECOND REGISTER, WHICH HE OPENED AND PLACED IN THE BACKPACK SUSP #1 WAS HOLDING. JUV #1 STATED SUSP #1 THEN WALKED OUT OF THE BUSINESS AND TURNED EASTBOUND ON THE SOUTH SIDEWALK OF KAVANAUGH BOULEVARD. OFFICERS SECURED THE CRIME SCENE AND NOTIFIED A SUPERVISOR. MAJOR CRIMES DETECTIVES RESPONDED TO THE SCENE AND INTERVIEWED JUV #1. MR. POSEY ARRIVED ON SCENE AND SHOWED OFFICERS VIDEO FOOTAGE OF THE INCIDENT. OFFICERS WERE UNABLE TO DETERMINE ANYWHERE IN THE STORE WHERE SUSP #1 TOUCHED WITH HIS BARE HANDS. OFFICERS ADVISED ALL PARTIES TO CONTACT POLICE IF THEY WERE IN FURTHER NEED OF ASSISTANCE.



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