

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |                                |                              |                                |                                       |
|---|--|--------------------------------|------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>                |                              |                                | Report generated: 10/15/2024 11:17 PM |
| INCIDENT NUMBER<br><b>2024-141329</b>         | UNIT ASSIGNED<br><b>2X50</b>   | CALL DATE<br><b>10/15/2024</b> | CALL TIME<br><b>19:09:00</b> | TYPE OF CALL<br><b>BATTERY</b> |                                       |
| INCIDENT DATE<br><b>10/15/2024 7:09:37 PM</b> | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>3618 W ROOSEVELT RD</b> |                                |                              | DISTRICT<br><b>53</b>          |                                       |

| OFFENSE  |  |  |  |
|--|--|--|--|
| INCIDENT OFFENSE TYPE  |  | OFFENSE STATUS   |  |
| 1. ROBBERY (INDIVIDUAL) <span style="float: right;">5.</span>  |  | Attempted <span style="float: right;">1</span>                         | <input type="checkbox"/>   |
| 2. <span style="float: right;">6.</span>   |  | Completed <span style="float: right;">2</span>                         | <input checked="" type="checkbox"/>                              |
| 3. <span style="float: right;">7.</span>   |  | Attempted <span style="float: right;">3</span>                         | <input type="checkbox"/>   |
| 4. <span style="float: right;">8.</span>   |  | Completed <span style="float: right;">4</span>                         | <input type="checkbox"/>   |
| SUSPECTS USED:   |  | TYPE OF CRIMINAL ACTIVITY:   |  |
| <input type="checkbox"/> (A) Alcohol   | <input type="checkbox"/> (D) Drugs                               | <input type="checkbox"/> (B) Buying / Receiving                        | <input type="checkbox"/> (C) Cultivate / Manufacture / Publish   |
| <input type="checkbox"/> (C) Computer Equip  | <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | <input type="checkbox"/> (E) Exploiting Children                       | <input type="checkbox"/> (O) Operating / Promoting / Assisting   |
|  |  | <input type="checkbox"/> (T) Transport / Transmit / Import             | <input type="checkbox"/> (U) Using / Consuming                   |
|  |  | <input type="checkbox"/> (D) Distributing / Selling                    | <input type="checkbox"/> (P) Possessing / Concealing             |
|  |  | GANG RELATED INFO:   |  |
|  |  | <input type="checkbox"/> (J) Juvenile Gang                             |  |
|  |  | <input type="checkbox"/> (G) Other Gang                                |  |
|  |  | <input checked="" type="checkbox"/> (N) None / Unknown                 |  |
| LOCATION CODE:   |  |  |  |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal   | <input type="checkbox"/> (16) Lake / Waterway                    | <input type="checkbox"/> (44) Daycare Facility                         | <input type="checkbox"/> (51) Rest Area                          |
| <input type="checkbox"/> (02) Bank / Savings & Loan  | <input type="checkbox"/> (17) Liquor Store                       | <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal          | <input type="checkbox"/> (52) School - College / University      |
| <input type="checkbox"/> (03) Bar / Night Club   | <input type="checkbox"/> (18) Parking Lot / Garage               | <input type="checkbox"/> (46) Farm Facility                            | <input type="checkbox"/> (53) School - Elementary / Secondary    |
| <input type="checkbox"/> (04) Church / Synagogue / Temple  | <input type="checkbox"/> (19) Rental / Storage Facility          | <input type="checkbox"/> (47) Gambling / Casino / Racetrack            | <input type="checkbox"/> (54) Shelter - Mission / Homeless       |
| <input type="checkbox"/> (05) Commercial / Office Building   | <input type="checkbox"/> (20) Residence / House                  | <input type="checkbox"/> (48) Industrial Site                          | <input type="checkbox"/> (55) Shopping Mall                      |
| <input type="checkbox"/> (06) Construction Site  | <input type="checkbox"/> (21) Restaurant                         | <input type="checkbox"/> (49) Military Installation                    | <input type="checkbox"/> (56) Tribal Lands                       |
| <input type="checkbox"/> (07) Convenience Store  | <input type="checkbox"/> (22) School / College                   | <input type="checkbox"/> (50) Park / Playground                        | <input type="checkbox"/> (57) Community Center                   |
| <input type="checkbox"/> (08) Department / Discount Store  | <input type="checkbox"/> (23) Service / Gas Station              |  |  |
| <input type="checkbox"/> (09) Drug Store / DR Office / Hospital                                      | <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)     |  |  |
| <input type="checkbox"/> (10) Field / Woods  | <input type="checkbox"/> (25) Other / Unknown                    |  |  |
| <input type="checkbox"/> (11) Government / Public Building   | <input type="checkbox"/> (37) Abandoned/Condemned Structure      |  |  |
| <input type="checkbox"/> (12) Grocery / Supermarket  | <input type="checkbox"/> (38) Amusement Park                     |  |  |
| <input checked="" type="checkbox"/> (13) Highway / Road / Alley                                      | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds      |  |  |
| <input type="checkbox"/> (14) Hotel / Motel / Etc  | <input type="checkbox"/> (40) ATM Separate from Bank             |  |  |
| <input type="checkbox"/> (15) Jail / Penitentiary  | <input type="checkbox"/> (41) Auto Dealership New / Used         |  |  |
|  | <input type="checkbox"/> (42) Camp / Campground                  |  |  |
| (FOR BURGLARY ONLY)  |  | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)   |  |
| NUMBER OF PREMISES ENTERED _____   | METHOD OF ENTRY:   | <input type="checkbox"/> (11) Firearm (Unknown)                        | <input type="checkbox"/> (50) Poison                             |
| <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                          |  | <input type="checkbox"/> (12) Handgun                                  | <input type="checkbox"/> (60) Explosives                         |
|  |  | <input type="checkbox"/> (13) Rifle                                    | <input type="checkbox"/> (65) Fire / Incendiary Device           |
|  |  | <input type="checkbox"/> (14) Shotgun                                  | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills |
|  |  | <input type="checkbox"/> (15) Other Firearm                            | <input type="checkbox"/> (85) Asphyxiation                       |
|  |  | <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)         | <input type="checkbox"/> (90) Other                              |
|  |  | <input type="checkbox"/> (30) Blunt Object (Club, etc)                 | <input type="checkbox"/> (95) Unknown                            |
|  |  | <input type="checkbox"/> (35) Motor Vehicle (as weapon)                | <input type="checkbox"/> (99) None                               |
|  |  | <input 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>10/16/2024 02:40:22</b> | REPORTING OFFICER<br><b>WILLIAM HAIRSTON</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>AARON ONCKEN</b> [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

### VICTIM

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

ADDRESS: **AR**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5014440080</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>04/26/1981</b> |
|--|--|---|------------------------------------|

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

|   |                                   |  |
|---|-----------------------------------|--|
| AGE:<br>Exact Age: <b>43</b><br>Range: _____ - _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)<br>(SE) Spouse <b>1</b> (AQ) Acquaintance<br>(CS) Common-Law Spouse _____ (FR) Friend<br>(PA) Parent _____ (NE) Neighbor<br>(SB) Sibling _____ (BE) Babysitter (baby)<br>(CH) Child _____ (BG) Boy/Girl Friend<br>(GP) Grandparents _____ (CF) Child of BF / GF<br>(GC) Grandchild _____ (HR) Homosexual Rel.<br>(IL) Inlaw _____ (XS) Ex-Spouse<br>(SP) Stepparent _____ (EE) Employee<br>(SC) Stepchild _____ (ER) Employer<br>(SS) Stepsibling _____ (OK) Otherwise Known<br>(OF) Other Family _____ (RU) Relationship Unknown<br>(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><b>1</b>   | NAME (Last, First, Middle)<br><b>SANDERS, NIKOLAS</b>   |  |  |   | AKA:                               |   |
| ARRESTEE #  | ADDRESS:<br><b>AR</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>08/12/1996</b> |   |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  |   | MENTALLY AFFLICTED?<br><input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       |  | OCCUPATION / EMPLOYER:  |                                    |   |
| AGE:<br>Exact Age: <u>28</u><br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |  |  | NIC:  | HEIGHT:<br>Ft _____<br>In _____    | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br><small>(A -- automatic c)</small> |
|   | DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |  | D.L. / ID No. (STATE)  | WEIGHT:<br>Lbs _____  |                                    |   |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |   |  | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |   |                                    |   |
| ARREST LOCATION:  |   |  |  | ARREST DATE:  |                                    |   |
| CHARGE: <b>5-12-102I</b>  |   |  |  |   |                                    |   |
| ARRESTING OFFICERS  |   |  |  |   |                                    |   |
| OFFICER 1: _____  |   | <input type="checkbox"/> MVR   |  | OFFICER 5: _____  |                                    |   |
| OFFICER 2: _____  |   | <input type="checkbox"/> MVR   |  | OFFICER 6: _____  |                                    |   |
| OFFICER 3: _____  |   | <input type="checkbox"/> MVR   |  | OFFICER 7: _____  |                                    |   |
| OFFICER 4: _____  |   | <input type="checkbox"/> MVR   |  | OFFICER 8: _____  |                                    |   |
|   |   | <input type="checkbox"/> MVR   |  | <input type="checkbox"/> MVR  |                                    |   |

Suspect information continued on next page.

### SUSPECT #1

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

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input checked="" 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 type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input 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 |
| 7        | 77    | 1.00 | NONE UNKNOW + CIGARS CIGARS            | 0        | 10    |                  | 0.00     |         |

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

|   |  |  |  |
|---|--|--|--|
| <p><b>PROPERTY DESCRIPTION:</b></p> <p>(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</p> | <p>(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</p> | <p>(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</p> | <p>(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)</p> |
|---|--|--|--|

|                   |               |                      |                                       |                       |
|-------------------|---------------|----------------------|---------------------------------------|-----------------------|
| <b>DRUG TYPE:</b> | (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. |                                       |                       |

|                               |               |            |
|-------------------------------|---------------|------------|
| <b>TYPE DRUG MEASUREMENT:</b> |               |            |
| 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 VIC #1 (MS. MILLS). MS. MILLS STATED SHE WAS SITTING ON THE SIDEWALK WHEN SUSP #1 (MR. SANDERS) STOLE THE LISTED PROPERTY FROM HER AND KICKED HER IN THE SHIN. MS. MILLS STATED SHE HAD HER CIGARS IN A PLASTIC BAG NEXT TO HER. MS. MILLS STATED SHE OBSERVED MR. SANDERS WALKING TOWARD HER. MS. MILLS STATED MR. SANDERS PICKED UP HER BAG AND TOOK OUT THE CIGARS, MS. MILLS STATED SHE ATTEMPTED TO GRAB THE BAG BACK. MS. MILLS STATED MR. SANDERS THEN KICKED HER SHIN AND WALKED AWAY. OFFICERS DID NOT OBSERVE ANY VISIBLE INJURY TO MS. MILLS' LEG. MEMS RESPONDED TO THE LOCATION AND EVALUATED MS. MILLS, BUT SHE DECLINED TO BE TRANSPORTED. OFFICERS WERE UNABLE TO LOCATE MR. SANDERS IN THE AREA. OFFICERS ADVISED MS. MILLS TO CONTACT POLICE IF SHE WERE IN FURTHER NEED OF ASSISTANCE.

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