

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 10/22/2024 1:29 AM
INCIDENT NUMBER <b>2024-144296</b>	UNIT ASSIGNED <b>2Y83</b>	CALL DATE <b>10/21/2024</b>	CALL TIME <b>20:48:00</b>	TYPE OF CALL <b>CRMISC</b>	
INCIDENT DATE <b>10/21/2024 8:48:50 PM</b>	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1800 S CEDAR ST 24</b>			DISTRICT <b>83</b>	

OFFENSE			
INCIDENT OFFENSE TYPE		OFFENSE STATUS	
1. TERRORISTIC ACT	5.	Attempted	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. ASSAULT 3RD DEGREE	6.	Completed	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.	7.	Attempted	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
4.	8.	Completed	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:	
<input type="checkbox"/> (A) Alcohol	<input type="checkbox"/> (D) Drugs	<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 checked="" type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives
		<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device
		<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills
		<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation
		<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other
		<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown
		<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None
		<input type="checkbox"/> (40) Personal Weapons (hands, etc)	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE <b>10/22/2024 05:37:00</b>	REPORTING OFFICER <b>HAYDEN MONTGOMERY - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>MATTHEW BLASINGAME - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
--	--	---	--

### VICTIM

<b>VICTIM #</b> 1	<b>NAME (Last, First, Middle) or BUSINESS</b>  ANDERSON, TONY		
<b>ADDRESS:</b>  1523 ADAMS ST LITTLE ROCK AR 72204			
<b>HOME PHONE:</b> 5014127026	<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
<b>SEX:</b> <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	<b>DATE OF BIRTH</b> 11/08/1970
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<b>MENTALLY AFFLICTED?</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: <u>53</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		<b>NIC:</b>  D.L. / ID No. (STATE)	<b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b> SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) (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
<b>THIS VICTIM RELATED TO WHICH OFFENSES?</b> <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 <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> <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
<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 <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
<b>CLOTHING DESCRIPTION</b> HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

### VICTIM

<b>VICTIM #</b> 2	<b>NAME (Last, First, Middle) or BUSINESS</b>  FISHER,EVELYN		
<b>ADDRESS:</b>  5224 STANLEY DR 24 LITTLE ROCK AR 72209			
<b>HOME PHONE:</b> 5012315173	<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
<b>SEX:</b> <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	<b>DATE OF BIRTH</b> 09/01/1970
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<b>MENTALLY AFFLICTED?</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: 54 Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	<b>NIC:</b>  D.L. / ID No. (STATE)	<b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b> SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)	
<b>THIS VICTIM RELATED TO WHICH OFFENSES?</b> <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 11 <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (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 <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> <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
<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 <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
<b>CLOTHING DESCRIPTION</b> HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

<b>SUSPECT #1</b>					
SUSPECT # <b>1</b>	NAME (Last, First, Middle) <b>UNKNOWN, SHAWN</b>			AKA:	
ARRESTEE #	ADDRESS: <b>UNKNOWN UNKNOWN AR</b>				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE:		SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	
RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		DATE OF BIRTH			
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		HEIGHT: Ft <u>5</u> In <u>9</u>	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:			ARREST DATE:		
CHARGE: <b>5-13-310 5-13-207</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	

(A -- automatic c)

Suspect information continued on next page.

## SUSPECT #1

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

**ADDED DESCRIPTION:**

n/a

**VEHICLE #1**

STATUS: SUBJECT

HOLD AUTHORITY:

YEAR: 2009	MAKE: FORD	MODEL: EDGE	STYLE: SV	VIN: [REDACTED]	LICENSE NO. (TYPE): DB-065-0 TM	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: AR
COLOR: BLK	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	03	1.00	██████████ FORD BLK EDGE SPORTS UTILITY VEHICLE	0	1		0.00	
4	03	1.00	██████████ EDGE SPORTS UTILITY VEHICLE	0	1		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:
- |                   |                     |                                       |                       |
|-------------------|---------------------|---------------------------------------|-----------------------|
| (D) Heroin        | (H) Other Narcotics | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants |
| (A) Crack Cocaine | (E) Marijuana       | (I) LSD                               | (P) Other Drugs       |
| (B) Cocaine       | (F) Morphine        | (J) PCP                               | (U) Unknown Type      |
| (C) Hashish       | (G) Opium           | (K) Other Hallucino.                  | (N) Barbituates       |

- TYPE DRUG MEASUREMENT:
- |                                  |  |
|----------------------------------|--|
| Units                            | Weight   |
| (DU) Dosage Unit<br>(Pills, etc) | (GM) Gram (OZ) Ounce<br>(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 5224 STANLEY DRIVE, APT 24, FOR A CRIMINAL MISCHIEF REPORT.

UPON ARRIVAL, OFFICERS MADE CONTACT WITH MR. TONY ANDERSON, WHO ADVISED OF THE LISTED TERRORISTIC ACT. MR. ANDERSON TOLD OFFICERS HE HAD BEEN AT 1798 SOUTH CEDAR STREET TO RETRIEVE HIS DOMINO'S. WHILE AT THE LOCATION, HE ADVISED OF THE LISTED SUSPECT, KNOWN AS SHAWN, BEING IN A DISTURBANCE WITH HIM. MR. ANDERSON STATED THAT SHAWN GRABBED THE BOX OF DOMINO'S, STATING THEY WERE HIS. AT THIS TIME, MR. ANDERSON GRABBED THE BOX FROM HIS HANDS, TELLING SHAWN THEY WERE HIS.

MR. ANDERSON TOLD OFFICERS ONCE HE GRABBED THE BOX FROM SHAWN, SHAWN ATTEMPTED TO PUNCH HIM BUT MISSED. MR. ANDERSON STATED HE THEN PUNCHED SHAWN, WHO TOOK OFF FROM THE LOCATION AFTER BEING HIT. MR. ANDERSON TOLD OFFICERS THAT SHAWN RAN ACROSS THE STREET TO 1800 SOUTH CEDAR STREET, DESCRIBED AS A BRICK HOUSE WITH PINK COLORING. AT THIS TIME, MR. ANDERSON WAS TOLD BY OTHERS AT THE LOCATION HE NEEDED TO LEAVE BECAUSE SHAWN WAS LIKELY GOING TO RETRIEVE A GUN.

MR. ANDERSON STATED HE GOT INTO VEHICLE 1, WHICH MS. FISHER HAD BEEN SITTING IN. HE GOT INTO THE PASSENGER SEAT, AND THE TWO BEGAN TO DRIVE SOUTHBOUND ON SOUTH CEDAR STREET. MR. ANDERSON STATED WHILE THE TWO WERE ATTEMPTING TO LEAVE, SHAWN RAN OUT FROM 1800 SOUTH CEDAR WITH A HANDGUN AND BEGAN TO FIRE AT THE VEHICLE. MR. ANDERSON ADVISED OFFICERS HE HAD HEARD THREE SHOTS, AND ONE HAD HIT VEHICLE 1.

OFFICERS SPOKE WITH MS. FISHER, WHO ADVISED SHE HAD NOT SEEN ANY OF THE INCIDENT LEADING UP TO MR. ANDERSON GETTING INTO VEHICLE 1. MS. FISHER TOLD OFFICERS SHE BEGAN DRIVING SOUTHBOUND ON SOUTH CEDAR STREET WHEN SHE HEARD THE GUNFIRE. MS. FISHER ADVISED OF ONLY HEARING ONE GUNSHOT.

MR. ANDERSON, AS WELL AS MS. FISHER, ADVISED OFFICERS AFTER THE INCIDENT THEY DROVE TO THE 5224 STANLEY DRIVE TO MAKE THE REPORT. OFFICERS OBSERVED A BULLET HOLE ON THE DRIVERS SIDE OF THE TRUNK. DUE TO THE VEHICLE BEING OCCUPIED DURING THE GUNFIRE STRIKING VEHICLE 1, OFFICERS NOTIFIED A SOUTHWEST SUPERVISOR OF THE TERRORISTIC ACT. OFFICERS WERE ADVISED BY THE SOUTHWEST SERGEANT THAT DETECTIVES WOULD BE RESPONDING TO THE SCENE.

DETECTIVES ARRIVED ON SCENE AND CONDUCTED THEIR INVESTIGATION INTO THE INCIDENT. DETECTIVES CONDUCTED A BROADCAST FOR THE LISTED SUSPECT WHILE ON SCENE. DETECTIVES ALSO NOTIFIED CRIME SCENE DUE TO THE BULLET APPEARING TO BE STUCK IN THE TRUNK OF VEHICLE 1. HOWEVER, THEY ADVISED THEY WOULD NOT BE RESPONDING TO THE SCENE. THE BULLET WAS NOT COLLECTED DUE TO IT BEING LODGED INTO THE TRUNK AS WELL AS FOUND SHELL CASINGS POSSIBLY IN RELATION TO THE INCIDENT. PHOTOS OF VEHICLE 1 WERE TAKEN ON SCENE BY DETECTIVES, AND NO FURTHER INCIDENT OCCURRED.

MVR AND BWC WERE 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