

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |   |                                |                              |                                      |  |
|---|---|--------------------------------|------------------------------|--------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION | <b>INCIDENT</b>   |                                |                              | Report generated: 12/14/2024 7:53 PM |  |
| INCIDENT NUMBER<br><b>2024-168691</b>         | UNIT ASSIGNED<br><b>3X80</b>  | CALL DATE<br><b>12/14/2024</b> | CALL TIME<br><b>02:43:00</b> | TYPE OF CALL<br><b>CRMISC</b>        |  |
| INCIDENT DATE<br><b>12/14/2024 2:43:21 AM</b> | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6200 COLONEL GLENN RD 54</b> |                                |                              | DISTRICT<br><b>93</b>                |  |

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

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|--|--|---|--|
| ENTRY DATE<br><b>12/14/2024 13:14:38</b> | REPORTING OFFICER<br><b>SCOTT HAMPTON</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>MATTHEW BLASINGAME</b> [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

**VICTIM**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>VICTIM #</b><br>1  | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>MONTALVO,ALDO</b>   |   |                                    |
| <b>ADDRESS:</b><br>6804 COLONEL GLENN RD 54 LITTLE ROCK AR 72204  |   |   |                                    |
| <b>HOME PHONE:</b><br>5011866580  | <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 checked="" type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | <b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | <b>DATE OF BIRTH</b><br>10/16/2006 |
| <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>18</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><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)<br>_____ (SE) Spouse _____ (AQ) Acquaintance<br>_____ (CS) Common-Law Spouse _____ (FR) Friend<br>_____ (PA) Parent _____ (NE) Neighbor<br>_____ (SB) Sibling _____ (BE) Babysitter (baby)<br>_____ (CH) Child _____ (BG) Boy/Girl Friend<br>_____ (GP) Grandparents _____ (CF) Child of BF / GF<br>_____ (GC) Grandchild _____ (HR) Homosexual Rel.<br>_____ (IL) Inlaw _____ (XS) Ex-Spouse<br>_____ (SP) Stepparent _____ (EE) Employee<br>_____ (SC) Stepchild _____ (ER) Employer<br>_____ (SS) Stepsibling _____ (OK) Otherwise Known<br>_____ (OF) Other Family _____ 1 (RU) Relationship Unknown<br>_____ (ST) Stranger _____ (VO) Victim Was Suspect |                                    |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" 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 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 checked="" 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 _____  |   |   |                                    |

**VICTIM**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>VICTIM #</b><br>2  | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>MONTALVO, DAVID</b>   |   |                                    |
| <b>ADDRESS:</b><br>6804 COLONEL GLENN RD 54 LITTLE ROCK AR 72204  |   |   |                                    |
| <b>HOME PHONE:</b><br>5017727653  | <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 checked="" type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | <b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | <b>DATE OF BIRTH</b><br>07/12/2002 |
| <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>22</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><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 checked="" 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"/> 11 (RU) Relationship Unknown<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |   |   |                                    |
| <b>VICTIM INJURY:</b><br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |   |   |                                    |
| <b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input checked="" 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 _____  |   |   |                                    |

**SUSPECT #1**

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

|                        |  |
|------------------------|--|
| ARRESTEE #<br><b>1</b> | ADDRESS:<br><b>35 NANDINA CR 12 LITTLE ROCK AR 72210</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>10/15/2004</b> |
|--|--|---|------------------------------------|

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

|  |  |                       |                                       |  |                 |
|--|--|-----------------------|---------------------------------------|--|-----------------|
| AGE:<br>Exact Age: <b>20</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 <b>5</b><br>In <b>8</b> | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass | (A - automatic) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department |  | D.L. / ID No. (STATE) | WEIGHT:<br>Lbs <b>140</b>             |  |                 |

|   |   |
|---|---|
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" 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>35 NANDINA 12 CR</b> | ARREST DATE:<br><b>12/14/2024</b> |
|---|-----------------------------------|

CHARGE: 99-31                      5-13-310                      5-13-204

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

**ADDED DESCRIPTION:**

n/a

**OTHER PERSONS - WITNESS**

|  |   |  |   |   |  |  |   |
|--|---|--|---|---|--|--|---|
| <b>OTHER PERSON #</b><br>1   | <b>NAME (Last, First, Middle)</b><br><b>CLINCY,AURIEL</b>   |  |   |   |  |  |   |
| <b>ADDRESS:</b><br>35 NANDINA CR 12 LITTLE ROCK AR 72210   |   |  |   |   |  |  |   |
| <b>HOME PHONE:</b><br>5011111111   | <b>WORK PHONE:</b>  | <b>MOBILE PHONE:</b>   | <b>OTHER PHONE:</b>   |   |  |  |   |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk   | <b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | <b>DATE OF BIRTH</b><br>10/30/1996  |   |  |  |   |
| <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: 28<br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | <b>NIC:</b><br><br>D.L. / ID No. (STATE)  | <b>HEIGHT:</b><br>Ft _____ In _____  | <b>WEIGHT:</b><br>Lbs _____   |   |  |  |   |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>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 type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  |   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |  |   |

**OTHER PERSONS - WITNESS**

|  |  |   |                              |  |                                     |   |  |
|--|--|---|------------------------------|--|-------------------------------------|---|--|
| <b>OTHER PERSON #</b><br>2   | <b>NAME (Last, First, Middle)</b><br><b>JOHNSON,ALICIA</b> |   |                              |  |                                     |   |  |
| <b>ADDRESS:</b><br>311 S LAUREL ST PINE BLUFF AR 71601   |  |   |                              |  |                                     |   |  |
| <b>HOME PHONE:</b><br>5011111111   |  | <b>WORK PHONE:</b>  |                              | <b>MOBILE PHONE:</b>   |                                     | <b>OTHER PHONE:</b>   |  |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |  | <b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  |                              | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |                                     | <b>DATE OF BIRTH</b><br>07/25/2001  |  |
| <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>23</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>                  |  | <b>HEIGHT:</b><br>Ft _____ In _____ |   |  |
|  |  |   | <b>D.L. / ID No. (STATE)</b> |  | <b>WEIGHT:</b><br>Lbs _____         |   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown |  | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown |                              | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown   |                                     | <b>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 type="checkbox"/> (11) Unknown                   |  |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  |  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   |                              | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  |                                     | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |  |
|  |  |   |                              | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown |                                     | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |  |
|  |  |   |                              |  |                                     | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back   |  |
| <b>CLOTHING DESCRIPTION</b>  |  |   |                              |  |                                     |   |  |
| HAT _____  |  |   |                              |  |                                     |   |  |
| COAT _____   |  |   |                              |  |                                     |   |  |
| SHIRT _____  |  |   |                              |  |                                     |   |  |
| PANTS/DRESS _____  |  |   |                              |  |                                     |   |  |
| SHOES _____  |  |   |                              |  |                                     |   |  |

**VEHICLE #1**

STATUS: **SUBJECT**

HOLD AUTHORITY:

|   |  |                  |                        |                    |                                  |                   |
|---|--|------------------|------------------------|--------------------|----------------------------------|-------------------|
| YEAR:<br>1996                             | MAKE:<br>TOYT  | MODEL:<br>TACOMA | STYLE:<br>TK           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>BLBBMJ PC | LIC YEAR:<br>2025 |
| OWNER'S NAME (Last, First):<br>[REDACTED] |  |                  | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>AR      |
| COLOR:<br>GRN                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:                   |                    | INSURANCE POLICY #:              |                   |



INCIDENT NUMBER 2024-168691

JUVENILE INFORMATION

Report generated: 12/14/2024 7:53 PM

**VEHICLE #2**

STATUS: **SUSPECT**

HOLD AUTHORITY:

|               |               |                  |              |                    |                                    |                   |
|---------------|---------------|------------------|--------------|--------------------|------------------------------------|-------------------|
| YEAR:<br>2017 | MAKE:<br>HYUN | MODEL:<br>TUCSON | STYLE:<br>UT | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>DB096604 PC | LIC YEAR:<br>2025 |
|---------------|---------------|------------------|--------------|--------------------|------------------------------------|-------------------|

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

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

**NARRATIVE**

OFFICERS RESPONDED TO 6804 COLONEL GLENN ROAD FOR A TERRORISTIC ACT. OFFICERS MADE CONTACT WITH V1 AND V2 WHO ADVISED WHILE ON ASHER THEIR VEHICLE WAS SHOT BY AN UNKNOWN B/M SUSPECT. BOTH VICTIMS HAD BEEN AT A FOOD TRUCK BY CLUB TROIS AND SPOKE TO WITNESSES CASUALLY AND THEN TRAVELED WEST ON ASHER TOWARDS THEIR HOME ON COLONEL GLENN. THE VICTIMS WERE STOPPED AT THE LIGHT AT ASHER AND UNIVERSITY WHEN AN ORANGE SUV STOPPED IN THE TURN LANE TO TRAVEL SOUTH ON UNIVERSITY. THE SUSPECT RECOGNIZED V1 AND V2 FROM THE FOOD TRUCK AND PROCEEDED TO ROLL DOWN HIS WINDOW A POINT A FIREARM AT THEM. THE SUSPECT THEN DISCHARGED THE FIREARM STRIKING THE VEHICLE 9 TIMES. OFFICERS OBSERVED THE DAMAGE AND CONFIRMED THAT NEITHER VICTIM HAD INJURY. OFFICERS THEN CONTACTED THEIR SUPERVISOR WHO IN TURN NOTIFIED DETECTIVES. WHILE ON SCENE OFFICES WERE ADVISED BY MAIN CHANNEL SOMEONE HAD CALLED IN WITH SUSPECT INFORMATION. OFFICERS WERE ABLE TO LOCATE THE SUSPECT VEHICLE AND SUSPECT AT 35 NANDINA CIRCLE APARTMENT 12. OFFICERS WERE ABLE TO TAKE THE SUSPECT WHO WAS IDENTIFIED AS JAQUARRION PLUMMER (B/M 10/15/2004) INTO CUSTODY. OFFICERS SPOKE WITH BOTH WITNESSES WHOSE STORIES MATCHED THE VICTIM'S STATEMENTS. PLUMMER WAS TRANSPORTED TO 12TH STREET DETECTIVE'S DIVISION TO BE INTERVIEWED. PLUMMER WAS THEN TRANSPORTED TO PCRJ WHERE HE WAS CHARGED WITH UNLAWFUL DISCHARGE OF A FIREARM FROM A VEHICLE (FEL Y), TERRORISTIC ACT (FEL B), AND 2 COUNTS AGGRAVATED ASSAULT (FEL D) WITHOUT INCIDENT.

THE SUSPECT VEHICLE WAS TOWED TO THE CRIME SCENE BAY AT THE REQUEST OF THE MAJOR CRIMES DIVISION.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |   |                                |                              |                                      |
|--|--|---|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION  |  | <b>INCIDENT</b>   |                                |                              | Report generated: 12/14/2024 7:12 PM |
| INCIDENT NUMBER<br><b>2024-168798</b>          |  | UNIT ASSIGNED<br><b>1X53</b>  | CALL DATE<br><b>12/14/2024</b> | CALL TIME<br><b>11:59:00</b> | TYPE OF CALL<br><b>SHOTS</b>         |
| INCIDENT DATE<br><b>12/14/2024 11:59:28 AM</b> |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>2607 W CAPITOL</b> |                                |                              | DISTRICT<br><b>55</b>                |

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

|  |   |  |  |
|--|---|--|--|
| ENTRY DATE<br><b>12/14/2024 19:26:31</b> | REPORTING OFFICER<br><b>CHRISTOVAL HERNANDEZ</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>BRIAN HEALY</b> - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

**VICTIM**

|  |   |   |                                    |
|--|---|---|------------------------------------|
| <b>VICTIM #</b><br>1   | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>BURCH, AINSLEY</b>  |   |                                    |
| <b>ADDRESS:</b><br>2607 W CAPITAL ST LITTLE ROCK AR 72205  |   |   |                                    |
| <b>HOME PHONE:</b><br>5014453911   | <b>WORK PHONE:</b>  | <b>MOBILE PHONE:</b>  | <b>OTHER PHONE:</b>                |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | <b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | <b>DATE OF BIRTH</b><br>10/13/1997 |
| <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>27</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><b>D.L. / ID No. (STATE)</b><br>934833312  | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><br><b>SUSPECT(S) VICTIM WAS:</b> _____ (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 _____ 1 (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 |                                    |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8  |   |   |                                    |
| <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 _____   |   |   |                                    |

**VICTIM**

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

ADDRESS: **451 LAKELAND DR SPT. F6 HOT SPRINGS AR 71913**

|                                  |                                  |               |              |
|----------------------------------|----------------------------------|---------------|--------------|
| HOME PHONE:<br><b>5014180771</b> | WORK PHONE:<br><b>5014455525</b> | 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 checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>09/06/1997</b> |
|--|--|---|------------------------------------|

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

|  |                                   |   |
|--|-----------------------------------|---|
| AGE:<br>Exact Age: <u>27</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number) |
|--|-----------------------------------|---|

|  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                                     |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |  |                     |                               |
|--|--|-------------------|-------------------------|------------------------------|-------------------|-------------------|---------------------|--------------------|------------------------------|------------------|-------------------------------------|-------------------------|-----------------------------|-----------------------|----------------------------|------------------|----------------------|-----------------------|---------------------|----------------------|---------------------|------------------------|----------------------------|-------------------------|--|---------------------|-------------------------------|
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <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><b>1</b> (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>(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 _____ | <b>1</b> (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 _____ | (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 _____   | <b>1</b> (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 _____   |                   |                         |                              |                   |                   |                     |                    |                              |                  |                                     |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |  |                     |                               |
| (ST) Stranger _____  | (VO) Victim Was Suspect _____  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                                     |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |  |                     |                               |

|  |
|--|
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other |
|--|

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

|  |
|--|
| AGGRAVATED ASSAULT / HOMICIDE: <input 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 |
|--|

CLOTHING DESCRIPTION

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

| <b>SUSPECT #1</b>  |   |  |  |   |              |   |  |
|--|---|--|--|---|--------------|---|--|
| SUSPECT #<br><b>1</b>  | NAME (Last, First, Middle)<br><b>GUTHRIE,AUSTIN</b>             |  |  |   |              | AKA:  |  |
| ARRESTEE #   | ADDRESS:<br><b>451 LAKELAND DR APT. F6 HOT SPRINGS AR 71913</b> |  |  |   |              |   |  |
| HOME PHONE:  |   | WORK PHONE:  |  | MOBILE PHONE:   |              | OTHER PHONE:<br><b>5014180671</b>   |  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   |   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   |  | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |              | DATE OF BIRTH<br><b>09/06/1997</b>  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   |   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |  | OCCUPATION / EMPLOYER:  |              |   |  |
| AGE:<br>Exact Age: <u>27</u><br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input 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 _____   |  |
| 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<br><br><i>(A -- automatic)</i> |  |
| 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 type="checkbox"/> (T) Taken Into Custody  |              |   |  |
| ARREST LOCATION:   |   |  |  |   | ARREST DATE: |   |  |
| CHARGE: 5-13-201      5-13-301F  |   |  |  |   |              |   |  |
| 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>GUTHRIE,AUSTIN</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 | <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 | <b>HAIR COLOR:</b><br><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 | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input checked="" type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown   |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | <b>BUILD:</b><br><input 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>EYE COLOR:</b><br><input checked="" type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

**ADDED DESCRIPTION:**

n/a



**SUSPECT #2**

|  |  |  |
|--|--|--|
| SUSPECT #<br><b>2</b>  | NAME (Last, First, Middle)<br><b>SMITH,SHAWN</b>   | AKA:   |
| ARRESTEE #   | ADDRESS:<br><b>4015 SILICA BENTON AR 72015</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 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  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   |  | DATE OF BIRTH<br><b>11/21/1990</b>   |
| 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>34</b><br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   | SUSPECTS ACTIONS RELATED TO:<br><input 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:   |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   |  | HEIGHT:<br>Ft _____<br>In _____  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  | 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 |
| ARREST LOCATION:   |  | ARREST DATE:   |
| CHARGE:  |  |  |
| ARRESTING OFFICERS   |  |  |
| OFFICER 1: _____ <input type="checkbox"/> MVR  | OFFICER 5: _____ <input type="checkbox"/> MVR  |  |
| OFFICER 2: _____ <input type="checkbox"/> MVR  | OFFICER 6: _____ <input type="checkbox"/> MVR  |  |
| OFFICER 3: _____ <input type="checkbox"/> MVR  | OFFICER 7: _____ <input type="checkbox"/> MVR  |  |
| OFFICER 4: _____ <input type="checkbox"/> MVR  | OFFICER 8: _____ <input type="checkbox"/> MVR  |  |

(\* -- automatic \*)

Suspect information continued on next page.

**SUSPECT #2**

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

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

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

**ADDED DESCRIPTION:**

n/a

### OTHER PERSONS - CONTACT

|                            |   |
|----------------------------|---|
| OTHER PERSON #<br><b>1</b> | NAME (Last, First, Middle)<br><b>MICHAU,EMILY</b> |
|----------------------------|---|

ADDRESS:  
**7912 THOMPSON RD MABELVALE AR 72103**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5016486564</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |   |   |                                    |
|--|---|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>07/12/1993</b> |
|--|---|---|------------------------------------|

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

|  |                                   |  |
|--|-----------------------------------|--|
| AGE:<br>Exact Age: <b>31</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | HEIGHT:<br>Ft _____ In _____<br><br>WEIGHT:<br>Lbs _____ |
|--|-----------------------------------|--|

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

**VEHICLE #1**

STATUS:

HOLD AUTHORITY: SGT. MILLER

|   |  |                  |                        |                    |                                  |                   |
|---|--|------------------|------------------------|--------------------|----------------------------------|-------------------|
| YEAR:<br>0                                | MAKE:<br>GMC   | MODEL:<br>SIERRA | STYLE:<br>PK           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>AKG31F PC | LIC YEAR:<br>2015 |
| OWNER'S NAME (Last, First):<br>[REDACTED] |  |                  | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>AR      |
| COLOR:<br>WHI                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:                   |                    | INSURANCE POLICY #:              |                   |

**NARRATIVE**

ON THE 14TH OF DECEMBER, 2024 AT APPROXIMATELY 1159 HOURS, OFFICERS WERE DISPATCHED TO THE AREA OF FOUNTAIN AVENUE AND WEST CAPITAL STREET, IN REFERENCE TO A SHOTS FIRED CALL.

CONTACT WAS MADE WITH MS. AINSLEY BURCH, WHO STATED SHE AND HER EX-BOYFRIEND, AUSTIN GUTHRIE, HAD GOTTEN INTO A PHYSICAL ALTERCATION THE NIGHT BEFORE. MS BURCH STATED MR. GUTHRIE HAD LEFT THE RESIDENCE AND SHE CALLED HER FRIEND, MS. EMILY MICHAU AND HER BOYFRIEND, MR. SHAWN SMITH, OVER TO HELP HER CHANGE HER DOOR LOCKS. MS. BURCH STATED MR. GUTHRIE RETURNED TO THE RESIDENCE AND TRIED TO ENTER THROUGH THE BACK DOOR. MS. BURCH STATED MR. GUTHRIE THREATENED TO KILL HER IF SHE DID NOT LET HIM IN.

MS. BURCH STATED MR. GUTHRIE ENTERED HIS VEHICLE AND GRABBED A FIREARM AND WALKED TOWARDS THE FRONT DOOR OF THE RESIDENCE. MS. BURCH STATED SHE RAN TOWARDS THE BACK OF THE RESIDENCE TO HIDE AND THAT IS WHEN SHE HEARD SEVERAL SHOTS FROM A LARGER CALIBER WEAPON GO OFF. MS. BURCH STATED SHE DID NOT ACTUALLY SEE WHO FIRED. MS. BURCH SHOWED OFFICERS SECURITY FOOTAGE OF MR. GUTHRIE ORIGINALLY ATTEMPTING TO ENTER THE RESIDENCE THROUGH THE BACK DOOR AND THEN HIM ENTERING HIS VEHICLE, AND APPROACHING THE FRONT OF THE RESIDENCE WITH TWO FIREARMS.

DEBRIS CAN BE SEEN BLOWING TOWARDS MR. GUTHRIE FROM THE FRONT WINDOW AND HIM FLEEING IN HIS VEHICLE EASTBOUND ON WEST CAPITAL STREET. THERE WERE SEVERAL BULLET HOLES OBSERVED ON THE FRONT OF THE WINDOW TO THE RESIDENCE. MR. SMITH AND MS. MICHAU CAN BE SEEN MOMENTS LATER FLEEING THE AREA IN A WHITE PICK-UP TRUCK. OFFICERS WERE ABLE TO OBTAIN THE LICENSE PLATE NUMBER TO THE TRUCK WHICH RETURNED TO AN ADDRESS IN BENTON. OFFICERS MADE A BROADCAST AND NOTIFIED BENTON POLICE DEPARTMENT TO CIRCULATE THE AREA FOR TRUCK.

BENTON OFFICERS MADE CONTACT WITH MR. SMITH AND MS. MICHAU AND TRANSPORTED THEM TO THEIR STATION FOR LITTLE ROCK OFFICERS TO TAKE CUSTODY OF THEM. MR. SMITHS TRUCK WAS TRANSPORTED TO THE CRIME SCENE BAY. OFFICERS LOCATED A REVOLVER IN FRONT OF MS. BURCH'S RESIDENCE. MR. GUTHRIE WAS LATER LOCATED AT UAMS HOSPITAL WITH A GUNSHOT WOUND TO HIS BUTTOCKS.

A DOWNTOWN SUPERVISOR WAS NOTIFIED OF THE INCIDENT. MAJOR CRIMES DETECTIVES RESPONDED TO THE RESIDENCE. CRIME SCENE SEARCH UNIT RESPONDED AS WELL AND TOOK POSSESSION OF THE FIREARM. MS. BURCH COMPLETED A LETHALITY FORM AND WAS PROVIDED WITH A LAURA'S CARD. THIS INVESTIGATION IS ONGOING. 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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |  |                                |                              |                                      |
|---|--|--|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                |                              | Report generated: 12/14/2024 5:53 PM |
| INCIDENT NUMBER<br><b>2024-168870</b>         |  | UNIT ASSIGNED<br><b>2X90</b>   | CALL DATE<br><b>12/14/2024</b> | CALL TIME<br><b>15:49:00</b> | TYPE OF CALL<br><b>BATTERY</b>       |
| INCIDENT DATE<br><b>12/14/2024 3:49:59 PM</b> |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6201 COLONEL GLENN RD</b> |                                |                              | DISTRICT<br><b>93</b>                |

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

|  |   |   |  |
|--|---|---|--|
| ENTRY DATE<br><b>12/14/2024 23:25:32</b> | REPORTING OFFICER<br><b>THOMAS SHOOK</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>HARLAN STARK</b> [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

VICTIM

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

ADDRESS: UNSHELTERED AR

|                           |             |               |              |
|---------------------------|-------------|---------------|--------------|
| HOME PHONE:<br>5016135876 | 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>03/28/1963 |
|--|--|---|-----------------------------|

|  |  |                        |
|--|--|------------------------|
| 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: 61<br>Range: _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old<br><input type="checkbox"/> (NB) 1-6 Days Old | NIC:<br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number) |
|--|-------------------------------|---|

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

|  |  |
|--|--|
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | (SE) Spouse (AQ) Acquaintance<br>(CS) Common-Law Spouse (FR) Friend<br>(PA) Parent (NE) Neighbor<br>(SB) Sibling (BE) Babysitter (baby)<br>(CH) Child (BG) Boy/Girl Friend<br>(GP) Grandparents (CF) Child of BF / GF<br>(GC) Grandchild (HR) Homosexual Rel.<br>(IL) Inlaw (XS) Ex-Spouse<br>(SP) Stepparent (EE) Employee<br>(SC) Stepchild (ER) Employer<br>(SS) Stepsibling (OK) Otherwise Known<br>(OF) Other Family 1 (RU) Relationship Unknown<br>(ST) Stranger (VO) Victim Was Suspect |
|--|--|

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

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

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



**SUSPECT #1**

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

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

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

|   |   |  |                      |
|---|---|--|----------------------|
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" 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> |
|---|---|--|----------------------|

|   |   |                               |
|---|---|-------------------------------|
| <b>RES. STATUS:</b> <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" 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: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown | <b>SUSPECTS ACTIONS RELATED TO:</b><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 | <b>NIC:</b> _____ | <b>HEIGHT:</b><br>Ft <u>5</u><br>In <u>9</u> | <b>WEAPONS AT ARREST:</b><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 |
|---|--|-------------------|--|---|

|  |   |
|--|---|
| <b>THIS SUSPECT RELATES TO WHICH OFFENSES?</b><br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | <b>ARREST TYPE:</b> <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |
|--|---|

|                         |                     |
|-------------------------|---------------------|
| <b>ARREST LOCATION:</b> | <b>ARREST DATE:</b> |
|-------------------------|---------------------|

**CHARGE:** 5-12-1031

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

Suspect information continued on next page.

**SUSPECT #1**

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

**ADDED DESCRIPTION:**

n/a

### OTHER PERSONS - CONTACT

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b>OTHER PERSON #</b><br>1   | <b>NAME (Last, First, Middle)</b><br><h2 style="text-align: center;">HARI,VIJAY</h2> |   |  |  |  |   |  |
| <b>ADDRESS:</b><br><p style="text-align: center;">6201 COLONEL GLENN RD LITTLE ROCK AR 72209</p>   |  |   |  |  |  |   |  |
| <b>HOME PHONE:</b><br>2252492879   |  | <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 type="checkbox"/> (N) Non-Hispanic <input checked="" 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 checked="" type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |  | <b>DATE OF BIRTH</b><br>03/13/1988  |  |
| <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>36</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>HEIGHT:</b><br>Ft _____ In _____<br><br><b>WEIGHT:</b><br>Lbs _____ |   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown |  | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown |  | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown   |  | <b>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 type="checkbox"/> (11) Unknown                   |  |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  |  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   |  | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  |  | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |  |
|  |  |   |  | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown |  | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |  |
|  |  |   |  | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back                                      |  |   |  |
| <b>CLOTHING DESCRIPTION</b>  |  |   |  |  |  |   |  |
| 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        | 77    | 1.00 | NIBERS NIBERS BLK<br>NIBERS NIBERS                  | 0        | 0.0000 |                  | 0.00     |         |
| 7        | 25    | 1.00 | UNKNOWN UNKNOW BRN<br>UNKNOWN BROWN LEATHER SATCHEL | 0        | 70     |                  | 0.00     |         |

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

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

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

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

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

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

**NARRATIVE**

OFFICERS RESPONDED TO A BATTERY AT THE LISTED ADDRESS. OFFICERS MADE CONTACT WITH THE CALLER, MR. GARTH. MR. GARTH ADVISED HE WAS PUSHING HIS SHOPPING CART IN THE PARKING LOT SOUTH OF THE CIRCLE K WHEN AN UNKNOWN B/M, SUS1, CAME UP TO HIS CART AND STOLE HIS BROWN LEATHER SACHEL. MR. GARTH STATED SUS1 REFUSED TO GIVE THE SACHEL BACK AND MADE A MOTION TO HIS WAISTBAND AS IF HE HAD A FIREARM SAYING "I'LL SHOOT YOU." MR. GARTH STATED WHEN HE ATTEMPTED TO RETRIEVE HIS SACHEL, SUS1 PULLED OUT A LARGE KNIFE FROM BEHIND AND CHASED MR. GARTH AROUND THE PARKING LOT BEFORE FLEEING WEST ON COLONEL GLENN. MR. GARTH STATED HE WAS NOT CUT AND REFUSED MEDICAL ASSISTANCE.

OFFICERS WERE UNABLE TO LOCATE SUS1 AFTER CIRCULATING THE AREA AND MAKING A ROBBERY BROADCAST. OFFICERS MADE CONTACT WITH THE CIRCLE K MANAGER, MR. HARI. MR. HARI STATED HE DID NOT WITNESS THE FIGHT AND THERE ARE NO FUNCTIONAL CAMERAS ON THE SOUTH SIDE OF THE BUILDING.

SGT. STARK WAS NOTIFIED. MVR AND BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |   |                                |                                      |                               |
|--|--|---|--------------------------------|--------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                | Report generated: 12/14/2024 9:38 PM |                               |
| INCIDENT NUMBER<br><b>2024-168705</b>                    |  | UNIT ASSIGNED<br><b>3X52</b>  | CALL DATE<br><b>12/14/2024</b> | CALL TIME<br><b>04:57:00</b>         | TYPE OF CALL<br><b>CRMISC</b> |
| INCIDENT DATE<br><b>12/14/2024 4:57:11 AM</b>            |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>2615 S SUMMIT ST</b> |                                |                                      | DISTRICT<br><b>52</b>         |

Report Contains Juvenile Information  
Redact Before Release

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

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|--|---|---|--|
| ENTRY DATE<br><b>12/14/2024 12:06:33</b> | REPORTING OFFICER<br><b>HOWARD BRADFORD</b> | ORIGINAL APPROVING SUPERVISOR<br><b>BRIAN HEALY</b> | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

**VICTIM**

|   |   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
|---|---|--|--|-------------------|-------------------------|------------------------------|-------------------|-------------------|---------------------|--------------------|------------------------------|------------------|----------------------------|-------------------------|-----------------------------|-----------------------|----------------------------|------------------|----------------------|-----------------------|---------------------|----------------------|---------------------|------------------------|----------------------------|-------------------------|---------------------------------|------------------------|-------------------------------|
| <b>VICTIM #</b><br>1  | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>LEVERETT,REGINALD</b>   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <b>ADDRESS:</b><br>2615 S SUMMIT ST LITTLE ROCK AR 72204  |   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <b>HOME PHONE:</b><br>2142837412  | <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>02/09/1965   |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <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>59</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><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>_____ (RU) Relationship Unknown</td> </tr> <tr> <td><u>1</u> (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 | _____ (RU) Relationship Unknown | <u>1</u> (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   | _____ (RU) Relationship Unknown   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <u>1</u> (ST) Stranger  | _____ (VO) Victim Was Suspect   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8   |   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |   |  |  |                   |                         |                              |                   |                   |                     |                    |                              |                  |                            |                         |                             |                       |                            |                  |                      |                       |                     |                      |                     |                        |                            |                         |                                 |                        |                               |



Redact Before Release

VICTIM

|  |  |   |                             |
|--|--|---|-----------------------------|
| VICTIM #<br>2  | NAME (Last, First, Middle) or BUSINESS\$<br>[REDACTED]   |   |                             |
| ADDRESS:<br>[REDACTED]   |  |   |                             |
| HOME PHONE:<br>[REDACTED]  | 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>[REDACTED] |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |                             |
| AGE:<br>Exact Age: 17<br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)   |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8   |  | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown<br><input type="checkbox"/> 11 (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                             |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |   |                             |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |   |                             |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |                             |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |   |                             |

Redact Before Release

VICTIM

|   |  |  |                             |
|---|--|--|-----------------------------|
| VICTIM #<br>3   | NAME (Last, First, Middle) or [REDACTED]   |  |                             |
| ADDRESS:<br>[REDACTED]  |  |  |                             |
| HOME PHONE:<br>[REDACTED]   | 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>[REDACTED] |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |                             |
| AGE:<br>Exact Age: 3<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>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input 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"/> 11 <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                             |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |  |                             |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness  |  |  |                             |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                             |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |  |                             |

VICTIM

|   |  |  |                                    |
|---|--|--|------------------------------------|
| VICTIM #<br><b>4</b>  | NAME (Last, First, Middle) or BUSINESS<br><b>JUNIEL, TONI</b>  |  |                                    |
| ADDRESS:<br><b>2617 S SUMMIT ST LITTLE ROCK AR 72204</b>  |  |  |                                    |
| HOME PHONE:<br><b>5015050787</b>  | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:                       |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br><b>09/01/1975</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>49</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input 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"/> 11 <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |  |                                    |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness  |  |  |                                    |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                                    |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |  |                                    |

**SUSPECT #1**

|  |  |   |                                 |   |
|--|--|---|---------------------------------|---|
| SUSPECT #<br><b>1</b>  | NAME (Last, First, Middle)<br><b>UNKNOWN,</b>  |   | AKA:                            |   |
| ARRESTEE #   | ADDRESS:<br><b>AR</b>  |   |                                 |   |
| HOME PHONE:  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                    |   |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.   | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH                   |   |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |                                 |   |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC: _____  | HEIGHT:<br>Ft _____<br>In _____ | 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><i>(A -- automatic)</i> |
| 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |                                 |   |
| ARREST LOCATION:   |  | ARREST DATE:  |                                 |   |
| CHARGE: 5-13-310      5-38-203M  |  |   |                                 |   |
| 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**

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

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

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

**ADDED DESCRIPTION:**

n/a

**VEHICLE #1**

STATUS: **SUBJECT**

HOLD AUTHORITY:

|   |  |                  |                        |                    |                                  |                   |
|---|--|------------------|------------------------|--------------------|----------------------------------|-------------------|
| YEAR:<br>1996                             | MAKE:<br>CHEV  | MODEL:<br>CAMARO | STYLE:<br>CP           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>ATF13D PC | LIC YEAR:<br>2025 |
| OWNER'S NAME (Last, First):<br>[REDACTED] |  |                  | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>AR      |
| COLOR:<br>BLK                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:                   |                    | INSURANCE POLICY #:              |                   |

JUVENILE INFORMATION

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 4        | 03    | 1.00 | NON CAMARO BLK<br>COUPE DAMAGE TO V1   | 0        | 1     |                  | 0.00     |         |
| 4        | 29    | 1.00 | NA NA WHT<br>NA HOUSE                  | 0        | 80000 |                  | 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 2615 S SUMMIT FOR A TERRORISTIC ACT.

COMMUNICATIONS ADVISED A MALE CALLER STATED HIS RESIDENCE WAS STRUCK BY GUN FIRE. COMMUNICATIONS ALSO ADVISED AN ADDITIONAL CALLER ADVISED OF SHOTS IN THE AREA OF 27TH AND S SUMMIT STREET.

OFFICERS RESPONDED AND SPOKE WITH (VICTIM 1- MR. REGINALD LEVERETT). MR. LEVERETT STATED AS HE WALKED TO THE RESTROOM, HE BEGAN HEARING SHOTS RANG FROM OUTSIDE HIS RESIDENCE. HE STATED THEN BEGAN OBSERVING DRYWALL SCATTER THROUGHOUT HIS HOME. MR. LEVERETT ADVISED HIS CHILDREN J1 AND J2 WERE HOME DURING THE INCIDENT. MR. LEVERETT ADVISED NO ONE WAS INJURED FROM GUN FIRE. MR. LEVERETT ADVISED AFTER THE GUNFIRE STOOPED, HE HEARD ANOTHER VALLY OF ROUNDS FURTHER DOWN THE STREET.

OFFICERS OBSERVED J1 AND J2 TO BE FINE. OFFICERS OBSERVED MULTIPLE BULLET HOLES TO THE FRONT DOOR OF THE RESIDENCE. THE INTERIOR OF THE RESIDENCE WAS DAMAGED FROM SHRAPNEL. SPENT RIFLE CASINGS WERE LOCATED ON THE STREET IN FRONT THE RESIDENCE. V1 WAS STRUCK MULTIPLE TIMES. V1 WAS PARKED IN FRONT OF 2615 S SUMMIT. THE OWNER MS. TONI JUNIEL LIVES NEXT DOOR AT 2617 S SUMMIT. SHE WAS NOTIFIED.

2606 S SUMMIT SITS ACROSS THE STREET FROM 2615 S SUMMIT. THIS RESIDENCE HAS A SECURITY CAMERA THAT POINTS TOWARD THE STREET. THE RESIDENT ADVISED HER SYSTEM DID NOT PICK UP ANYTHING.

A 12TH STREET SGT WAS NOTIFIED. MAJOR CRIMES AND CRIME SCENE WAS NOTIFIED AND RESPONDED TO THE SCENE. NO FURTHER POLICE ACTION TAKEN. MVR AND BWC IN USE.



Redact Before Release

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |  |                                |                              |                                      |
|--|--|--|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION  |  | <b>INCIDENT</b>  |                                |                              | Report generated: 12/14/2024 1:41 PM |
| INCIDENT NUMBER<br><b>2024-168812</b>          |  | UNIT ASSIGNED  | CALL DATE<br><b>12/14/2024</b> | CALL TIME<br><b>12:41:00</b> | TYPE OF CALL<br><b>CRMISC</b>        |
| INCIDENT DATE<br><b>12/14/2024 12:41:18 PM</b> |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>817 W 32ND ST</b> |                                |                              | DISTRICT<br><b>52</b>                |

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

|  |  |  |  |
|--|--|--|--|
| ENTRY DATE<br><b>12/14/2024 19:19:06</b> | REPORTING OFFICER<br><b>AARON PAIGE - [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>MCCLURE,HATTIE</b>   |  |                                    |
| <b>ADDRESS:</b><br>817 W 32ND ST LITTLE ROCK AR 72204   |  |  |                                    |
| <b>HOME PHONE:</b><br>5013768696  | <b>WORK PHONE:</b>   | <b>MOBILE PHONE:</b>   | <b>OTHER PHONE:</b>                |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk  | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | <b>DATE OF BIRTH</b><br>03/09/1944 |
| <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>80</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 _____ (OK) Otherwise Known<br>_____ (OF) Other Family _____ 1 (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 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 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 checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                                    |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |                                    |

| <b>SUSPECT #1</b>   |   |   |  |  |  |
|---|---|---|--|--|--|
| SUSPECT #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>,UNK</b> |   |  | AKA:   |  |
| ARRESTEE #  | ADDRESS:<br><b>UNK AR</b>                 |   |  |  |  |
| HOME PHONE:   |   | WORK PHONE:   |  | MOBILE PHONE:  |  |
| OTHER PHONE:  |   |   |  |  |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  |   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.  |  | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown  |  |
| DATE OF BIRTH   |   |   |  |  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  |   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input 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:   |  |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |   | D.L. / ID No. (STATE)   |  | 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  |  | HEIGHT:<br>Ft _____<br>In _____  |  |
| ARREST LOCATION:  |   | ARREST DATE:  |  | WEIGHT:<br>Lbs _____   |  |
| CHARGE: <b>5-13-310</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**

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

**ADDED DESCRIPTION:**

n/a

INCIDENT NUMBER 2024-168812

JUVENILE INFORMATION

Report generated: 12/14/2024 1:41 PM

## NARRATIVE

OFFICERS WERE FLAGGED DOWN AT 817 WEST 32ND STREET BY HATTIE MCCLURE. MS. MCCLURE STATED HER HOUSE HAD BEEN STRUCK BY GUNFIRE ON MULTIPLE OCCASIONS GOING BACK ABOUT SIX MONTHS. MS. MCCLURE ADVISED THE MULTIPLE INCIDENT WAS AROUND 2230 HOURS ON NOVEMBER 26TH, 2024. MS. MCCLURE STATED SHE WAS GETTING READY TO GET IN THE SHOWER WHEN A BULLET ENTERED HER HOME. OFFICERS OBSERVED SEVERAL BULLET HOLES INSIDE AND OUTSIDE THE RESIDENCE. OFFICERS ADVISED MS. MCCLURE A DETECTIVE WOULD CONTACT HER FOR FURTHER INVESTIGATION. BWC IN USE.

INCIDENT NUMBER 2024-168812

JUVENILE INFORMATION

Report generated: 12/14/2024 1:41 PM

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |                                |                              |                                       |
|--|--|--------------------------------|------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION | <b>INCIDENT</b>  |                                |                              | Report generated: 12/16/2024 12:48 AM |
| INCIDENT NUMBER<br><b>2024-169293</b>                    | UNIT ASSIGNED<br><b>2Y83</b>   | CALL DATE<br><b>12/15/2024</b> | CALL TIME<br><b>16:24:00</b> | TYPE OF CALL<br><b>ROBBIN</b>         |
| INCIDENT DATE<br><b>12/15/2024 4:24:21 PM</b>            | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>7700 BASELINE RD<br/>SMOKE ESCAPE</b> |                                |                              | DISTRICT<br><b>91</b>                 |

Report Contains Juvenile Information  
Redact Before Release

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

|  |  |  |  |
|--|--|--|--|
| ENTRY DATE<br><b>12/16/2024 01:39:24</b> | REPORTING OFFICER<br><b>ISAAC COATES</b> | ORIGINAL APPROVING SUPERVISOR<br><b>CALEB MONROE</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|



Redact Before Release

VICTIM

|   |  |  |               |
|---|--|--|---------------|
| VICTIM #<br>1   | NAME (Last, First, Middle) or BUSINESS<br><br><b>SMOKE ESCAPE</b>  |  |               |
| ADDRESS:<br><br>7700 BASELINE RD 1000 LITTLE ROCK AR 72209  |  |  |               |
| HOME PHONE:<br>5019169427   | 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)   |               |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" 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"/> 2 (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |               |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |  |               |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |  |               |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |               |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |  |               |

| <b>VICTIM</b>  |  |   |                                    |
|--|--|---|------------------------------------|
| VICTIM #<br><b>2</b>   | NAME (Last, First, Middle) or BUSINESS<br><b>LING, VIKRAM</b>  |   |                                    |
| ADDRESS:<br><b>1701 WESTPARK DR 62 LITTLE ROCK AR 72204</b>  |  |   |                                    |
| HOME PHONE:<br><b>9409770531</b>   | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                       |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input checked="" type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br><b>04/18/2002</b> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |                                    |
| AGE:<br>Exact Age: <u>  22  </u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)   |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" 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  |  | <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><u>  2  </u> <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                                    |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |   |                                    |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |  |   |                                    |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input checked="" 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>1   | NAME (Last, First, Middle)<br>[REDACTED]   |   | AKA:                            |  |
| ARRESTEE #<br>1  | ADDRESS:<br>[REDACTED]   |   |                                 |  |
| HOME PHONE:  |  | WORK PHONE:   | MOBILE PHONE:                   | OTHER PHONE:<br>[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 type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                                 | DATE OF BIRTH<br>[REDACTED]  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |                                 |  |
| AGE:<br>Exact Age: 17<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input 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>(A -- automatic) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   |  | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs _____            |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input 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 checked="" type="checkbox"/> (T) Taken Into Custody   |                                 |  |
| ARREST LOCATION:<br>8521 TEDBURN DR  |  | ARREST DATE:<br>12/15/2024  |                                 |  |
| CHARGE:  |  |   |                                 |  |
| ARRESTING OFFICERS   |  |   |                                 |  |
| OFFICER 1: CRISTIAN GALLEGOS [REDACTED]  | <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.

Redact Before Release

SUSPECT #1

|                |  |      |
|----------------|--|------|
| SUSPECT #<br>1 | NAME (Last, First, Middle)<br>[REDACTED] | AKA: |
|----------------|--|------|

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

ADDED DESCRIPTION:

n/a

SUSPECT #2

|  |  |   |                                 |  |
|--|--|---|---------------------------------|--|
| SUSPECT #<br>2   | NAME (Last, First, Middle)<br><b>FRAZIER,ZOE</b>   |   | AKA:                            |  |
| ARRESTEE #<br>2  | ADDRESS:<br>1417 HENDRIX AV LITTLE ROCK AR 72204   |   |                                 |  |
| HOME PHONE:  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:<br>5012985549      |  |
| 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>01/06/2005     |  |
| 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: 19<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 |
| 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 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>8601 TEDBURN DR  |  | ARREST DATE:<br>12/15/2024  |                                 |  |
| CHARGE: 5-12-103B 5-12-103I  |  |   |                                 |  |
| ARRESTING OFFICERS   |  |   |                                 |  |
| OFFICER 1: MATTHEW ARNOLD  | <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    |  |

(A -- automatic)

Suspect information continued on next page.

**SUSPECT #2**

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

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

**ADDED DESCRIPTION:**

n/a

### OTHER PERSONS - CONTACT

|  |   |  |   |   |  |  |   |
|--|---|--|---|---|--|--|---|
| OTHER PERSON #<br><b>1</b>   | NAME (Last, First, Middle)<br><b>EDWARDS, DURANT</b>  |  |   |   |  |  |   |
| ADDRESS:<br><b>8521 TEDBURN DR LITTLE ROCK AR 72209</b>  |   |  |   |   |  |  |   |
| HOME PHONE:<br><b>5015422642</b>   | WORK PHONE:   | MOBILE PHONE:  | OTHER PHONE:  |   |  |  |   |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |   | DATE OF BIRTH<br><b>09/16/1977</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>47</b><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:  | HEIGHT:<br>Ft _____ In _____   |   | WEIGHT:<br>Lbs _____  |  |  |   |
| D.L. / ID No. (STATE)  |   |  |   |   |  |  |   |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>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 type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |   |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |   |  |  | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

**OTHER PERSONS - CONTACT**

|  |   |  |   |
|--|---|--|---|
| OTHER PERSON #   | NAME (Last, First, Middle)  |  |   |
| 2  | <b>EDWARDS, DANIELLE</b>  |  |   |
| ADDRESS:   |   |  |   |
| 8521 TEDBURN DR LITTLE ROCK AR 72209   |   |  |   |
| HOME PHONE:  | WORK PHONE:   | MOBILE PHONE:  | OTHER PHONE:  |
| 5015422642   |   |  |   |
| 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>10/21/1975   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:   |   |
| AGE:   | NIC:  | HEIGHT:  |   |
| Exact Age: <u>49</u>   |   | Ft _____ In _____  |   |
| 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   | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs _____   |   |
| COMPLEXION:  | HAIR STYLE:   | HAIR COLOR:  | FACAIL HAIR:  |
| <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown                      |
| HAIR LENGTH:   | BUILD:  | EYE COLOR:   | DEMEANOR:   |
| <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown   | <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown  | <input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                       | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |
|  |   |  | SCAR / MARK:  |
|  |   |  | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown           |
|  |   |  | TATTOO:   |
|  |   |  | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |
|  |   |  | TATTOO LOC:   |
|  |   |  | <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back   |
|  |   |  | CLOTHING DESCRIPTION  |
|  |   |  | HAT _____   |
|  |   |  | COAT _____  |
|  |   |  | SHIRT _____   |
|  |   |  | PANTS/DRESS _____   |
|  |   |  | SHOES _____   |



OTHER PERSONS - CONTACT

|   |  |   |  |  |   |  |  |
|---|--|---|--|--|---|--|--|
| OTHER PERSON #<br>3   | NAME (Last, First, Middle)<br><b>OWENS,DERRICK</b>   |   |  |  |   |  |  |
| ADDRESS:<br>7601 N CHICOT RD LITTLE ROCK AR 72209   |  |   |  |  |   |  |  |
| HOME PHONE:<br>5019025433   | 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>01/05/1987  |   |  |  |
| 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: 37<br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)  | HEIGHT:<br>Ft _____ In _____  |  | WEIGHT:<br>Lbs _____   |   |  |  |
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | FACIAL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |  |
| HAIR LENGTH:<br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  | BUILD:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   | TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |  |

**VEHICLE #1**

|   |  |                  |                        |                    |                                  |                   |
|---|--|------------------|------------------------|--------------------|----------------------------------|-------------------|
| STATUS: SUSPECT                           |  |                  | HOLD AUTHORITY:        |                    |                                  |                   |
| YEAR:<br>2013                             | MAKE:<br>CHEV  | MODEL:<br>IMPALA | STYLE:<br>4D           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>AJG94T PC | LIC YEAR:<br>2025 |
| OWNER'S NAME (Last, First):<br>[REDACTED] |  |                  | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>AR      |
| COLOR:<br>SIL                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:                   |                    | INSURANCE POLICY #:              |                   |

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)                     | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | UNKNOWN UNKNOW +<br>UNKNOWN US CURRENCY                    | 0        | 1     |                  | 0.00     |         |
| 7        | 19    | 1.00 | UNKNOWN UNKNOW +<br>UNKNOWN UNKNOWN MERCHANDISE            | 0        | 1     |                  | 0.00     |         |
| 7        | 25    | 1.00 | UNKNOWN UNKNOW +<br>UNKNOWN WALLET                         | 0        | 10    |                  | 0.00     |         |
| 7        | 09    | 1.00 | UNKNOWN BANK O +<br>CREDIT CAR BANK OF AMERICA CREDIT CARD | 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:<br>(01) Aircraft<br>(02) Alcohol<br>(03) Automobiles<br>(04) Bicycles<br>(05) Buses<br>(06) Clothes/Furs<br>(07) Computer Hardware/<br>Software<br>(08) Consumable Goods<br>(09) Credit Cards/Debit Cards | (10) Drugs/Narcotics<br>(11) Drug/Narcotic Equipment<br>(12) Farm Equipment<br>(13) Firearms<br>(14) Gambling Equipment<br>(15) Heavy Equipment Construction/<br>Industry<br>(16) Household Good<br>(17) Jewelry/Precious Metal<br>(18) Livestock<br>(19) Merchandise<br>(20) Money | (21) Negotiable Instruments<br>(22) Nonnegotiable Instruments<br>(23) Office-Type Equipment<br>(24) Other Motor Vehicles<br>(25) Purses/Handbags/Wallets<br>(26) Radios/TVs/VCR<br>(27) Recordings-Audio/Visual<br>(28) Recreational Vehicles<br>(29) Structures-Single Occupancy<br>(30) Structures-Other Dwellings<br>(31) Structures-Commercial/Business | (32) Structures-Industrial/Manufacture<br>(33) Structures-Public/Community<br>(34) Structures-Storage<br>(35) Structures-Other<br>(36) Tools-Power/Hand/Lawnmower<br>(37) Trucks<br>(38) Vehicle Parts/Accessories<br>(39) Watercraft<br>(77) Other<br>(88) Pending Inventory (of Property) |
|---|---|---|---|

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

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

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

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

**NARRATIVE**

OFFICERS RESPONDED TO 7700 BASELINE ROAD (SMOKE ESCAPE) IN REFERENCE TO A ROBBERY OF AN INDIVIDUAL. DERRICK OWENS WAS OBSERVED IN THE AREA. HE WAS NOTED TO MATCH THE SUSPECT DESCRIPTION FROM THE CALL NOTES. MR. OWENS WAS DETAINED BUT SOON RELEASED UPON FURTHER INVESTIGATION.

CONTACT WAS MADE WITH SMOKE ESCAPE EMPLOYEE, VIKRAM LING. MR. LING STATED WHILE HELPING A CUSTOMER IN THE STORE, A BLACK MALE SUSPECT APPROACHED HIM. MR. LING ADVISED THE SUSPECT POINTED A BLACK HANDGUN AT HIM, GRABBED HIS WRIST AND SAID, "DON'T DO ANYTHING STUPID. GET ON THE GROUND" MR. LING STATED THE SUSPECT RIFLED THROUGH HIS POCKETS AND TOOK HIS WALLET CONTAINING \$50.00 AND A BANK OF AMERICA CREDIT CARD.

WHILE MR. LING WAS ON THE GROUND, THE SUSPECT ENTERED THE CASH REGISTER AND STOLE AN UNKNOWN AMOUNT OF MONEY. THE SUSPECT THEN TOOK AN UNKNOWN AMOUNT OF MERCHANDISE FROM THE STORE BEFORE LEAVING IN WHAT MR. LING DESCRIBED AS A SILVER CHEVROLET SEDAN.

OFFICERS OBSERVED CAMERA FOOTAGE FROM A NEARBY BUSINESS WHICH SHOWED A SILVER CHEVROLET IMPALA (AR LPN: AJG94T) PARK IN FRONT OF SMOKE ESCAPE AT 1609 HOURS. A BLACK MALE SUSPECT EXITED FROM THE PASSENGER'S SIDE FRONT DOOR AND ENTERED THE BUSINESS AT 1610 HOURS.

CAMERA FOOTAGE FROM INSIDE SMOKE ESCAPE SHOWS THE SUSPECT LINGER AROUND THE STORE FOR A FEW MINUTES BEFORE COMMITTING THE ROBBERY. THE SUSPECT STAYS INSIDE THE STORE, STEALING VARIOUS ITEMS, UNTIL 1621 HOURS. HE THEN EXITS, GETS INSIDE VEHICLE 1 AND LEAVES IN AN UNKNOWN DIRECTION. VEHICLE 1 TRIGGERED A FLOCK CAMERA IN THE AREA GOING SOUTHBOUND ON MANN ROAD AND STARDUST TRAIL. OFFICERS SOON LOCATED THE VEHICLE PARKED AT 8601 TEDBURN DRIVE.

A PERIMETER WAS SET UP AROUND THE HOME. AFTER A FEW MINUTES, ZOE FRAZIER EXITED FROM THE FRONT DOOR. SHE LATER INFORMED OFFICERS THE SUSPECT (SUSPECT 1) LIVED IN THE HOME NEXT DOOR (8521 TEDBURN DRIVE). SUSPECT 1 SOON BEGAN TO EXIT FROM THE BACK DOOR OF THIS ADDRESS BUT SAW OFFICERS AND RAN BACK INSIDE. HE THEN ATTEMPTED TO EXIT FROM THE BACK WINDOW BUT AGAIN SAW OFFICERS AND WENT BACK INSIDE. AFTER THESE FAILED ATTEMPTS, HE SURRENDERED HIMSELF THROUGH THE FRONT DOOR, WHERE HE WAS TAKEN INTO CUSTODY.

DURANT AND DANIELLE EDWARDS WERE INSTRUCTED BY OFFICERS TO EXIT THE HOME AT 8521 TEDBURN DRIVE. THEY BOTH COMPLIED AND WERE TAKEN INTO CUSTODY.

A SEARCH WARRANT WAS EXECUTED ON THE HOME AT 8521 TEDBURN DRIVE. CONSENT TO SEARCH THE HOME WAS RECEIVED FROM THE HOMEOWNER AT 8601 TEDBURN DRIVE. LOCATED IN BOTH RESIDENCES WAS EVIDENCE FROM THE AGGRAVATED ROBBERY.

MR. EDWARDS, MRS. EDWARDS, MS. FRAZIER AND SUSPECT 1 WERE TRANSPORTED TO THE MAJOR CRIMES DIVISION, WHERE THEY SPOKE WITH DETECTIVES. MR. AND MRS. EDWARDS WERE RELEASED WITHOUT CHARGES AND TRANSPORTED BACK TO 8521 TEDBURN DRIVE.

SUSPECT 1 WAS ULTIMATELY CHARGED WITH AGGRAVATED ROBBERY OF A BUSINESS, AGGRAVATED ROBBERY OF AN INDIVIDUAL, TWO (2) COUNTS OF THEFT OF PROPERTY (B FELONY), AND AGGRAVATED ASSAULT. HE WAS TRANSPORTED TO THE PULASKI COUNTY REGIONAL JAIL FOR FINGERPRINTING. HE WAS THEN TRANSPORTED TO JUVENILE INTAKE, WHERE HE WAS LEFT IN THEIR CUSTODY.

MS. FRAZIER WAS ULTIMATELY CHARGED WITH AGGRAVATED ROBBERY OF A BUSINESS, AGGRAVATED ROBBERY OF AN INDIVIDUAL, TWO (2) COUNTS OF THEFT OF PROPERTY (B FELONY), AND AGGRAVATED ASSAULT. SHE WAS TRANSPORTED TO THE PULASKI COUNTY REGIONAL JAIL, WHERE SHE WAS LEFT IN THEIR CUSTODY. MS. FRAZIER COMPLAINED OF A BRUISE ON HER THUMB WHICH SHE STATED WAS CAUSED BY HANDCUFFS. THIS BRUISE WAS OBSERVED TO BE SUSTAINED PREVIOUSLY. A SUPERVISOR WAS NOTIFIED OF THIS COMPLAINT.

MVR/BWC IN USE.

JUVENILE INFORMATION

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual



VICTIM

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

ADDRESS:  
**7404 DENISE DR LITTLE ROCK AR 72209**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5018043191</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>06/27/1957</b> |
|--|--|---|------------------------------------|

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

|   |                                   |   |
|---|-----------------------------------|---|
| AGE:<br>Exact Age: <u>67</u><br>Range: _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number) |
|---|-----------------------------------|---|

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

|  |  |
|--|--|
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | (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>1 (SC) Stepchild _____ (ER) Employer _____<br>(SS) Stepsibling _____ (OK) Otherwise Known _____<br>(OF) Other Family _____ (RU) Relationship Unknown _____<br>(ST) Stranger _____ (VO) Victim Was Suspect _____ |
|--|--|

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

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

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

**SUSPECT #1**

|   |   |  |
|---|---|--|
| SUSPECT #<br>1  | NAME (Last, First, Middle)<br><b>NORTIER, TRAVIS</b>  | AKA:   |
| ARRESTEE #  | ADDRESS:<br><b>HOMELESS LITTLE ROCK AR 72209</b>  |  |
| HOME PHONE:   | WORK PHONE:   | MOBILE PHONE:  |
|   |   | OTHER PHONE:<br><b>5019933984</b>  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |
|   |   | DATE OF BIRTH<br><b>07/17/1989</b>   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:   |
| AGE:<br>Exact Age: <u>35</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:   |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |   | HEIGHT:<br>Ft <u>5</u><br>In <u>9</u>  |
| 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 |   | 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 |
| ARREST LOCATION:  |   | ARREST DATE:   |
| CHARGE: 5-12-103I   |   |  |
| 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>NORTIER, TRAVIS</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 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 |
| <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  |  |   |  |

**ADDED DESCRIPTION:**

n/a

**VEHICLE #1**

STATUS: OTHER

HOLD AUTHORITY:

|   |  |                  |                        |                    |                                  |                   |
|---|--|------------------|------------------------|--------------------|----------------------------------|-------------------|
| YEAR:<br>2021                             | MAKE:<br>TOYT  | MODEL:<br>TUNDRA | STYLE:<br>PK           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>AEF73L PC | LIC YEAR:<br>2025 |
| OWNER'S NAME (Last, First):<br>[REDACTED] |  |                  | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>AR      |
| COLOR:<br>WHI                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:<br>[REDACTED]     |                    | INSURANCE POLICY #:              |                   |

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)       | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | UNK US CUR +<br>US CURRENC US CURRENCY       | 0        | 3900  |                  | 0.00     |         |
| 7        | 03    | 1.00 | ██████████ TOYOTA WHT<br>TUNDRA PICKUP TRUCK | 0        | 19000 |                  | 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 |  |

- 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 1007 WEST 33RD STREET AND MADE CONTACT WITH PREATA NORTIER. MS. NORTIER ADVISED SHE WAS IN HER BEDROOM ON 12/14/2024 AROUND 2201 HOURS AT 7404 DENISE DRIVE. MS. NORTIER ADVISED HER STEPSON, TRAVIS NORTIER, CAME INTO HER ROOM AND PUSHED HER ONTO THE FLOOR. MS. NORTIER STATED HE TIED HER LEGS AND ARMS TOGETHER WITH BLACK TAPE. MS. NORTIER STATED MR. NORTIER ADVISED HER IF SHE MADE ANY NOISES OR SUDDEN MOVEMENTS, HE WOULD STAB HER IN THE NECK. MS. NORTIER ADVISED HE THEN PULLED OUT A LARGE HUNTING KNIFE FROM HIS POCKET. MS. NORTIER ADVISED MR. NORTIER THEN ADVISED HER THAT SHE WAS GOING TO GIVE HIM MONEY SO HE COULD LEAVE THE CITY. MS. NORTIER STATED MR. NORTIER TOOK HER PHONE AND TRANSFERRED MONEY FROM HER BANK ACCOUNT TO HIS. MS. NORTIER THEN STATED HE SENT SEVERAL TEXT MESSAGES FROM BOTH HER PHONE AND HIS PHONE TO MAKE IT SEEM AS IF THE MONEY TRANSFER WAS MUTUAL. MS. NORTIER STATED MR. NORTIER THEN USED THE KNIFE TO CUT THE TAPE OFF HER AND HE STATED SHE WAS GOING TO DRIVE HIM TO THE ATM. MS. NORTIER STATED THEY GOT INTO HER VEHICLE 1 AND SHE DROVE THEM TO THE CREDIT UNION ON WEST MARKHAM. MS. NORTIER STATED THROUGHOUT THE ENTIRE DRIVE; MR. NORTIER KEPT THE KNIFE ON HIS LAP. MS. NORTIER STATED MR. NORTIER CONTINUOUSLY REMINDED HER THAT IF SHE MADE A WRONG MOVE, HE WOULD STAB HER. MS. NORTIER ADVISED ONCE THEY ARRIVED AT THE ATM SHE TOLD HIM TO GET OUT. MS. NORTIER STATED MR. NORTIER TOLD HER TO GET OUT AND HE HANDED HER HIS DEBIT CARD. MS. NORTIER ADVISED SHE WITHDREW MONEY FROM THE ATM FOR MR. NORTIER AND GOT BACK INTO THE VEHICLE. MS. NORTIER STATED SHE WAS THEN TOLD TO DRIVE TO MCARTHUR PARK WHERE THEY REMAINED PARKED WHILE HE MADE SEVERAL PHONE CALLS IN ATTEMPT TO PURCHASE A FIREARM AND DRUGS. MS. NORTIER STATED THEY LEFT THE PARK AND DROVE TO THE INTERSECTION OF CHICOT ROAD AND MABELVALE PIKE. MS. NORTIER ADVISED MR. NORTIER TOLD HER TO GET OUT AND SHE COMPLIED. MS. NORTIER ADVISED SHE WALKED HOME AND MR. NORTIER FLED THE AREA IN HER VEHICLE 1. OFFICERS ADVISED MS. NORTIER A DETECTIVE WOULD CONTACT HER FOR FURTHER INVESTIGATION. BWC IN USE.

\*\*\*\*\* ADDITIONAL INFORMATION TSTEELE [REDACTED] 12/15/2024 1512 \*\*\*\*\*

VEH1 WAS LISTED IN ALL SYSTEMS AS STOLEN. ALL WRECKERS AND TOW LOGS CHECKED WITH NEGATIVE RESULTS. ALL PERTINENT INFORMATION HAS BEEN ADDED TO THE EXISTING REPORT.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |  |                                |                              |                                      |
|---|--|--|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                |                              | Report generated: 12/16/2024 1:24 AM |
| INCIDENT NUMBER<br><b>2024-169370</b>         |  | UNIT ASSIGNED<br><b>2X92</b>   | CALL DATE<br><b>12/15/2024</b> | CALL TIME<br><b>21:13:00</b> | TYPE OF CALL<br><b>ROBBUS</b>        |
| INCIDENT DATE<br><b>12/15/2024 9:13:20 PM</b> |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br>4808 BASELINE RD<br>TIENDA GUAELINDA GROCERY |                                |                              | DISTRICT<br><b>82</b>                |

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

|  |   |   |  |
|--|---|---|--|
| ENTRY DATE<br><b>12/16/2024 05:10:51</b> | REPORTING OFFICER<br><b>JUAN TELLO - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>ALYSSA WITHERSPOON - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

**VICTIM**

|                      |  |
|----------------------|--|
| VICTIM #<br><b>1</b> | NAME (Last, First, Middle) or BUSINESS<br><b>TIENDA GUATELINDA GROCERY</b> |
|----------------------|--|

ADDRESS: **4808 BASELINE RD LITTLE ROCK AR 72209**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5012690166</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: _____ (bv Suspect Number) |
|--|-----------------------------------|---|

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

|  |  |
|--|--|
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | (SE) Spouse _____ (AQ) Acquaintance<br>(CS) Common-Law Spouse _____ (FR) Friend<br>(PA) Parent _____ (NE) Neighbor<br>(SB) Sibling _____ (BE) Babysitter (baby)<br>(CH) Child _____ (BG) Boy/Girl Friend<br>(GP) Grandparents _____ (CF) Child of BF / GF<br>(GC) Grandchild _____ (HR) Homosexual Rel.<br>(IL) Inlaw _____ (XS) Ex-Spouse<br>(SP) Stepparent _____ (EE) Employee<br>(SC) Stepchild _____ (ER) Employer<br>(SS) Stepsibling _____ (OK) Otherwise Known<br>(OF) Other Family _____ 1 (RU) Relationship Unknown<br>(ST) Stranger _____ (VO) Victim Was Suspect |
|--|--|

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

|  |  |  |
|--|--|--|
| AGGRAVATED ASSAULT / HOMICIDE: <input 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"/> (08) Other Felony Involved                              | <input type="checkbox"/> (09) Other Circumstances        | <input type="checkbox"/> (07) Mercy Killings                     |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer                  | <input type="checkbox"/> (10) Unknown Circumstances      | <input type="checkbox"/> (20) Criminal Killed by Private Citizen |
| <input type="checkbox"/> (33) Other Negligent Weapon Handling                    | <input type="checkbox"/> (30) Child Playing w/ Weapon    | <input type="checkbox"/> (31) Gun-Cleaning Accident              |
| <input type="checkbox"/> (34) Other Negligent Killings                           | <input type="checkbox"/> (32) Hunting Accident           |  |

CLOTHING DESCRIPTION

HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_

COAT \_\_\_\_\_ PANTS/DRESS \_\_\_\_\_

**VICTIM**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>VICTIM #</b><br>2  | <b>NAME (Last, First, Middle) or BUSINESS</b><br><b>TZID,LUBIA</b>  |   |                                    |
| <b>ADDRESS:</b><br>5300 BASELINE RD 230 LITTLE ROCK AR 72209  |   |   |                                    |
| <b>HOME PHONE:</b><br>5012955532  | <b>WORK PHONE:</b><br>5012690166  | <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 checked="" type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | <b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | <b>DATE OF BIRTH</b><br>03/28/1996 |
| <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: 28<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>D.L. / ID No. (STATE)  | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                                    |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><br><input 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"/> 1 1 <input type="checkbox"/> (RU) Relationship Unknown<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |   |   |                                    |
| <b>VICTIM INJURY:</b><br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |   |   |                                    |
| <b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input 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 _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |   |   |                                    |



| <b>SUSPECT #1</b>  |   |  |  |   |                                 |
|--|---|--|--|---|---------------------------------|
| SUSPECT #<br><b>1</b>  | NAME (Last, First, Middle)<br><b>,UNK</b> |  |  | AKA:  |                                 |
| ARRESTEE #   | ADDRESS:<br><b>0 UNK AR</b>               |  |  |   |                                 |
| HOME PHONE:  |   | WORK PHONE:  |  | MOBILE PHONE:   | OTHER PHONE:                    |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.   |  | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH                   |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |  | OCCUPATION / EMPLOYER:  |                                 |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input 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 _____ |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   |   | D.L. / ID No. (STATE)  |  | WEIGHT:<br>Lbs _____  | (A -- automatic)                |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |   |  | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |   |                                 |
| ARREST LOCATION:   |   |  | ARREST DATE:   |   |                                 |
| CHARGE: <b>5-12-103B 5-13-301F</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>,UNK</b>   | AKA:   |  |  |   |   |
| <p><b>COMPLEXION:</b></p> <input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown <p><b>HAIR LENGTH:</b></p> <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input checked="" type="checkbox"/> (6) Unknown | <p><b>HAIR STYLE:</b></p> <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown <p><b>BUILD:</b></p> <input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <p><b>HAIR COLOR:</b></p> <input 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 <p><b>EYE COLOR:</b></p> <input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <p><b>FACIAL HAIR:</b></p> <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input checked="" 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 | <p><b>DEMEANOR:</b></p> <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <p><b>SCAR / MARK:</b></p> <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <p><b>TATTOO:</b></p> <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown <p><b>TATTOO LOC:</b></p> <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
|  |   | <p><b>CLOTHING DESCRIPTION:</b></p> <p>HAT _____</p> <p>COAT _____</p> <p>SHIRT _____</p> <p>PANTS/DRESS _____</p> <p>SHOES _____</p>  |  |  |   |   |

**ADDED DESCRIPTION:**

n/a

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | UNK UNK GRN<br>UNK U.S CURRENCY        | 0        | 9.03  |                  | 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 THE LISTED LOCATION TO A SPANISH SPEAKING CALL INVOLVING A ROBBERY OF A BUSINESS.

UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE OWNER OF THE BUSINESS, MARTIN TIOL AND A STAFF OF THE BUSINESS, LUBIA TZID.

MS. TZID ADVISED SHE WAS DOING AN INVENTORY AND COUNTING THE MONEY OF THE BUSINESS. MS. TZID FURTHER ADVISED AN UNKNOWN HISPANIC MALE ENTERED THE BUSINESS. MS. TZID ADVISED SHE WAS BEHIND THE CASH REGISTER AND DID NOT NOTICE THE UNKNOWN HISPANIC MALE WALK UP TOWARDS HER. MS. TZID ADVISED THE UNKNOWN HISPANIC MALE WALKED UP TO HER AND STATED, "PASS IT", AND FURTHER STATED "STAND BACK OFF OR I WILL KILL YOU" AS HE WAS POINTING A BLACK GUN TOWARDS HER GENERAL DIRECTION. MS. TZID DESCRIBED THE GUN AS BLACK, AND "OLD FASHIONED", POSSIBLY A REVOLVER. MS. TZID ADVISED SHE GAVE THE MONEY AND OBSERVED THE UNKNOWN HISPANIC MALE WALK ON FOOT EASTBOUND ON BASELINE RD. MS. TZID ADVISED SHE WAS UNABLE TO SEE HIS FACE DUE TO HIM COVERING UP WITH HIS HOODIE UP TO HIS NOSE.

MR. TIOL HAD ACCESS TO THE SURVEILLANCE CAMERAS VIA PHONE WHICH HE ALLOWED OFFICERS TO OBSERVE. OFFICERS OBSERVED ON SURVEILLANCE VIA PHONE THE UNKNOWN HISPANIC MALE WALKING UP TOWARDS MS. TZID. OFFICERS OBSERVED MS. TZID STEPPING OFF TO THE SIDE AS THE UNKNOWN HISPANIC MALE TAKES THE MONEY FORM A CUBBY AND THE REGISTER OF THE BUSINESS. OFFICERS OBSERVED THE UNKNOWN HISPANIC MALE HAVING A BEARD, BLACK HOODIE, KHAKI PANTS, AND A RED BASEBALL CAP WITH A HORSE. MR. TIOL ADVISED APPROXIMATELY 9,030 DOLLARS WERE STOLEN. OFFICERS PERFORMED AN AGGRAVATED ROBBERY OF A BUSINESS BROADCAST.

MAJOR CRIME DETECTIVES AND CRIME SCENE UNITS ARRIVED ON SCENE. MR. TIOL AND MS TZID WERE INTERVIEWED BE DETECTIVES.

MR. TIOL WAS GIVEN A REPORT NUMBER AND WAS ADVISED TO CALL US BACK IF HE HAD ANY OTHER ISSUES. NO FURTHER POLICE ACTION WAS TAKEN. 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