

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	<b>INCIDENT</b>			
Report generated: 1/15/2026 3:26 PM				
INCIDENT NUMBER <b>2026-006447</b>	UNIT ASSIGNED <b>Z40</b>	CALL DATE <b>01/15/2026</b>	CALL TIME <b>13:43:00</b>	TYPE OF CALL <b>ROBBIN</b>
INCIDENT DATE <b>1/15/2026 1:43:06 PM</b>	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>601 E 9TH ST</b>			DISTRICT <b>40</b>

<b>OFFENSE</b>					
INCIDENT OFFENSE TYPE				OFFENSE STATUS	
1. ROBBERY (INDIVIDUAL) 2. BATTERY 2ND DEGREE 3. THEFT MOTOR VEHICLE 4. THEFT OF PROPERTY FELONY				5. 6. 7. 8.	Attempted Completed  Attempted Completed
SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:			GANG RELATED INFO:
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <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 <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing			<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
LOCATION CODE: <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (22) School / College <input checked="" type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (15) Jail / Penitentiary <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 <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (Sleeping Pills) <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input checked="" type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown <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 <b>01/15/2026 20:52:20</b>	REPORTING OFFICER <b>NICHOLAS KINSEY - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>GAEL SNOW - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
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**VICTIM**

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>GAMBLE,KAYLA</b>		
ADDRESS: <b>7 CHENAY DR LITTLE ROCK AR 72223</b>			
HOME PHONE: <b>9600149</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>04/30/1996</b>
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: <b>29</b> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
		<input type="checkbox"/> (SE) Spouse _____ (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse _____ (FR) Friend <input type="checkbox"/> (PA) Parent _____ (NE) Neighbor <input type="checkbox"/> (SB) Sibling _____ (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child _____ (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents _____ (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild _____ (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw _____ (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent _____ (EE) Employee <input type="checkbox"/> (SC) Stepchild _____ (ER) Employer <input type="checkbox"/> (SS) Stepsibling _____ 2 1 (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family _____ (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger _____ (VO) Victim Was Suspect	
THIS VICTIM RELATED TO WHICH OFFENSES? <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			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input checked="" type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input checked="" type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION			
HAT _____	SHIRT _____	SHOES _____	
COAT _____	PANTS/DRESS _____		

**SUSPECT #1**

SUSPECT # 1	NAME (Last, First, Middle) <b>MARTIN,EISHIA</b>			AKA:
ARRESTEE #	ADDRESS: <b>UNK UNK AR</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH	
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft <u>5</u> In <u>5</u>	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	WEIGHT: Lbs <u>100</u>		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	ARREST LOCATION:	ARREST DATE:	
CHARGE: <b>5-12-1021</b>				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

**SUSPECT #1**

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

## ADDED DESCRIPTION:

n/a

**SUSPECT #2**

SUSPECT # 2	NAME (Last, First, Middle) <b>JACKSON,TRASKYLA</b>			AKA:
ARRESTEE #	ADDRESS: <b>4216 BOWMAN RD C2 LITTLE ROCK AR 72210</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>08/18/1992</b>	
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: <b>33</b> Range: _____ - _____	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft <b>5</b> In <b>6</b>	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs <b>150</b>	(A -- automatic)
THIS SUSPECT RELATES TO WHICH OFFENSES? <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		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	ARREST LOCATION:	ARREST DATE:
CHARGE: <b>5-13-202</b>				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

**SUSPECT #2**

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

## ADDED DESCRIPTION:

n/a

**VEHICLE #1**

STATUS: STOLEN

HOLD AUTHORITY:

YEAR: 2021	MAKE: KIA	MODEL: FORTE	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): 846ZWS PC	LIC YEAR: 2026
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: BLU	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner			NIC:	INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
PLOSS	PDES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	03	1.00	3KPF34AD4ME327489 KIA BLU FORTE VEHICLE 1	0	10000		0.00	
7	25	1.00	UNK SAINT BLK PURSE ST LAURANT PURSE	0	2600		0.00	
7	20	1.00	NA NA GRN NA 100 DOLLARS CASH	0	100		0.00	
7	21	1.00	UNK NAVY F + UNK DEBIT 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:	(10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money	(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)
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DRUG TYPE:	(D) Heroin (A) Crack Cocaine (B) Cocaine (C) Hashish	(H) Other Narcotics (E) Marijuana (F) Morphine (G) Opium	(L) Amphetamines/ Methamphetamine (I) LSD (J) PCP (K) Other Hallucino.	(O) Other Depressants (P) Other Drugs (U) Unknown Type (N) Barbituates
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## TYPE DRUG MEASUREMENT:

Units	Weight
(DU) Dosage Unit (Pills, etc)	(GM) Gram (KG) Kilogram
	(OZ) Ounce (LB) Pound
(NP) Number of Plants	

FOR BURGLARIES:	Point of Entry:
	Tools Apparently Used:

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

## NARRATIVE

VICTIM KAYLA GAMBLE RESPONDED TO THE 12TH STREET STATION FOR A ROBBERY REPORT. GAMBLE ADVISED ON 12/28/2025 AT APPROXIMATELY 0130 HOURS, SHE WAS AT A PARTY AT MACARTHUR PARK. GAMBLE ADVISED WHILE OUTSIDE, SHE WAS AMBUSHED BY SUSPECT EISHIA MARTIN AND TRASKYLA JACKSON NEAR HER VEHICLE AND BEATEN WITH A BRICK. MARTIN HAD INJURIES TO HER RIGHT CHEEK AND HER EYE WAS STILL BLOODY. GAMBLE ADVISED MARTIN STOLE HER VEHICLE (VEHICLE 1) AND WRECKED IT NEARBY. GAMBLE ADVISED A FRIEND ALERTED HER TO WHERE THE VEHICLE WAS AND WHEN SHE RETURNED TO IT, HER \$2600 SAINT LAURENT PURSE ALONG WITH 100 DOLLARS CASH AND HER DEBIT CARD WAS STOLEN. VEHICLE 1 HAD DAMAGE TO THE DRIVER FRONT AREA FROM IMPACT. GAMBLE COULD NOT ADVISE WHERE THE COLLISION OCCURRED OR WHAT WAS HIT. GAMBLE ADVISED SHE DOES HAVE POSSESSION OF VEHICLE 1. GAMBLE STATED SHE WAS HOSPITALIZED FOR HER INJURIES SHORTLY AFTER THE INCIDENT. GAMBLE WAS GIVEN AN INCIDENT NUMBER AND ADVISED A DETECTIVE WOULD CONTACT HER AT A LATER DATE. NO MVR OR BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES		<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal		<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer		<input type="checkbox"/> (E) Criminal killed in commission of a crime	
RELATED CASE NUMBER(S)			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>HATE/BIAS RELATIONSHIP:</b> <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
RACIAL (Anti-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	DISABILITY (Anti-)	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group	<input type="checkbox"/> (27) Atheist/Agnostic	