

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			
Report generated: 1/21/2026 5:00 PM				
INCIDENT NUMBER 2026-008985	UNIT ASSIGNED 1X91	CALL DATE 01/21/2026	CALL TIME 13:00:00	TYPE OF CALL BATTERY
INCIDENT DATE 1/21/2026 1:00:24 PM	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 10010 INTERSTATE 30 NORTHERN TOOL AND EQUIPMENT			DISTRICT 91

OFFENSE				
INCIDENT OFFENSE TYPE			OFFENSE STATUS	
1. AGGRAVATED ROBBERY (BUSINESS) 2. STORED PROPERTY 3. 4.			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"/> (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 checked="" 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"/> (26) (37) Abandoned/Condemned Structure <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (27) Amusement Park <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (28) Arena / Stadium / Fairgrounds <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (29) ATM Separate from Bank <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (30) Auto Dealership New / Used <input type="checkbox"/> (31) 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"/> (75) Sleeping Pills <input checked="" type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input 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 01/21/2026 20:40:27	REPORTING OFFICER CHERTIEU JONES	ORIGINAL APPROVING SUPERVISOR AARON PAIGE -	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS PHILLIPS,TIM		
ADDRESS: 10010 I-30 LITTLE ROCK AR 72209			
HOME PHONE: 5019180212	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 04/03/1961
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: 64 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 <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 (ST) Stranger	<input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (VO) Victim Was Suspect
THIS VICTIM RELATED 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			
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 checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
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 type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input checked="" 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) UNKNOWN			AKA:
ARRESTEE #	ADDRESS: UNKNOWN UNKNOWN AR 00000			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH	
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input 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 _____ In _____	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 _____		
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: 5-12-103B				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) ,UNKNOWN						AKA:
COMPLEXION:		HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown		<input checked="" type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other	<input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<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:		BUILD:	EYE COLOR:	TATTOO LOC:			
<input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown	<input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input checked="" type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			
				<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			

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

OTHER PERSON # 1	NAME (Last, First, Middle) CLARK, JIMMY					
ADDRESS: 10010 I-30 LITTLE ROCK AR 72209						
HOME PHONE: 5019090279	WORK PHONE: 5019180212	MOBILE PHONE:	OTHER PHONE:			
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 12/23/1951			
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: 74 Range: _____ - _____	NIC:	HEIGHT: Ft _____ In _____				
HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	D.L. / ID No. (STATE)	WEIGHT: Lbs _____				
COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" 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"/> (9) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	FACAIL HAIR: <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) Sandy <input type="checkbox"/> (07) Other <input checked="" type="checkbox"/> (08) Unknown <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown <input type="checkbox"/> (12) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <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 type="checkbox"/> (9) Unknown
BUILD: <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Light <input type="checkbox"/> (5) Medium <input type="checkbox"/> (6) Heavy <input type="checkbox"/> (7) Muscular <input type="checkbox"/> (8) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input checked="" type="checkbox"/> (7) Unknown	TATTOO LOC: <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				
CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

VEHICLE #1STATUS: **SUSPECT**

HOLD AUTHORITY:

YEAR: 1999	MAKE: BUIC	MODEL: LESABRE	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): EX72834 PC	LIC YEAR: 2026
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: [REDACTED]
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COLOR: TAN	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC:	INSURANCE POLICY #:
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PROPERTY						DRUG INFORMATION		
PLOSS	PDES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	36	1.00	UNKNOWN MILWAU + UNKNOWN TOOL BAG AND TOOLS	0	649		0.00	
0	77	5.00	UNKNOWN UNKNOW + UNKNOWN LATENT PRINT CARDS	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 (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards	(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/ Methamphetamines (I) LSD (J) PCP (K) Other Hallucino.	(O) Other Depressants (P) Other Drugs (M) Other Stimulants (N) Barbituates (U) Unknown Type
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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

OFFICERS WERE DISPATCHED TO THE LISTED LOCATION IN REFERENCE TO A BATTERY WITH A WEAPON REPORT. UPON ARRIVAL, CONTACT WAS MADE WITH MR. CLARK AND MR. PHILLIPS. MR. CLARK ADVISED HE WITNESSED AN UNKNOWN MALE ATTEMPT TO STEAL AND PULL OUT A KNIFE PRIOR TO LEAVING. MR. CLARK STATED THE SUBJECT PUSHED THROUGH HIM AND MR. PHILLIPS BEFORE LEAVING THE LOCATION. MR. PHILLIPS ADVISED THE SUBJECT ATTEMPTED TO STEAL THE LISTED ITEM AND LEAVE OUT THE EMERGENCY EXIT LOCATED AT THE BACK OF THE STORE. MR. PHILLIPS STATED THE ALARM SOUNDED AND THERE WAS A DELAY AND THE SUBJECT WAS UNABLE TO EXIT. MR. PHILLIPS ADVISED THE SUBJECT THEN ATTEMPTED TO EXIT THROUGH THE FRONT DOOR WITH ITEM BUT WAS STOPPED BY HIM AND MR. CLARK. MR. PHILLIPS AND THE SUBJECT SPOKE BEFORE THE SUBJECT RELEASED THE ITEM IN WHICH A CUSTOMER TOOK TO HELP MR PHILLIPS AND MR. CLARK. AFTER THE SUBJECT RELEASED THE ITEM, HE PUSHED PASSED THROUGH MR. PHILLIPS AND MR. CLARK TO LEAVE THE LOCATION. OFFICERS VIEWED VIDEO SURVEILLANCE AND OBSERVED THE SUBJECT WALK TO THE FRONT EXIT AND WAS STOPPED BY MR. PHILLIPS AND MR. CLARK. MR. PHILLIPS AND THE SUBJECT SPOKE AND THE SUBJECT RELEASED THE LISTED ITEM. A CUSTOMER STANDING BY TOOK THE ITEM FROM THE SUBJECT AND PLACED IT ON A NEARBY COUNTER OUT OF REACH OF THE SUBJECT. WHILE THE SUBJECT WAS SPEAKING WITH MR. PHILLIPS, THE SUBJECT PULLED OUT A KNIFE AND THE CUSTOMER ATTEMPTED TO INTERVENE. THE CUSTOMER THEN REMOVED HIMSELF AND THE SUBJECT PLACED HIS FOREARM ON MR. PHILLIPS CHEST AND NECK AREA WITH THE KNIFE IN HIS HAND ON THE RIGHT SIDE OF MR. PHILLIPS NECK. THE SUBJECT THEN PUSHED MR. PHILLIPS WITH MR. CLARK NEXT TO HIM AND EXITED THE LOCATION. THE SUBJECT THEN RAN WESTBOUND ON I-30 FRONTAGE AND WAS SEEN ENTERING THE LISTED VEHICLE BEFORE GOING IN AN UNKNOWN DIRECTION OF TRAVEL. A BROADCAST WAS MADE OF THE SUBJECT AND VEHICLE. SGT WALTON AND FINKS WERE ADVISED OF THE INCIDENT AS WELL AS ROBBERY DETECTIVES. DET. K. HIBBS AND GIL RESPONDED TO THE LOCATION. LATENT PRINTS WERE TAKEN AND STORED IN THE SOUTHWEST PROPERTY ROOM. MVR/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
HATE/BIAS RELATIONSHIP: <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	

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			
Report generated: 1/21/2026 4:44 AM				
INCIDENT NUMBER 2026-008811	UNIT ASSIGNED 3X42	CALL DATE 01/21/2026	CALL TIME 01:30:00	TYPE OF CALL BATTERY
INCIDENT DATE 1/21/2026 1:30:38 AM	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 1225 GEYER ST 611 1014			DISTRICT 42

OFFENSE																																																																				
INCIDENT OFFENSE TYPE			OFFENSE STATUS																																																																	
1. AGGRAVATED ASSAULT 2. BATTERY 2ND DEGREE 3. ROBBERY (INDIVIDUAL) 4.			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: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (01) Air / Bus / Train Terminal</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (16) Lake / Waterway</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (44) Daycare Facility</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (51) Rest Area</td> </tr> <tr> <td><input type="checkbox"/> (02) Bank / Savings & 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 checked="" 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"/> (26) Abandoned/Condemned Structure</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (12) Grocery / Supermarket</td> <td><input type="checkbox"/> (27) Amusement Park</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (13) Highway / Road / Alley</td> <td><input type="checkbox"/> (28) Arena / Stadium / Fairgrounds</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (14) Hotel / Motel / Etc</td> <td><input type="checkbox"/> (29) ATM Separate from Bank</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (15) Jail / Penitentiary</td> <td><input type="checkbox"/> (30) Auto Dealership New / Used</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> (31) 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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(FOR BURGLARY ONLY) METHOD OF ENTRY: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">NUMBER OF PREMISES ENTERED</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (F) Forcible</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (N) No Force</td> </tr> </table>					NUMBER OF PREMISES ENTERED	<input type="checkbox"/> (F) Forcible	<input type="checkbox"/> (N) No Force																																																													
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WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> (11) Firearm (Unknown)</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> (50) Poison</td> </tr> <tr> <td><input type="checkbox"/> (12) Handgun</td> <td><input type="checkbox"/> (60) Explosives</td> </tr> <tr> <td><input type="checkbox"/> (13) Rifle</td> <td><input type="checkbox"/> (65) Fire / Incendiary Device</td> </tr> <tr> <td><input type="checkbox"/> (14) Shotgun</td> <td><input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills</td> </tr> <tr> <td><input type="checkbox"/> (15) Other Firearm</td> <td><input type="checkbox"/> (85) Asphyxiation</td> </tr> <tr> <td><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)</td> <td><input type="checkbox"/> (90) Other</td> </tr> <tr> <td><input type="checkbox"/> (30) Blunt Object (Club, etc)</td> <td><input type="checkbox"/> (95) Unknown</td> </tr> <tr> <td><input type="checkbox"/> (35) Motor Vehicle (as weapon)</td> <td><input type="checkbox"/> (99) None</td> </tr> <tr> <td><input type="checkbox"/> (40) Personal Weapons (hands, etc)</td> <td></td> </tr> </table>					<input checked="" type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison	<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives	<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device	<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills	<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation	<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other	<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown	<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None	<input type="checkbox"/> (40) Personal Weapons (hands, etc)																																															
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NARCAN USED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other																																																																				

ENTRY DATE 01/21/2026 08:59:05	REPORTING OFFICER JUSTON TYER - [REDACTED]	ORIGINAL APPROVING SUPERVISOR JEFFERY FRAZIER - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS SANDERS, TIFFANY		
ADDRESS: 1225 GEYER ST 616 LITTLE ROCK AR 72206			
HOME PHONE: 5018592148	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 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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 01/18/1991
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: 35 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 1 <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
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 checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
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"/> (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 _____		

VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS SANDERS, TIFFANY		
ADDRESS: 1225 GEYER ST 616 LITTLE ROCK AR 72206			
HOME PHONE: 5018592148	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 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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 01/18/1991
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:	
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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 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 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) SMITH,MARCO			AKA:
ARRESTEE #	ADDRESS: 1225 GEYER ST 611 LITTLE ROCK AR 72206			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <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 <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 06/03/1982	
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: 43 Range: _____ - _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	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 _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	ARREST LOCATION: ARREST DATE:	
CHARGE: 5-13-204 5-13-202				
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) SMITH,MARCO						AKA:
COMPLEXION:		HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input 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 checked="" 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:		CLOTHING DESCRIPTION:			TATTOO LOC:
<input 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 checked="" type="checkbox"/> (6) Unknown		<input type="checkbox"/> (1) Unknown <input checked="" type="checkbox"/> (2) Blue <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Green <input type="checkbox"/> (6) Hazel <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (1) Unknown <input type="checkbox"/> (2) Other	HAT			<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:				COAT			
<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown				SHIRT			
				PANTS/DRESS			
				SHOES			

ADDED DESCRIPTION:

n/a

NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION FOR A BATTERY CALL. UPON RESPONDING, CONTACT WAS MADE WITH SANDERS, WHO HAD A BLEEDING INJURY TO THE BACK OF HER HEAD. SANDERS ADVISED SHE LEFT APARTMENT 616 TO GO TO APARTMENT 611 TO CHARGE HER PHONE. SHE ADVISED SMITH WAS AT THE LOCATION. SHE ADVISED ONCE THE PHONE WAS CHARGED, SHE TRIED TO LEAVE WITH IT. SHE THEN ADVISED SMITH ATTEMPTED TO TAKE THE PHONE FROM HER, AND A PHYSICAL ALTERCATION HAPPENED WHERE HE THREW HER DOWN, AND SHE THREW HIM DOWN. SHE THEN ADVISED ONCE SHE WAS ON THE GROUND, HE GRABBED A PISTOL, POINTED IT AT HER, AND ADVISED HE SHOULD SHOOT HER. SHE THEN ADVISED INSTEAD OF SHOOTING HER, HE STRUCK HER IN THE BACK OF THE HEAD WITH THE WEAPON. SANDERS THEN STATED SHE LEFT WITH THE PHONE AND WENT ACROSS THE COMPLEX TO BUILDING 1224. HER FRIEND IN THIS BUILDING IS THE ONE WHO CALLED FOR OFFICERS. A RESIDENT IN THE AREA ADVISED US THAT HE HUNG OUT WITH A FEMALE AT 1101 COLLEGE ST. SANDERS WAS TRANSPORTED TO THE HOSPITAL FOR TREATMENT BY MEMS. SHE WAS ALSO PROVIDED AN INCIDENT CARD AND ADVISED A DETECTIVE WOULD BE CONTACTING HER AT A LATER DATE TO FOLLOW UP. OFFICERS THEN LEFT THE LOCATION AND RESPONDED TO 1101 COLLEGE ST IN AN ATTEMPT TO FIND SMITH WITH NEGATIVE RESULTS. THE FEMALE AT THE LOCATION ADVISED SHE NO LONGER HAD ANYTHING TO DO WITH HIM, AND ALSO HAS CHARGES PENDING AGAINST HIM AS WELL. NO FURTHER INFORMATION WAS AVAILABLE AT THIS TIME, AND MY BWC WAS ACTIVE WHILE ON THIS CALL.

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
HATE/BIAS RELATIONSHIP: <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	