

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | | | |
|--|--|--|---|--|--|---|--|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | | Report generated: 1/22/2026 10:52 PM | |
| INCIDENT NUMBER <div style="text-align: center; font-size: 1.2em;">2026-009606</div> | | UNIT ASSIGNED <div style="text-align: center; font-size: 1.2em;">2X54</div> | CALL DATE <div style="text-align: center; font-size: 1.2em;">01/22/2026</div> | CALL TIME <div style="text-align: center; font-size: 1.2em;">21:26:00</div> | TYPE OF CALL <div style="text-align: center; font-size: 1.2em;">BATTERY</div> | | |
| INCIDENT DATE <div style="text-align: center; font-size: 1.2em;">1/22/2026 9:26:20 PM</div> | | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">1300 PEYTON ST</div> | | | DISTRICT <div style="text-align: center; font-size: 1.2em;">54</div> | |

| OFFENSE | | | | | | | |
|---|--|---|--|---|--|--|--|
| INCIDENT OFFENSE TYPE 1. AGGRAVATED ROBBERY (INDIVIDUAL) 5. 2. BATTERY 2ND DEGREE 6. 3. 7. 4. 8. | | | OFFENSE STATUS Attempted 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | | | | |
| SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | | TYPE OF CRIMINAL ACTIVITY: <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 | | GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center </td> </tr> </table> | | | | LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground | <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground | <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center |
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| (FOR BURGLARY ONLY) 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 / 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 checked="" type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc) | | | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | | | | | |

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| ENTRY DATE 01/23/2026 04:15:25 | REPORTING OFFICER NICHOLAS NOEL - [REDACTED] | ORIGINAL APPROVING SUPERVISOR JORDAN WHITE - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|---|--|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|--|---|--|---|---|--|--|---|---|---|---|---|---|--|--|----------------|-----------------|--|----------------|---------------|------------------|----------------------|-------------------|-----------------------------|---------------|-------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS JOHNSON, IVORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 4200 W 19TH ST LITTLE ROCK AR 72204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5015632591 | | 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 08/31/1952 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 73 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) <table border="0"><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>1 (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 | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | 1 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse | (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CS) Common-Law Spouse | (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PA) Parent | (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SB) Sibling | (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CH) Child | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input checked="" type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <input type="checkbox"/> (N) None | <input checked="" 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 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (N) None | <input checked="" 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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input checked="" type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td><td><input type="checkbox"/> (10) Unknown Circumstances</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td></tr><tr><td></td><td></td><td><input type="checkbox"/> (32) Hunting Accident</td></tr></table> | | | | <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 checked="" type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <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"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | | | <input type="checkbox"/> (32) Hunting Accident | | | | | | | | |
| <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 checked="" type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> (32) Hunting Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUSPECT #1

| | | | | |
|---|---|---|---------------------------------|--|
| SUSPECT # 1 | NAME (Last, First, Middle) , | | AKA: | |
| ARRESTEE # | ADDRESS: AR | | | |
| 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 (A -- automatic c) |
| 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: 5-12-103I | | | | |
| 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: _____ | |

Suspect information continued on next page.

SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1 | | |

| | | | | | | |
|---|--|---|--|--|---|---|
| COMPLEXION: <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 | HAIR STYLE: <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 checked="" type="checkbox"/> (11) Unknown | HAIR COLOR: <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 | FACIAL 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) 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 checked="" type="checkbox"/> (11) Unknown | DEMEANOR: <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 | 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown |
| HAIR LENGTH: <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 | BUILD: <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 | 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 | CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | 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 |

ADDED DESCRIPTION:

n/a

NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION FOR A CALL OF A BATTERY.

UPON ARRIVAL OFFICERS MADE CONTACT WITH IVORY JOHNSON. JOHNSON HAD A HEAD INJURY AND MULTIPLE LACERATIONS ON HIS FACE. IVORY ADVISED A GROUP OF BLACK MALES ATTACKED HIM AFTER HE REFUSED TO GIVE THEM MONEY. JOHNSON ADVISED THIS TOOK PLACE AT 13TH AND PEYTON. JOHNSON STATED THEY TRIED TO TAKE HIS WALLET.

JOHNSON WAS UNABLE TO ADVISE HOW MANY THERE WERE, AS HE WAS STRUCK IN THE HEAD WITH A BLUNT OBJECT AT THE START OF THE ASSAULT.

OFFICERS STOOD BY WHILE MEMS RESPONDED AND JOHNSON WAS TRANSPORTED TO UAMS.

OFFICERS CIRCULATED FOR SUSPECTS WITH NEGATIVE RESULTS.

BWC AND MVR 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 ☒ NODRIVE-BY? ☐ YES ☒ NOGANG 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 | | INCIDENT | | | Report generated: 1/22/2026 9:18 PM | |
| INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2026-009487</div> | | UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">2Y82</div> | CALL DATE <div style="text-align: center; font-weight: bold;">01/22/2026</div> | CALL TIME <div style="text-align: center; font-weight: bold;">15:18:00</div> | TYPE OF CALL <div style="text-align: center; font-weight: bold;">DIS</div> | |
| INCIDENT DATE <div style="text-align: center; font-weight: bold;">1/22/2026 3:18:39 PM</div> | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">5102 S UNIVERSITY AV QUIK MART</div> | | | DISTRICT <div style="text-align: center; font-weight: bold;">80</div> | |

| OFFENSE | | | | | | |
|---|---|---|---|--|---|--|
| INCIDENT OFFENSE TYPE 1. AGGRAVATED ROBBERY (BUSINESS) 5. 2. 6. 3. 7. 4. 8. | | | OFFENSE STATUS Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | | | |
| SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | | TYPE OF CRIMINAL ACTIVITY: <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 | | | | |
| GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 33%;"> LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </td> <td style="width: 33%;"> <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input checked="" type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground </td> <td style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center </td> </tr> </table> | | | | LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input checked="" type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground | <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center |
| LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input checked="" type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground | <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center | | | | |
| (FOR BURGLARY ONLY) 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 / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) | | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | | | | |

| | | | |
|-----------------------------------|---|--|--|
| ENTRY DATE 01/23/2026 01:41:20 | REPORTING OFFICER ALEXIS BURCHFIELD [REDACTED] | ORIGINAL APPROVING SUPERVISOR ANTONIO MCNUTT - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|---|--|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|------------------------|-------------------|---------------------------|---------------|-------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS ALI,WASIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 5102 S UNIVERSITY AV LITTLE ROCK AR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5016449293 | | 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 type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input checked="" type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 01/01/2001 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 25 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) <table border="0"><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>1 (OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>(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 | (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 | 1 (OK) Otherwise Known | (OF) Other Family | (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 | (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 | 1 (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (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 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 QUIK MART | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 5102 S UNIVERSITY AV LITTLE ROCK AR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5012697318 | | 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 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: _____ 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) <table border="0"><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>1 (OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>(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 | (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 | 1 (OK) Otherwise Known | (OF) Other Family | (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 | (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 | 1 (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (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 type="checkbox"/> (I) Individual <input checked="" 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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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) , | | | | | AKA: | | |
| ARRESTEE # | | ADDRESS: AR | | | | | | | |
| HOME PHONE: | | | WORK PHONE: | | | MOBILE PHONE: | | OTHER PHONE: | |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | | ETHNICITY: <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | | | DATE OF BIRTH | | |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: | | | | | |
| AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | | NIC: | | HEIGHT: Ft 5 In 10 | | 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 (A -- automatic c) | |
| 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 | | DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | | WEIGHT: Lbs 160 | | | |
| 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 # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1 | , | |

| | | | | | | |
|---|--|---|--|--|---|---|
| COMPLEXION: <input type="checkbox"/> (1) Light <input checked="" 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 type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input checked="" 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 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 | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input checked="" 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"/> (11) Unknown | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown |
|---|--|---|--|--|---|---|

| | | | | |
|--|--|--|--|---|
| HAIR LENGTH: <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 | BUILD: <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown | EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown | CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | 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 |
|--|--|--|--|---|

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

CHOWDHURY,NICK

ADDRESS:

1465 BLUSTERY WY CONWAY AR 72034

HOME PHONE:

5012697318

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☒ (M) Male☐ (F) Female ☐ (U) Unk.ETHNICITY: ☐ (H) Hispanic☒ (N) Non-Hispanic ☐ (U) Unk.RACE: ☐ (W) White ☐ (B) Black ☐ (I) American Indian☒ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

12/30/1961

RES. STATUS: ☐ (R) Resident☒ (N) Nonresident ☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 64

Range: - ☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old ☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old ☐ (00) Unknown

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

HAIR STYLE:

- ☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/Toupee
☐ (10) Other
☐ (11) Unknown

HAIR LENGTH:

- ☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

BUILD:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular
☐ (5) Unknown

HAIR COLOR:

- ☐ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Grey
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

EYE COLOR:

- ☐ (1) Blue
☐ (2) Brown
☐ (3) Grey
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven
☐ (02) Unshaven
☐ (03) Full Beard
☐ (04) Must. (hvy)
☐ (05) Must. (thin)
☐ (06) Brows (hvy)
☐ (07) Brows (thin)
☐ (08) Side Burns
☐ (09) Goatee
☐ (10) Other
☐ (11) Unknown

DEMEANOR:

- ☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk / High
☐ (11) Other
☐ (12) Unknown

SCAR / MARK:

- ☐ (01) Head
☐ (02) Neck
☐ (03) Hand (rt)
☐ (04) Hand (lft)
☐ (05) Arm (rt)
☐ (06) Arm (lft)
☐ (07) Body
☐ (08) Leg (rt)
☐ (09) Leg (lft)
☐ (10) Other
☐ (11) None
☐ (12) Unknown

TATTOO:

- ☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☐ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)
☐ (02) Arm (rt)
☐ (03) Leg (lft)
☐ (04) Leg (rt)
☐ (05) Hand (lft)
☐ (06) Hand (rt)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back

CLOTHING DESCRIPTION

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 | 20 | 1.00 | NONE NONE BLK NONE NONE | 0 | 0.0000 | | 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 (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards | (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) |
|--|---|---|---|

| | | | | |
|-------------------|---------------|----------------------|---------------------------------------|-----------------------|
| DRUG TYPE: | (D) Heroin | (H) Other Narcotics | (L) Amphetamines/ 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
 (DU) Dosage Unit
 (Pills, etc)
 (NP) Number of Plants
 Weight
 (GM) Gram
 (KG) Kilogram
 Capacity
 (ML) Milliliter
 (LT) Liter
 (GL) Gallon
 (FO) Fluid Ounce

FOR BURGLARIES: Point of Entry: _____
 Tools Apparently Used: _____

NARRATIVE

ON 22 JANUARY 2026, OFFICERS WERE DISPATCHED TO THE LISTED LOCATION FOR AN AGGRAVATED ROBBERY.

UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE VICTIM, MR. WASIF ALI. HE ADVISED THAT THE SUSPECT CAME INTO THE GAS STATION AND TOLD HIM TO OPEN THE CASH REGISTER OR HE WOULD SHOOT. THE SUSPECT APPEARED TO HAVE A WOODEN HANDLE IN HIS POCKET THAT MR. ALI THOUGHT COULD BE A WEAPON. MR. ALI TOLD THE SUSPECT THAT HE WAS CALLING 911 AND THE SUSPECT LEFT THE PREMISES. OFFICER MADE A BROADCAST OF THE SUSPECT. A ROBBERY DETECTIVE WAS REQUESTED AND CRIME SCENE CAME TO THE LOCATION. OFFICERS CIRCULATED THE AREA FOR THE SUSPECT WITH NEGATIVE RESULTS. CRIME SCENE CAME AND DUSTED THE AREA FOR FINGERPRINTS. PHOTOS OF THE SUSPECT WERE ACQUIRED. THE SUSPECT WAS NOT SUCCESSFUL IN STEALING ANY MONEY OR ITEMS.

DETECTIVES SPOKE TO THE VICTIM AND THE OWNER OF THE BUSINESS.

BWC AND MVR 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 ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/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 | | INCIDENT | | Report generated: 1/23/2026 1:27 AM | |
| INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2026-009614</div> | UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">3Y55</div> | CALL DATE <div style="text-align: center; font-weight: bold;">01/22/2026</div> | CALL TIME <div style="text-align: center; font-weight: bold;">22:12:00</div> | TYPE OF CALL <div style="text-align: center; font-weight: bold;">GUNSST</div> | |
| INCIDENT DATE <div style="text-align: center; font-weight: bold;">1/22/2026 10:12:38 PM</div> | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">3305 MARYLAND</div> | | | DISTRICT <div style="text-align: center; font-weight: bold;">55</div> |

| OFFENSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| INCIDENT OFFENSE TYPE 1. TERRORISTIC ACT 2. SHOTS FIRED SST 3. 4. | | | OFFENSE STATUS Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | | TYPE OF CRIMINAL ACTIVITY: <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GANG RELATED INFO: <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: 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 & 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"/> (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 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"/> (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"/> (14) Hotel / Motel / Etc | <input type="checkbox"/> (40) ATM Separate from Bank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> (42) Camp / Campground | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ | | METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> (11) Firearm (Unknown)</td> <td><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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----------------------------------|---|--|--|
| ENTRY DATE 01/23/2026 05:34:15 | REPORTING OFFICER KELLY BRIMBERRY - [REDACTED] | ORIGINAL APPROVING SUPERVISOR ALEC TINER - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|---|--|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS LUCKEY,DEMETRIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 3305 MARYLAND AV LITTLE ROCK AR 72202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5015543014 | 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 03/09/1977 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 48 Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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 type="checkbox"/> (09) Other Circumstances <input checked="" 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

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|--|--|---|---|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 2 | NAME (Last, First, Middle) or BUSINESS LUCKEY,LINDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 3305 MARYLAND AV LITTLE ROCK AR 72202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 0000000000 | 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 10/12/1953 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 72 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) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <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

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|--|---|---|---|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 3 | NAME (Last, First, Middle) or BUSINESS BRAZIL,OCTAVIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 3305 MARYLAND AV LITTLE ROCK AR 72202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 0000000000 | 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 02/25/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 18 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) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <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

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|--|--|---|---|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 4 | NAME (Last, First, Middle) or BUSINESS GREEN,SHANTELL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 3305 MARYLAND AV LITTLE ROCK AR 72202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 0000000000 | 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 12/23/1994 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 31 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) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <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

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|--|--|---|-----------------------------|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 5 | NAME (Last, First, Middle) or BUSINESS [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: [REDACTED] | 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 [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: _____ Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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 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 checked="" 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

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|--|--|---|-----------------------------|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 6 | NAME (Last, First, Middle) or BUSINESS [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: [REDACTED] | 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 [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 6 Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <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

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|--|--|---|---|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 7 | NAME (Last, First, Middle) or BUSINESS MILLER,KEVONTA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 3315 MARYLAND AV LITTLE ROCK AR 72202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5013662341 | 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 04/03/2003 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 22 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) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <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

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|--|--|---|---|--|--|--|---|---|--|---|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|-----------------|-------------------------|
| VICTIM # 8 | NAME (Last, First, Middle) or BUSINESS MILLER, ANIYA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 3315 MARYLAND AV LITTLE ROCK AR 72202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5015398626 | 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 04/26/2003 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 22 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) <table border="0"><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>1 (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 | 1 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> | | | | <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <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 # 9 | NAME (Last, First, Middle) or BUSINESS MILLER,SIYA | | |
| ADDRESS: 3315 MARYLAND AV LITTLE ROCK AR 72202 | | | |
| HOME PHONE: 0000000000 | 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 10/12/2024 |
| 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: 1 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) <div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family (RU) Relationship Unknown</div><div>1 (ST) Stranger (VO) Victim Was Suspect</div></div> | |
| 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 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 checked="" 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 | | | |

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|---|---|---|---------------|
| VICTIM | | | |
| VICTIM # 10 | NAME (Last, First, Middle) or BUSINESS SOCIETY | | |
| ADDRESS: LITTLE ROCK AR | | | |
| 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"/> (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: NA D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family 1 (RU) Relationship Unknown</div><div>1 1 (ST) Stranger (VO) Victim Was Suspect</div></div> | |
| THIS VICTIM RELATED 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 | | | |
| VICTIM TYPE: <input 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 checked="" type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | |
| VICTIM INJURY: <div><div><input type="checkbox"/> (N) None</div><div><input type="checkbox"/> (M) Apparent Minor Injury</div><div><input type="checkbox"/> (B) Apparent Broken Bones</div></div> <div><div><input type="checkbox"/> (I) Possible Internal Injury</div><div><input type="checkbox"/> (T) Loss of Teeth</div><div><input type="checkbox"/> (L) Severe Laceration</div></div> <div><div><input type="checkbox"/> (O) Other Major Injury</div><div><input type="checkbox"/> (U) Unconsciousness</div></div> | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <div><div><input type="checkbox"/> (01) Argument</div><div><input type="checkbox"/> (02) Assault on Law Enf Officer</div><div><input type="checkbox"/> (03) Drug Deal</div></div> <div><div><input type="checkbox"/> (04) Gangland</div><div><input type="checkbox"/> (05) Juvenile Gang</div><div><input type="checkbox"/> (06) Lover's Quarrel</div></div> <div><div><input type="checkbox"/> (07) Mercy Killings</div><div><input type="checkbox"/> (08) Other Felony Involved</div><div><input type="checkbox"/> (09) Other Circumstances</div></div> <div><div><input type="checkbox"/> (10) Unknown Circumstances</div><div><input type="checkbox"/> (20) Criminal Killed by Private Citizen</div><div><input type="checkbox"/> (21) Criminal Killed by Police Officer</div></div> <div><div><input type="checkbox"/> (30) Child Playing w/ Weapon</div><div><input type="checkbox"/> (31) Gun-Cleaning Accident</div><div><input type="checkbox"/> (32) Hunting Accident</div></div> <div><div><input type="checkbox"/> (33) Other Negligent Weapon Handling</div><div><input type="checkbox"/> (34) Other Negligent Killings</div></div> | | | |
| CLOTHING DESCRIPTION <div><div>HAT _____</div><div>SHIRT _____</div><div>SHOES _____</div></div> <div><div>COAT _____</div><div>PANTS/DRESS _____</div></div> | | | |

| SUSPECT #1 | | | | | |
|--|--|---|---------------------------------|--|---------------|
| SUSPECT # 1 | NAME (Last, First, Middle) ,UNKNOWN | | | AKA: | |
| ARRESTEE # | ADDRESS: AR | | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | | OTHER PHONE: |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | | | DATE OF BIRTH |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: | | |
| AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" 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 (A -- automatic c) | |
| 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: 5-13-310 99-33 | | | | | |
| ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR | | | | | |

Suspect information continued on next page.

SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1 | ,UNKNOWN | |

| | | | | | | |
|---|--|---|--|--|---|---|
| COMPLEXION: <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 | HAIR STYLE: <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 checked="" type="checkbox"/> (11) Unknown | HAIR COLOR: <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 | FACIAL 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) 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 checked="" type="checkbox"/> (11) Unknown | DEMEANOR: <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 | 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown |
| HAIR LENGTH: <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 | BUILD: <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 | 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 | CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | 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 |

ADDED DESCRIPTION:

n/a

NARRATIVE

OFFICERS RESPONDED TO THE AREA OF 3401 MARYLAND AVE FOR A SHOT SPOTTER ACTIVATION. WHILE IN ROUTE, OFFICER RECEIVED INFORMATION THE HOUSES AT 3305 AND 3315 MARYLAND AVE WERE STRUCK BY AN UNKNOWN SUBJECT SHOOTING IN THE AREA. OFFICERS MADE CONTACT WITH DEMETRIS LUCKEY AT 3305 MARYLAND AVE WHO STATED SHE SAW AN UNKNOWN VEHICLE DRIVING THROUGH THE AREA. LUCKEY STATED JUST AFTER SHE WENT INSIDE THE HOUSE, SHE HEARD SEVERAL ROUNDS RING OUT AND THE HOUSE WAS STRUCK BY BULLETS. OFFICERS OBSERVED AT LEAST 6 BULLET HOLES ON THE EXTERIOR OF THE RESIDENCE. OFFICERS MADE CONTACT WITH KEVONTA AND ANIYA MILLER AT 3315 MARYLAND AVE. MR AND MRS MILLER STATED THEY WERE IN THEIR BEDROOM ON THE SOUTHWEST CORNER OF THE RESIDENCE. WHEN THEY HEARD SEVERAL SHOTS FIRED AND TOOK COVER. OFFICERS OBSERVED 5 BULLET HOLES ON THE EXTERIOR OF THE RESIDENCE. MR AND MRS MILLER DID NOT SEE OR HEAR ANYTHING ELSE. 12TH STREET SERGEANT ON DUTY WAS NOTIFIED AS WELL AS DETECTIVES AND CRIME SCENE. 9 9MM CASINGS AND 18 RIFLE CASINGS WERE LOCATED ADJACENT TO THE HOUSES IN THE AREA OF THE SHOT SPOTTER ACTIVATION. CRIME SCENE TOOK PHOTOS AND COLLECTED CASINGS FOR STORAGE. 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 ☒ NODRIVE-BY? ☒ YES ☐ NOGANG RELATED? ☐ YES ☒ NOHATE/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 | | INCIDENT | | Report generated: 1/23/2026 5:28 AM | |
| INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2026-009608</div> | UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">2X83</div> | CALL DATE <div style="text-align: center; font-weight: bold;">01/22/2026</div> | CALL TIME <div style="text-align: center; font-weight: bold;">21:38:00</div> | TYPE OF CALL <div style="text-align: center; font-weight: bold;">CRMISC</div> | |
| INCIDENT DATE <div style="text-align: center; font-weight: bold;">1/22/2026 9:38:14 PM</div> | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">7 N MEADOWCLIFF DR</div> | | | DISTRICT <div style="text-align: center; font-weight: bold;">80</div> |

Report Contains Juvenile Information
 Redact Before Release

| OFFENSE | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------|---------------------------------------|---------------------------------------|----------------------------|----------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|
| INCIDENT OFFENSE TYPE 1. TERRORISTIC ACT 2. CRIMINAL MISCHIEF 1ST DEGREE MISD 3. 4. | | OFFENSE STATUS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Attempted</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Completed</td> <td style="text-align: center;">1 <input checked="" type="checkbox"/></td> <td style="text-align: center;">2 <input checked="" type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Attempted</td> <td style="text-align: center;">5 <input type="checkbox"/></td> <td style="text-align: center;">6 <input type="checkbox"/></td> <td style="text-align: center;">7 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Completed</td> <td style="text-align: center;">5 <input type="checkbox"/></td> <td style="text-align: center;">6 <input type="checkbox"/></td> <td style="text-align: center;">7 <input type="checkbox"/></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </table> | | Attempted | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | Completed | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | Attempted | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | Completed | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Attempted | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Completed | 1 <input checked="" type="checkbox"/> | 2 <input checked="" type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Attempted | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Completed | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | | TYPE OF CRIMINAL ACTIVITY: <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 | | | | | | | | | | | | | | | | | | | | | |
| LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (05) Commercial / Office Building <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <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 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"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center | | | | | | | | | | | | | | | | | | | | | |
| (FOR BURGLARY ONLY) 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 <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) | | | | | | | | | | | | | | | | | | | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--------------------------------------|--|--|--|
| ENTRY DATE 01/23/2026 06:05:17 | REPORTING OFFICER LEVI JONES - [REDACTED] | ORIGINAL APPROVING SUPERVISOR CALEB MONROE - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--------------------------------------|--|--|--|

VICTIM

| | | | |
|--|--|---|---|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS WELLINGTON, KEVIN | | |
| ADDRESS: 7 N MEADOWCLIFF DR LITTLE ROCK AR 72209 | | | |
| HOME PHONE: 5019934108 | 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 03/14/1987 |
| 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: 38 Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (XS) Ex-Spouse (SP) Stepparent _____ (EE) Employee (SC) Stepchild _____ (ER) Employer (SS) Stepsibling _____ (OK) Otherwise Known (OF) Other Family _____ 1 (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect |
| 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 type="checkbox"/> (N) None <input checked="" 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 _____ | | | |

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|--|---|---|--|---|---|--|---|--|---|---|--|---|--|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|-------------------------------|---------------|-------------------------|
| VICTIM # 2 | NAME (Last, First, Middle) or BUSINESS CASTRO,CLAUDIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 7 N MEADOCLIFF DR LITTLE ROCK AR 72209 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5019934108 | 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 checked="" type="checkbox"/> (H) Hispanic <input 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 03/22/1986 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 39 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) <table border="0"><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>1 1 (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 | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | 1 1 (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 | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input checked="" type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td></tr><tr><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td><td></td></tr></table> | | | | <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"/> (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 | | | | | | | | | | |
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| <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"/> (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 # 3 | NAME (Last, First, Middle) or BUSINESS [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: [REDACTED] | 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 checked="" type="checkbox"/> (H) Hispanic <input 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 [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 15 Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><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>1 1 (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 | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | 1 1 (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 | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (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 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|--|---|---|--|---|---|--|---|--|---|---|--|---|--|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|-------------------------------|---------------|-------------------------|
| VICTIM # 4 | NAME (Last, First, Middle) or BUSINESS [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: [REDACTED] | 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 checked="" type="checkbox"/> (H) Hispanic <input 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 [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 14 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) <table border="0"><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>1 1 (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 | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | 1 1 (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 | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (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: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table> | | | | <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 | | | | | | | | | | | | | | | | | | |
| <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: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input checked="" type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td></tr><tr><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td><td></td></tr></table> | | | | <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"/> (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 | | | | | | | | | | |
| <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"/> (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) , | | | | AKA: |
| ARRESTEE # | ADDRESS: AR | | | | |
| 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 type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: | | |
| AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" 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 (A -- automatic) |
| 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: 5-13-310 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

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1 | , | |

| | | | | | | |
|---|--|---|--|--|---|---|
| COMPLEXION: <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 | HAIR STYLE: <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 checked="" type="checkbox"/> (11) Unknown | HAIR COLOR: <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 | FACIAL 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) 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 checked="" type="checkbox"/> (11) Unknown | DEMEANOR: <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 | 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown |
| HAIR LENGTH: <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 | BUILD: <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 | 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 | CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | 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 |

ADDED DESCRIPTION:

n/a

| PROPERTY | | | | | | DRUG INFORMATION | | |
|----------|-------|------|---|----------|-------|------------------|----------|---------|
| P.LOSS | P.DES | QTY | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE | QUANTITY | MEASURE |
| 4 | 03 | 1.00 | 2C3CDXBG2JH289971 DODGE GRA CHARGER GREY DODGE CHARGER | 0 | 1 | | 0.00 | |

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

PROPERTY DESCRIPTION:

(01) Aircraft

(02) Alcohol

(03) Automobiles

(04) Bicycles

(05) Buses

(06) Clothes/Furs

(07) Computer Hardware/
Software

(08) Consumable Goods

(09) Credit Cards/Debit Cards

(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)

DRUG TYPE:

(A) Crack Cocaine

(B) Cocaine

(C) Hashish

(D) Heroin

(E) Marijuana

(F) Morphine

(G) Opium

(H) Other Narcotics

(I) LSD

(J) PCP

(K) Other Hallucino.

(L) Amphetamines/
Methamphetamines

(M) Other Stimulants

(N) Barbituates

(O) Other Depressants

(P) Other Drugs

(U) Unknown Type

TYPE DRUG MEASUREMENT:

Units

(DU) Dosage Unit

(Pills, etc)

(NP) Number of Plants

Weight

(GM) Gram

(KG) Kilogram

(OZ) Ounce

(LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

(ML) Milliliter

(LT) Liter

(GL) Gallon

(FO) Fluid Ounce

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NARRATIVE

OFFICERS WERE DISPATCHED TO A CRIMINAL MISCHIEF AND MADE CONTACT WITH THE CALLER KEVIN WELLINGTON. WELLINGTON ADVISED THAT HE AND CLAUDIA CASTRO WERE SITTING IN THE LIVING ROOM WHEN THEY SUDDENLY HEARD SHOTS BEING FIRED OFF. WELLINGTON, CASTRO, AND THE TWO JUVENILES ALL SOUGHT COVER AS ROUGHLY TWENTY SHOTS WERE FIRED INTO THE RESIDENCE. OFFICERS OBSERVED DAMAGE TO EXTERIOR WINDOWS, PANELING, AS WELL LIGHTING FIXTURES. MULTIPLE ROUNDS MADE THEIR WAY THROUGH THE HOME, DAMAGING THE INSIDE OF THE RESIDENCE. OFFICERS ADVISED THE D.O. AND CRIME SCENE WHO LATER ARRIVED ON SCENE. ALL NECESSARY EVIDENCE WAS TAKEN AND STORED AND NO ONE INSIDE THE RESIDENCE REQUIRED MEDICAL ATTENTION. OFFICERS LEFT THE SCENE WITH NO FURTHER ISSUE, 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 ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/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