

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 2/3/2026 9:39 PM	
INCIDENT NUMBER 2026-013879	UNIT ASSIGNED 1X93	CALL DATE 02/03/2026	CALL TIME 13:53:00	TYPE OF CALL ROBBIN	
INCIDENT DATE 2/3/2026 1:53:48 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 7710 COLONEL GLENN RD DOLLAR GENERAL AND CARWASH			DISTRICT 93

OFFENSE			
INCIDENT OFFENSE TYPE 1. USE OF FORCE 2. PURSUIT 3. AGGRAVATED ROBBERY (INDIVIDUAL) 4. POSSESSION OF FIREARMS BY CERTAIN PERSONS 5. THEFT MOTOR VEHICLE 6. FLEEING FELONY 7. FLEEING MISD 8. CRIMINAL MISCHIEF 1ST DEGREE FELONY			OFFENSE STATUS Attempted Completed 1 <input type="checkbox"/> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> <input checked="" type="checkbox"/> 3 <input type="checkbox"/> <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <input checked="" type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> <input checked="" type="checkbox"/> 6 <input type="checkbox"/> <input checked="" type="checkbox"/> 7 <input type="checkbox"/> <input checked="" type="checkbox"/> 8 <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> (P) Possessing / Concealing	
GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown			
LOCATION CODE:			
<input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (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 checked="" 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 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 type="checkbox"/> (40) Personal Weapons (hands, etc)	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 02/03/2026 23:08:56	REPORTING OFFICER KEVIN WARD - [REDACTED]	ORIGINAL APPROVING SUPERVISOR ANTONIO MCNUTT - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 3	NAME (Last, First, Middle) or BUSINESS BAKER,ANGELA RENEE		
ADDRESS: 16225 SPEER LN ALEXANDER AR 72002			
HOME PHONE: 5017735303		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 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 11/20/1981
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 44 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) [REDACTED]	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 (RU) Relationship Unknown 3 2 1 (ST) Stranger (VO) Victim Was Suspect
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" 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 # 4	NAME (Last, First, Middle) or BUSINESS SOCIETY																												
ADDRESS: W ST 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																										
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VICTIM

VICTIM # 5	NAME (Last, First, Middle) or BUSINESS VASQUEZ,EDWIN																												
ADDRESS: 7821 W 45TH ST LITTLE ROCK AR 72204																													
HOME PHONE: 5015293357		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 04/28/1979																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
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CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

SUSPECT #1					
SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]			AKA:	
ARRESTEE # 1	ADDRESS: [REDACTED]				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE: [REDACTED]					
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	
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AGE: Exact Age: 15 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:	
DISPOSITION OF JUVENILE: <input checked="" type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		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)	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input checked="" type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody			
ARREST LOCATION: 4300 W 28TH ST		ARREST DATE: 02/03/2026			
CHARGE: 99-09		99-04		5-73-103	
5-54-125F		5-54-125M			
ARRESTING OFFICERS					
OFFICER 1: ANIYA MARLOW [REDACTED]		<input type="checkbox"/> MVR		OFFICER 5: _____ <input type="checkbox"/> MVR	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____ <input type="checkbox"/> MVR	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____ <input type="checkbox"/> MVR	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____ <input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #1

SUSPECT #	NAME (Last, First, Middle)	AKA:
1	NOBLE,VONDERICK	

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 checked="" type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	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 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 checked="" 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 type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	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

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) [REDACTED]			AKA:	
ARRESTEE # 2	ADDRESS: [REDACTED]				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE: [REDACTED]					
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: 12 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		HEIGHT: Ft _____ In _____ 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 checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input checked="" type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION: 2500 LEWIS ST		ARREST DATE: 02/03/2026		(A - automatic)	
CHARGE: 99-09 99-04		5-54-125F		5-54-125M	
ARRESTING OFFICERS					
OFFICER 1: CHRISTOPHER TOLLETTE [REDACTED] <input type="checkbox"/> MVR		OFFICER 5: _____ <input type="checkbox"/> MVR			
OFFICER 2: _____ <input type="checkbox"/> MVR		OFFICER 6: _____ <input type="checkbox"/> MVR			
OFFICER 3: _____ <input type="checkbox"/> MVR		OFFICER 7: _____ <input type="checkbox"/> MVR			
OFFICER 4: _____ <input type="checkbox"/> MVR		OFFICER 8: _____ <input type="checkbox"/> MVR			

Suspect information continued on next page.

SUSPECT #2

SUSPECT #	NAME (Last, First, Middle)	AKA:
2	HAYES, KEVEON	

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 checked="" type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	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 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 checked="" 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 type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	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

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) <div></div>	AKA:	
ARRESTEE # 3	ADDRESS: <div></div>		
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE: <div></div>
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 <div></div>
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: 16 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____ 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)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input checked="" type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	
ARREST LOCATION: 2800 PEYTON ST		ARREST DATE: 02/03/2026	
CHARGE: 5-12-103I			
ARRESTING OFFICERS OFFICER 1: ANIYA MARLOW <div></div> <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 #3

SUSPECT #

3

NAME (Last, First, Middle)

COLEMAN,SHELLY

AKA:

COMPLEXION:

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

HAIR LENGTH:

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

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 _____

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

ADAMS, KAYLA

ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

5014255642

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

02/21/1984

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☐ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 41

Range: 02/21/84 - 02/21/84 ☐ (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

OTHER PERSONS - CONTACT

OTHER PERSON # 2	NAME (Last, First, Middle) MCCRARY, JASMINE																																
ADDRESS:																																	
HOME PHONE:		WORK PHONE:		MOBILE PHONE: 5016078084		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 09/12/1985																											
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 type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:																													
AGE: Exact Age: 40 Range: 09/12/85 - 09/12/85 <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)		HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____																												
<table border="0"><tr><td>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 type="checkbox"/> (8) Unknown</td><td>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 type="checkbox"/> (11) Unknown</td><td>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 type="checkbox"/> (8) Unknown</td><td>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. 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VEHICLE #1

STATUS: STOLEN

HOLD AUTHORITY:

YEAR: 2018	MAKE: CHEV	MODEL: CRUZE	STYLE: 4T	VIN: [REDACTED]	LICENSE NO. (TYPE): AHE25E PC	LIC YEAR: 2026
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

VEHICLE #2						
STATUS: SUBJECT				HOLD AUTHORITY:		
YEAR: 2015	MAKE: MAZD	MODEL: MX5	STYLE: 2T	VIN: [REDACTED]	LICENSE NO. (TYPE): BJN57H PC	LIC YEAR: 2026
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: BLK	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY

DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	03	1.00	1G1BE5SM6J7229078 CHEVRO SIL CRUZE 2018 CHEVY CRUZE	0	6000		0.00	
4	77	1.00	N/A N/A + N/A DAMAGED FENCE	0	1500		0.00	
7	03	1.00	1G1BE5SM6J7229078 CHEVRO + CRUZE 2018 CHEVY CRUZE (DUPLICATE)	0	6000		0.00	

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

PROPERTY DESCRIPTION:

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

DRUG TYPE:

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

TYPE DRUG MEASUREMENT:

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

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

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

NARRATIVE

OFFICERS RESPONDED TO 7710 COLONEL GLENN ROAD (DOLLAR GENERAL) IN REFERENCE TO A ROBBERY OF AN INDIVIDUAL INCIDENT. CONTACT WAS MADE WITH ANGELA BAKER WHO ADVISED THREE AFRICAN AMERICAN TEENS APPROACHED HER WHILE SHE WAS INSIDE HER VEHICLE. MS. BAKER ADVISED ONE OF THE TEENS BRANDISHED A SILVER OVER BLACK HANDGUN, POINTED IT AT HER AND DEMANDED HER VEHICLE. DOLLAR GENERAL EMPLOYEES SHOWED VIDEO FOOTAGE OF THE INCIDENT. WHILE IN ROUTE TO THIS INCIDENT, AT 8700 COLONEL GLENN ROAD, EDWIN VASQUEZ ADVISED JUVENILES OF THE SAME DESCRIPTION ATTEMPTED TO TAKE HIS VEHICLE AS WELL. MR. VASQUEZ ADVISED ONE OF THE JUVENILES SHOWED A FIREARM IN HIS WAISTBAND AND DEMANDED HIS VEHICLE. MR. VASQUEZ ADVISED HE REACHED INSIDE A BAG OF HIS AS IF HE HAD A FIREARM AND THE JUVENILES FLED EASTBOUND ON COLONEL GLENN ROAD.

WHILE IN ROUTE TO THE INCIDENT, VIA FLOCK, THE REAL-TIME CRIME CENTER ADVISED THE VEHICLE WAS OBSERVED IN THE AREA OF MABELVALE PIKE AND FAIR PARK BLVD. OFFICERS CIRCULATED THE AREA AND LOCATED THE VEHICLE NEAR THE 2900 BLOCK OF BOULEVARD STREET. A BRIEF VEHICLE PURSUIT ENSUED EASTWARD ON BOULEVARD STREET AND ENDED AT THE 2800 BLOCK OF ABIGAIL STREET WHERE THE VEHICLE COLLIDED WITH AND RESTED ON A WIRE-MESH FENCE. THREE SUSPECTS EXITED THE VEHICLE AND FLED ON FOOT. DUE TO THE VIOLENT OFFENSE OFFICERS GAVE CHASE ON FOOT AND APPREHENDED ALL SUSPECTS. JUVENILE 1 REFUSED TO STOP AND WAS TASED. ALL THREE JUVENILES WERE DETAINED AND TRANSPORTED TO THE 12TH STREET SUBSTATION. A SEARCH OF VEHICLE 1 YIELDED A SILVER OVER BLACK FIREARM LOCATED IN THE BACK SEAT AREA. JUVENILE 3 WAS IN POSSESSION OF A GREEN LEAFY SUBSTANCE.

AFTER BRIEF INTERVIEWS, JUVENILE 1 WAS CHARGED AS AN ADULT AND TRANSPORTED TO THE PULASKI COUNTY REGIONAL JAIL WITH THE LISTED CHARGES: TWO (2) COUNTS AGGRAVATED ROBBERY, THEFT OF PROPERTY, MINOR IN POSSESSION OF A FIREARM, CRIMINAL MISCHIEF, AND FELONY AND MISDEMEANOR FLEEING. JUVENILE 3 WAS CHARGED AS AN ADULT AND TRANSPORTED TO THE PULASKI COUNTY REGIONAL JAIL WITH THE LISTED CHARGES: TWO (2) COUNTS AGGRAVATED ROBBERY, THEFT OF PROPERTY, FLEEING ON FOOT AND MISDEMEANOR POSSESSION OF A CONTROLLED SUBSTANCE. JUVENILE 2 WAS CHARGED AS A JUVENILE AND TRANSPORTED TO PULASKI COUNTY JUVENILE DETENTION WITH THE LISTED CHARGES: TWO (2) COUNTS AGGRAVATED ROBBERY, THEFT OF PROPERTY, AND FLEEING ON FOOT. JUVENILE 2 COMPLAINED OF BREATHING ISSUES AND WAS TRANSPORTED TO ACH, TREATED, AND RETURNED TO THE 12 STREET SUBSTATION PRIOR TO GOING THE JUVENILE DETENTION. LT. BEWLEY WAS ON SCENE. MAJOR CRIMES DETECTIVES AND CSSU RESPONDED. VEHICLE 1 WAS RECOVERED. SERGEANT WALTON WAS NOTIFIED. THE LISTED CONTACTS, KAYLA ADAMS AND JASMINE MCCRARY, PARENTS OF THE JUVENILES, WERE NOTIFIED OF THE ARRESTS.

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 type="checkbox"/> JUVENILE INFORMATION	INCIDENT				Report generated: 2/2/2026 7:55 PM
INCIDENT NUMBER 2026-013556	UNIT ASSIGNED 2X91	CALL DATE 02/02/2026	CALL TIME 17:28:00	TYPE OF CALL BATTERY	
INCIDENT DATE 2/2/2026 5:28:20 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 1 STATE POLICE PLAZA			DISTRICT 82

OFFENSE

INCIDENT OFFENSE TYPE		OFFENSE STATUS	
1. AGGRAVATED ROBBERY (INDIVIDUAL)	5.	Attempted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. THEFT OF PROPERTY FELONY	6.	Completed	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
3.	7.	Attempted	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
4.	8.	Completed	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:	
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		<input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing	
		GANG RELATED INFO:	
		<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown	
LOCATION CODE:			
<input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input checked="" 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"/> (15) Jail / Penitentiary <input type="checkbox"/> (42) Camp / Campground			
(FOR BURGLARY ONLY)		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)	
METHOD OF ENTRY:		<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)	
NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 02/03/2026 00:15:02	REPORTING OFFICER MICHAEL HUNTON - [REDACTED]	ORIGINAL APPROVING SUPERVISOR ANTONIO MCNUTT [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS SEARS,MARQUITA																												
ADDRESS: HOMELESS LITTLE ROCK AR 72209																													
HOME PHONE: 1111111111	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 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 02/04/1989																										
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: 37 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
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(OF) Other Family	(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																		
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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									
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CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

SUSPECT #1					
SUSPECT # 1	NAME (Last, First, Middle) JOHNSON, EMMANUEL		AKA:		
ARRESTEE #	ADDRESS: UNKNOWN LITTLE ROCK AR 72209				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE:					
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		DATE OF BIRTH	
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: 38 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 6 In 0	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: _____		<input type="checkbox"/> MVR
OFFICER 2: _____		<input type="checkbox"/> MVR	OFFICER 6: _____		<input type="checkbox"/> MVR
OFFICER 3: _____		<input type="checkbox"/> MVR	OFFICER 7: _____		<input type="checkbox"/> MVR
OFFICER 4: _____		<input type="checkbox"/> MVR	OFFICER 8: _____		<input type="checkbox"/> MVR

Suspect information continued on next page.

SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

JOHNSON, EMMANUEL

AKA:

COMPLEXION:

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

HAIR LENGTH:

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

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 _____

ADDED DESCRIPTION:

n/a

PROPERTY

DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	97.00	NA NA GRN NA 97.00 DOLLARS	0	97		0.00	
7	25	1.00	NA NA BLK NA PURSE	0	20		0.00	

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

PROPERTY DESCRIPTION:

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

DRUG TYPE:

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

TYPE DRUG MEASUREMENT:

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

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

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

NARRATIVE

OFFICERS WERE DISPATCHED TO THE LISTED LOCATION FOR A BATTERY. OFFICERS MADE CONTACT WITH MS. MARQUITA SEARS. MS. SEARS STATED A MAN SHE KNOWS AS EMMANUEL JOHNSON PUNCHED HER IN THE FACE AND STOLE HER PURSE. MS. JOHNSON STATED THE PURSE CONTAINED \$97.00 IN CASH. OFFICERS OBSERVED MINOR INJURY TO THE FOREHEAD OF MS. SEARS. MS. SEARS STATED MR. JOHNSON GOT INTO A RED DODGE AND LEFT THE AREA. OFFICERS PROVIDED MS. SEARS WITH AN INCIDENT NUMBER. OFFICERS LEFT THE SCENE WITH NO FURTHER INCIDENT.

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