

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

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|---|--|--|--------------------------------|------------------------------|-------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 3/23/2026 3:00 PM | |
| INCIDENT NUMBER 2026-034750 | | UNIT ASSIGNED 1X91 | CALL DATE 03/23/2026 | CALL TIME 09:45:00 | TYPE OF CALL ROBBUS | |
| INCIDENT DATE 3/23/2026 9:45:07 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 10206 MABELVALE PLAZA DR ARVEST | | | DISTRICT 91 | |

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

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| ENTRY DATE 03/23/2026 17:59:48 | REPORTING OFFICER NICHOLAS YOUNG - [REDACTED] | ORIGINAL APPROVING SUPERVISOR ALLISON WALTON - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
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VICTIM

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|--|--|--|---|-------------------|-------------------------|------------------------------|-------------------|-------------------|---------------------|--------------------|------------------------------|------------------|----------------------------|-------------------------|-----------------------------|-----------------------|----------------------------|------------------|----------------------|-----------------------|---------------------|----------------------|---------------------|------------------------|------------------------------|-------------------------|---------------------------------|---------------------|-------------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS RAMIREZ,JENNIFER | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 10206 MABELVALE PLAZA DR LITTLE ROCK AR 72209 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5017442563 | 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 07/05/2004 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u>21</u> 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 style="width: 100%; border: none;"> <tr> <td>_____ (SE) Spouse</td> <td>_____ (AQ) Acquaintance</td> </tr> <tr> <td>_____ (CS) Common-Law Spouse</td> <td>_____ (FR) Friend</td> </tr> <tr> <td>_____ (PA) Parent</td> <td>_____ (NE) Neighbor</td> </tr> <tr> <td>_____ (SB) Sibling</td> <td>_____ (BE) Babysitter (baby)</td> </tr> <tr> <td>_____ (CH) Child</td> <td>_____ (BG) Boy/Girl Friend</td> </tr> <tr> <td>_____ (GP) Grandparents</td> <td>_____ (CF) Child of BF / GF</td> </tr> <tr> <td>_____ (GC) Grandchild</td> <td>_____ (HR) Homosexual Rel.</td> </tr> <tr> <td>_____ (IL) Inlaw</td> <td>_____ (XS) Ex-Spouse</td> </tr> <tr> <td>_____ (SP) Stepparent</td> <td>_____ (EE) Employee</td> </tr> <tr> <td>_____ (SC) Stepchild</td> <td>_____ (ER) Employer</td> </tr> <tr> <td>_____ (SS) Stepsibling</td> <td>_____ 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

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|--|---|--|---|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|--------------------------|-------------------|-----------------------------|---------------|-------------------------|
| VICTIM # 2 | NAME (Last, First, Middle) or BUSINESS <h3 style="text-align: center;">JENNIFER ARVEST BANK</h3> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: <p style="text-align: center;">10206 MABELVALE PLAZA LITTLE ROCK AR 72209</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 5017442563 | 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 style="width: 100%; border: none;"> <tr> <td>(SE) Spouse</td> <td>(AQ) Acquaintance</td> </tr> <tr> <td>(CS) Common-Law Spouse</td> <td>(FR) Friend</td> </tr> <tr> <td>(PA) Parent</td> <td>(NE) Neighbor</td> </tr> <tr> <td>(SB) Sibling</td> <td>(BE) Babysitter (baby)</td> </tr> <tr> <td>(CH) Child</td> <td>(BG) Boy/Girl Friend</td> </tr> <tr> <td>(GP) Grandparents</td> <td>(CF) Child of BF / GF</td> </tr> <tr> <td>(GC) Grandchild</td> <td>(HR) Homosexual Rel.</td> </tr> <tr> <td>(IL) Inlaw</td> <td>(XS) Ex-Spouse</td> </tr> <tr> <td>(SP) Stepparent</td> <td>(EE) Employee</td> </tr> <tr> <td>(SC) Stepchild</td> <td>(ER) Employer</td> </tr> <tr> <td>(SS) Stepsibling</td> <td>1 1 (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 | 1 1 (OK) Otherwise Known | (OF) Other Family | 1 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
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| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | 1 1 (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VICTIM

| | | | |
|---|---|--|---------------|
| VICTIM # 3 | 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: | |
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| THIS VICTIM RELATED 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 | | <input type="checkbox"/> (SE) Spouse _____ <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse _____ <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent _____ <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling _____ <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child _____ <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents _____ <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild _____ <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw _____ <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent _____ <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild _____ <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling _____ 1 1 <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family _____ 1 1 <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger _____ <input type="checkbox"/> (VO) Victim Was Suspect | |
| 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: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

SUSPECT #1

| | | | | |
|---|---|---|---------------------------------|---|
| SUSPECT # 1 | NAME (Last, First, Middle) WHITFIELD, CHASE | | AKA: | |
| ARRESTEE # 1 | ADDRESS: 34 CLEMENT DR LITTLE ROCK AR 72209 | | | |
| HOME PHONE: | | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: 9999999999 |
| 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 03/16/2001 |
| 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: <u>25</u> 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 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 checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: 8800 BASELINE RD | | | ARREST DATE: 03/23/2026 | |
| CHARGE: 5-12-103B 5-36-103F 5-73-102 | | | | |
| ARRESTING OFFICERS | | | | |
| OFFICER 1: STEPHEN HENRY ██████████ | <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) WHITFIELD,CHASE | AKA: |
|---------------------------|--|-------------|

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

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 | 1.00 | UNK UNK + UNK US CURRENCY | 0 | 1000 | | 0.00 | |
| 6 | 11 | 1.00 | UNK UNK + UNK GLASS PIPE | 0 | 1 | | 0.00 | |
| 7 | 77 | 1.00 | UNK UNK + UNK ROBBERY | 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: | (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 | 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 TO A ROBBERY. OFFICERS MADE CONTACT WITH MS. RAMIREZ WHO IS THE MAIN TELLER AT THE BUSINESS. SHE STATED MR. WHITFIELD CAME INTO THE BUSINESS AND HANDED HER A NOTE STATING \$1000 PLZ. THE TELLER STATED WHEN SHE TOLD THE SUSPECT THAT HE DIDN'T HAVE AN ACCOUNT THERE, HE TOLD HER "MAKE IT HAPPEN." SHE STATED SHE NOTIFIED HER CO-WORKERS BY COMPUTER THAT SHE WAS BEING ROBBED. THEY ACTIVATED THE ROBBERY ALARM. SHE GAVE HIM THE MONEY AND HE LEFT THE BUSINESS IN AN UNKNOWN DIRECTION. SHE STATED THE SUSPECT WAS WEARING A GRAY HOODIE AND A DARK TRENCH COAT. A BROADCAST WAS MADE ON THE SUSPECT. OFFICERS LOCATED THE SUSPECT NEAR THE INTERSECTION OF BASELINE RD AND MABELVALE PLAZA DR. HE WAS PLACED INTO CUSTODY. A PAT-DOWN WAS CONDUCTED ON THE SUSPECT AND MONEY AND A GLASS PIPE WAS RECOVERED FROM HIS RIGHT FRONT POCKET. HE WAS TRANSPORTED TO 12TH ST. DETECTIVES OFFICE TO BE INTERVIEWED. HE WAS CHARGED WITH AGGRAVATED ROBBERY, THEFT OF PROPERTY (FEL) AND POSSESSION OF INSTRUMENT OF A CRIME AND TRANSPORTED TO PCRJ.

ADDITIONAL HOMICIDE CIRCUMSTANCES

| | | |
|---|---|---|
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal | <input type="checkbox"/> (C) Criminal attacked a civilian | <input type="checkbox"/> (F) Criminal resisted arrest |
| <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer | <input type="checkbox"/> (D) Criminal attempted flight from a crime | <input type="checkbox"/> (G) Unable to determine / not enough information |
| <input type="checkbox"/> (E) Criminal killed in commission of a crime | | |

RELATED CASE NUMBER(S)

CAR JACKING? YES NO DRIVE-BY? YES NO GANG RELATED? YES NO

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

| | | | |
|--|---|---|--|
| RACIAL (Anti-) | RELIGIOUS (Anti-) | ETHNICITY / NATIONAL ORIGIN (Anti-) | SEXUAL (Anti-) |
| <input type="checkbox"/> (11) White | <input type="checkbox"/> (21) Jewish | <input type="checkbox"/> (32) Hispanic | <input type="checkbox"/> (41) Male Homosexual (Gay) |
| <input type="checkbox"/> (12) Black | <input type="checkbox"/> (22) Catholic | <input type="checkbox"/> (33) Other Ethnicity | <input type="checkbox"/> (42) Female Homosexual (Lesbian) |
| <input type="checkbox"/> (13) American Indian / Alaskan Native | <input type="checkbox"/> (23) Protestant | DISABILITY (Anti-) | <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) |
| <input type="checkbox"/> (14) Asian / Pacific Islander | <input type="checkbox"/> (24) Islamic (Muslim) | <input type="checkbox"/> (51) Physical Disability | <input type="checkbox"/> (44) Heterosexual |
| <input type="checkbox"/> (15) Multi-Racial Group | <input type="checkbox"/> (25) Other Religion | <input type="checkbox"/> (52) Mental Disability | <input type="checkbox"/> (45) Bisexual |
| | <input type="checkbox"/> (26) Multi-Religious Group | | |
| | <input type="checkbox"/> (27) Atheist/Agnostic | | |

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | | |
|---|--|--|--------------------------------|------------------------------|-------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 3/23/2026 4:45 AM | |
| INCIDENT NUMBER 2026-034200 | | UNIT ASSIGNED 3X55 | CALL DATE 03/22/2026 | CALL TIME 00:29:00 | TYPE OF CALL ROBBUS | |
| INCIDENT DATE 3/22/2026 12:29:51 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 925 FAIR PARK BLVD CIRCLE K | | | DISTRICT 55 | |

| OFFENSE | | | |
|--|--|-------|---|
| INCIDENT OFFENSE TYPE | | | OFFENSE STATUS |
| 1. ROBBERY (BUSINESS) 5. | 2. ASSAULT 3RD DEGREE 6. | 3. 7. | Attempted Completed 1 <input type="checkbox"/> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> <input checked="" type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> |
| 4. 8. | | | Attempted Completed 5 <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> |
| SUSPECTS USED: | TYPE OF CRIMINAL ACTIVITY: | | GANG RELATED INFO: |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing | | <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown |
| LOCATION CODE: | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) | | |
| <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 checked="" type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (42) Camp / Campground | <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 checked="" type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc) | | |
| (FOR BURGLARY ONLY) METHOD OF ENTRY: | | | |
| NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

| | | | |
|--|--|--|--|
| ENTRY DATE 03/22/2026 08:21:54 | REPORTING OFFICER JESSE HURTADO - [REDACTED] | ORIGINAL APPROVING SUPERVISOR JEFFERY FRAZIER - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

VICTIM

| | | | |
|--|---|--|----------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS K CIRKLE | | |
| ADDRESS: 925 FAIR PARK BL LITTLE ROCK AR 72205 | | | |
| HOME PHONE: 5014517574 | 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) | |
| 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 | | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> 1 (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect | |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <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 RHODES, WILLIAM |
|----------------------|--|

ADDRESS: **925 FAIR PARK BL LITTLE ROCK AR 72205**

| | | | |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE: 5014517574 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

| | | | |
|--|--|---|------------------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 10/04/1989 |
|--|--|---|------------------------------------|

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|---------------------------|------------------|-------------------------|
| AGE: Exact Age: 36 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 style="width: 100%; border: none;"> <tr> <td>(SE) Spouse</td> <td>(AQ) Acquaintance</td> </tr> <tr> <td>(CS) Common-Law Spouse</td> <td>(FR) Friend</td> </tr> <tr> <td>(PA) Parent</td> <td>(NE) Neighbor</td> </tr> <tr> <td>(SB) Sibling</td> <td>(BE) Babysitter (baby)</td> </tr> <tr> <td>(CH) Child</td> <td>(BG) Boy/Girl Friend</td> </tr> <tr> <td>(GP) Grandparents</td> <td>(CF) Child of BF / GF</td> </tr> <tr> <td>(GC) Grandchild</td> <td>(HR) Homosexual Rel.</td> </tr> <tr> <td>(IL) Inlaw</td> <td>(XS) Ex-Spouse</td> </tr> <tr> <td>(SP) Stepparent</td> <td>(EE) Employee</td> </tr> <tr> <td>(SC) Stepchild</td> <td>(ER) Employer</td> </tr> <tr> <td>(SS) Stepsibling</td> <td>(OK) Otherwise Known</td> </tr> <tr> <td>(OF) Other Family</td> <td>(RU) Relationship Unknown</td> </tr> <tr> <td>11 (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 | 11 (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 (ST) Stranger | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown
 (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

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

CLOTHING DESCRIPTION
HAT _____ SHIRT _____ SHOES _____
COAT _____ PANTS/DRESS _____

| SUSPECT #1 | | | | | | |
|--|---|--|--|---|------|---|
| SUSPECT # 1 | NAME (Last, First, Middle) ,UNK | | | | 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 _____ In _____ |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | | 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 <small>(A -- automatic c)</small> |
| 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: 5-12-102B 5-13-207 | | | | | | |
| 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) ,UNK | AKA: |
|---------------------------|---|------|

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

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 | 08 | 3.00 | UNK NEWPOR WHT UNK CARTON CIGERRETS | 0 | 375 | | 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 | Weight | |
| (DU) Dosage Unit | (GM) Gram | (OZ) Ounce |
| (Pills, etc) | (KG) Kilogram | (LB) Pound |
| (NP) Number of Plants | | |

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

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

NARRATIVE

OFFICERS RESPONDED TO THE LOCATION LISTED ABOVE IN REFERENCE TO A ROBBERY OF A BUSINESS. UPON ARRIVAL OFFICERS MADE CONTACT WITH THE STORE CLERK, WILLIAM RHODES WHO ADVISED THAT A UNKNOWN BLACK MALE CAME IN THE STORE AND ASKED FOR THREE CARTONS OF "NEWPORT" CIGARETTES, VALUED AT \$375.00. WHILE CHECKING THE SUSPECTS ID AN ERROR OCCURRED IN THE SYSTEM, BUT DURING THIS TIME THE SUSPECT RAN BEHIND THE COUNTER, GRABBING THREE CARTON OF CIGARETTES AND RAN OUTSIDE. RHODES STATED HE RAN OUTSIDE AFTER THE SUSPECT AND THE SUSPECT PUNCHED HIM IN THE FACE. RHODES ADVISED THE SUSPECT WAS WEARING A BLACK LONG SLEEVE SHIRT, BLUE JEANS, HAD A PATCHY GOAT-TEE AND WAS CARRYING A BLACK PLASTIC BAG. RHODES STATED THE SUSPECT WAS LAST SEEN RUNNING EAST ON 10TH STREET.

OFFICERS CIRCULATED THE AREA WITH A K9 OFFICER ON FOOT. OFFICERS HAD NEGATIVE RESULTS ON LOCATING THE SUSPECT.

RHODES DECLINED MEDICAL ON SCENE AND WAS ADVISED THE INCIDENT NUMBER FOR HIS RECORDS. RHODES WAS ABLE TO CONTACT THE MANAGER FOR SECURITY FOOTAGE OF THE INCIDENT.

MVR AND BWC IN USE

| | | |
|---|---|---|
| ADDITIONAL HOMICIDE CIRCUMSTANCES | | |
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal | <input type="checkbox"/> (C) Criminal attacked a civilian | <input type="checkbox"/> (F) Criminal resisted arrest |
| <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer | <input type="checkbox"/> (D) Criminal attempted flight from a crime | <input type="checkbox"/> (G) Unable to determine / not enough information |
| <input type="checkbox"/> (E) Criminal killed in commission of a crime | | |

RELATED CASE NUMBER(S)

CAR JACKING? YES NO DRIVE-BY? YES NO GANG RELATED? YES NO

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

| RACIAL (Anti-) | RELIGIOUS (Anti-) | ETHNICITY / NATIONAL ORIGIN (Anti-) | SEXUAL (Anti-) |
|--|---|---|--|
| <input type="checkbox"/> (11) White | <input type="checkbox"/> (21) Jewish | <input type="checkbox"/> (32) Hispanic | <input type="checkbox"/> (41) Male Homosexual (Gay) |
| <input type="checkbox"/> (12) Black | <input type="checkbox"/> (22) Catholic | <input type="checkbox"/> (33) Other Ethnicity | <input type="checkbox"/> (42) Female Homosexual (Lesbian) |
| <input type="checkbox"/> (13) American Indian / Alaskan Native | <input type="checkbox"/> (23) Protestant | DISABILITY (Anti-) | <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) |
| <input type="checkbox"/> (14) Asian / Pacific Islander | <input type="checkbox"/> (24) Islamic (Muslim) | <input type="checkbox"/> (51) Physical Disability | <input type="checkbox"/> (44) Heterosexual |
| <input type="checkbox"/> (15) Multi-Racial Group | <input type="checkbox"/> (25) Other Religion | <input type="checkbox"/> (52) Mental Disability | <input type="checkbox"/> (45) Bisexual |
| | <input type="checkbox"/> (26) Multi-Religious Group | | |
| | <input type="checkbox"/> (27) Atheist/Agnostic | | |