



### VICTIM

VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS <b>TORRES,JOSE</b>
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ADDRESS: **6521 LANCASTER RD LITTLE ROCK AR 72209**

HOME PHONE: <b>5014145423</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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 <b>08/21/1973</b>
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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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AGE: Exact Age: <u>52</u> 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%; font-size: small;"> <tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr> <tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr> <tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr> <tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr> <tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr> <tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr> <tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr> <tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr> <tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr> <tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr> <tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr> <tr><td>(OF) Other Family</td><td>1 (RU) Relationship Unknown</td></tr> <tr><td>(ST) Stranger</td><td>(VO) Victim Was Suspect</td></tr> </table>	(SE) Spouse	(AQ) Acquaintance	(CS) Common-Law Spouse	(FR) Friend	(PA) Parent	(NE) Neighbor	(SB) Sibling	(BE) Babysitter (baby)	(CH) Child	(BG) Boy/Girl Friend	(GP) Grandparents	(CF) Child of BF / GF	(GC) Grandchild	(HR) Homosexual Rel.	(IL) Inlaw	(XS) Ex-Spouse	(SP) Stepparent	(EE) Employee	(SC) Stepchild	(ER) Employer	(SS) Stepsibling	(OK) Otherwise Known	(OF) Other Family	1 (RU) Relationship Unknown	(ST) Stranger	(VO) Victim Was Suspect
(SE) Spouse	(AQ) Acquaintance																											
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(SS) Stepsibling	(OK) Otherwise Known																											
(OF) Other Family	1 (RU) Relationship Unknown																											
(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

<b>SUSPECT #</b> 1	NAME (Last, First, Middle)  <b>,UNKNOWN</b>		AKA:		
<b>ARRESTEE #</b>	ADDRESS:  <b>UNKNOWN UNKNOWN AR</b>				
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		DATE OF BIRTH	
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:			
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft <u>5</u> In <u>8</u>	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  <small>(A -- automatic c)</small>	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs <u>100</u>		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody			
ARREST LOCATION:			ARREST DATE:		
CHARGE: 5-12-1031					
ARRESTING OFFICERS					
OFFICER 1: _____ <input type="checkbox"/> MVR		OFFICER 5: _____ <input type="checkbox"/> MVR			
OFFICER 2: _____ <input type="checkbox"/> MVR		OFFICER 6: _____ <input type="checkbox"/> MVR			
OFFICER 3: _____ <input type="checkbox"/> MVR		OFFICER 7: _____ <input type="checkbox"/> MVR			
OFFICER 4: _____ <input type="checkbox"/> MVR		OFFICER 8: _____ <input type="checkbox"/> MVR			

Suspect information continued on next page.

### SUSPECT #1

SUSPECT #  1	NAME (Last, First, Middle)  <b>,UNKNOWN</b>	AKA:				
<b>COMPLEXION:</b> <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	<b>HAIR STYLE:</b> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown  <b>BUILD:</b> <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	<b>HAIR COLOR:</b> <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown  <b>EYE COLOR:</b> <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	<b>FACIAL HAIR:</b> <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	<b>DEMEANOR:</b> <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	<b>SCAR / MARK:</b> <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	<b>TATTOO:</b> <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  <b>TATTOO LOC:</b> <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
<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

**ADDED DESCRIPTION:**

n/a

**VEHICLE #1**

STATUS: SUBJECT

HOLD AUTHORITY:

YEAR: 2007	MAKE: HOND	MODEL: CIVIC	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): BLM58X PC	LIC YEAR: 2027
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: WHI	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	20	210.00	NA US + CURRENCY \$210 DOLLARS	0	210		0.00	
7	20	210.00	NA US + CURRENCY \$210 US CURRENCY	0	210		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)
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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 (Pills, etc)	(GM) Gram	(OZ) Ounce
(NP) Number of Plants	(KG) Kilogram	(LB) Pound

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
 Tools Apparently Used: \_\_\_\_\_

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

**NARRATIVE**

ON TUESDAY, APRIL 21, 2026, WHILE PATROLLING THE PARKING LOT AT 7724 GEYER SPRINGS ROAD, I WAS FLAGGED DOWN BY MR. JOSE TORRES, WHO ADVISED THAT HE HAD BEEN ROBBED.

MR. TORRES PRIMARILY SPOKE SPANISH, AND COMMUNICATION WAS FACILITATED THROUGH OFFICER C. RODRIGUEZ AS A TRANSLATOR. MR. TORRES STATED THAT HE WORKS AT 6521 LANCASTER ROAD, WHERE HIS EMPLOYER ALLOWS HIM TO SLEEP INSIDE HIS VEHICLE, A WHITE 2007 HONDA CIVIC BEARING ARKANSAS LICENSE PLATE BLM58X.

MR. TORRES REPORTED THAT HE WAS AWAKENED FROM SLEEP BY AN UNKNOWN SUSPECT DESCRIBED AS A LIGHT-SKINNED BLACK MALE OR POSSIBLY A HISPANIC MALE. HE DESCRIBED THE SUSPECT AS APPROXIMATELY 25-35 YEARS OF AGE, AROUND 5'10" IN HEIGHT, WITH A SLENDER BUILD. THE SUSPECT WAS WEARING A BLUE JACKET, BLUE JEANS, AND A WHITE SKI MASK. MR. TORRES FURTHER NOTED THAT THE SUSPECT HAD DISTINCT MARKS AROUND HIS EYES, WHICH HE DESCRIBED AS SCAR-LIKE.

MR. TORRES STATED THAT THE SUSPECT KNOCKED ON THE DRIVER'S SIDE WINDOW, POINTED A BLACK HANDGUN AT HIM, AND DEMANDED MONEY. MR. TORRES COMPLIED AND HANDED OVER APPROXIMATELY \$210 IN CASH, CONSISTING OF TWO \$100 BILLS AND MISCELLANEOUS BILLS TOTALING \$10. MR. TORRES ALSO REPORTED THAT THE SUSPECT APPEARED TO BE ARMED WITH AN ADDITIONAL "UZI-STYLE" FIREARM.

ACCORDING TO MR. TORRES, THE SUSPECT FLED WESTBOUND ACROSS THE STREET BEFORE JUMPING A FENCE AND ENTERING THE ROSEWOOD APARTMENTS LOCATED AT 6600 LANCASTER ROAD.

A BROADCAST WAS MADE OVER THE MAIN RADIO CHANNEL WITH THE SUSPECTS DESCRIPTION. AT APPROXIMATELY THE SAME TIME, A SUSPICIOUS PERSON CALL WAS DISPATCHED IN REFERENCE TO LITTLE ROCK POLICE INCIDENT #2026-047947. THE CALLER REPORTED A SUSPICIOUS INDIVIDUAL MATCHING A SIMILAR DESCRIPTION: APPROXIMATELY 5'10", WEARING BLUE CLOTHING AND A MASK, WITH AN UNNATURAL LOOKING FACE. THE INDIVIDUAL WAS LAST SEEN NEAR THE INTERSECTION OF WEST 40TH STREET AND LUDWIG STREET. OFFICERS CANVASSED THE AREA BUT WERE UNABLE TO LOCATE THE SUSPECT.

NO FURTHER INCIDENT OCCURRED. MVR/BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 4/21/2026 8:16 AM
INCIDENT NUMBER <b>2026-047939</b>	UNIT ASSIGNED <b>3X62</b>	CALL DATE <b>04/21/2026</b>	CALL TIME <b>02:24:00</b>	TYPE OF CALL <b>DISWP</b>	
INCIDENT DATE <b>4/21/2026 2:24:02 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>13500 CHENAL PKY 2824 2824</b>			DISTRICT <b>71</b>

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. TERRORISTIC ACT	5.	Attempted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2.	6.	Completed	1 <input checked="" type="checkbox"/> 2 <input 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"/> (B) Buying / Receiving	<input type="checkbox"/> (C) Cultivate / Manufacture / Publish
<input type="checkbox"/> (C) Computer Equip	<input checked="" type="checkbox"/> (N) Not Applicable / Unknown	<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 checked="" 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 type="checkbox"/> (11) Government / Public Building	<input type="checkbox"/> (37) Abandoned/Condemned Structure		
<input type="checkbox"/> (12) Grocery / Supermarket	<input type="checkbox"/> (38) Amusement Park		
<input type="checkbox"/> (13) Highway / Road / Alley	<input type="checkbox"/> (39) Arena / Stadium / Fairgrounds		
<input type="checkbox"/> (14) Hotel / Motel / Etc	<input type="checkbox"/> (40) ATM Separate from Bank		
<input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (41) Auto Dealership New / Used		
	<input type="checkbox"/> (42) Camp / Campground		
(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 checked="" type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison
		<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives
		<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device
		<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills
		<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation
		<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other
		<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown
		<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None
		<input type="checkbox"/> (40) Personal Weapons (hands, etc)	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE <b>04/21/2026 08:51:17</b>	REPORTING OFFICER <b>JAMES BOYCE - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>JUSTIN SIMS - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS <b>SSERUKEERA, TONIA</b>
----------------------	--

ADDRESS: **13500 CHENAL PW 2824 LITTLE ROCK AR 72211**

HOME PHONE: <b>9789675823</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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 <b>02/10/2003</b>
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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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AGE: Exact Age: <b>23</b> 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><b>1</b> (RU) Relationship Unknown</td> </tr> <tr> <td>(ST) Stranger</td> <td>(VO) Victim Was Suspect</td> </tr> </table>	(SE) Spouse	(AQ) Acquaintance	(CS) Common-Law Spouse	(FR) Friend	(PA) Parent	(NE) Neighbor	(SB) Sibling	(BE) Babysitter (baby)	(CH) Child	(BG) Boy/Girl Friend	(GP) Grandparents	(CF) Child of BF / GF	(GC) Grandchild	(HR) Homosexual Rel.	(IL) Inlaw	(XS) Ex-Spouse	(SP) Stepparent	(EE) Employee	(SC) Stepchild	(ER) Employer	(SS) Stepsibling	(OK) Otherwise Known	(OF) Other Family	<b>1</b> (RU) Relationship Unknown	(ST) Stranger	(VO) Victim Was Suspect
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(OF) Other Family	<b>1</b> (RU) Relationship Unknown																											
(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 \_\_\_\_\_

### VICTIM

VICTIM # <b>2</b>	NAME (Last, First, Middle) or BUSINESS <b>BLAIR-ERERI,LATOYA</b>
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ADDRESS: **13500 CHENAL PW 2824 LITTLE ROCK AR 72211**

HOME PHONE: <b>9784233511</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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 <b>06/30/1982</b>
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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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AGE: Exact Age: <b>43</b> Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) (SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (XS) Ex-Spouse (SP) Stepparent _____ (EE) Employee (SC) Stepchild _____ (ER) Employer (SS) Stepsibling _____ (OK) Otherwise Known (OF) Other Family <b>1</b> _____ (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect
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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  
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 (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 # <b>1</b>	NAME (Last, First, Middle) <b>,UNK</b>	AKA:
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<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	<b>HAIR STYLE:</b> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	<b>HAIR COLOR:</b> <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	<b>FACIAL HAIR:</b> <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	<b>DEMEANOR:</b> <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	<b>SCAR / MARK:</b> <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	<b>TATTOO:</b> <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
<b>HAIR LENGTH:</b> <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input checked="" type="checkbox"/> (6) Unknown	<b>BUILD:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown	<b>EYE COLOR:</b> <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input checked="" type="checkbox"/> (7) Unknown	<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<b>TATTOO LOC:</b> <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back

**ADDED DESCRIPTION:**

n/a

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	35	3.00	NONE HOLES + BULLET BULLET HOLES	0	150		0.00	
0	77	3.00	NONE BRASS + SHELL CASI 3 SHELL CASINGS	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

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

<b>DRUG TYPE:</b>	(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**

OFFICER'S GOT CALLED TO THE ABOVE LISTED LOCATION FOR THE REPORT OF SHOTS BEING FIRED. OFFICERS ARRIVED AND LOCATED HOLES IN THE FRONT DOOR OF APARTMENT 2824. OFFICERS ALSO LOCATED 3 SHELL CASINGS THAT WERE ULTIMATELY COLLECTED AND STORED BY DEPARTMENTAL POLICY AT THE NORTHWEST SUBSTATION PROPERTY ROOM. L36, (SGT. SIMS), CAME TO THE SCENE AND CALLED DETECTIVES OUT. DETECTIVE HIBBS RESPONDED. VICTIM 2 IS THE MOTHER OF VICTIM 1. VICTIM 2 STATED THEY WERE ASLEEP AND WERE WOKEN UP BY 3 LOUD KNOCKS AT THE DOOR. DIRECTLY AFTER THE KNOCKS, 3 GUNSHOTS WERE HEARD, VICTIM 2 TOLD VICTIM 1 OUT-LOUD, "CALL THE POLICE", REPEATEDLY. VICTIM 2 STATED THE ONLY THOUGHT THAT CAME TO HER MIND IS THAT THIS MAY HAVE SOMETHING TO DO WITH HER EX-HUSBAND, (ROBERT BLAIR). VICTIM 2 IS ABLE TO TRACK MR. BLAIR'S PHONE BECAUSE SHE PAYS THE BILL. SHE STATED HE WAS IN SOUTHWEST LITTLE ROCK AND ANSWERED THE PHONE DENYING INVOLVEMENT. VICTIM 1 STATED MR. BLAIR USES A LOT OF DRUGS. LOOKING AT THE SCENE THIS WAS ABSOLUTELY TARGETED AT THE DOOR TO APARTMENT 2824. RING CAMERAS WERE NOTED IN THE AREA, BUT WERE NOT CHARGED. DETECTIVE HIBBS SPOKE WITH THE VICTIMS. VICTIM 2 WAS GIVEN A COPY OF THIS INCIDENT NUMBER FOR REFERENCE. NO SUSPECT DESCRIPTION IS AVAILABLE AT THIS TIME. NOBODY WAS HARMED DURING THIS INCIDENT. OFFICER HENSLER COLLECTED THE CASINGS FOR STORAGE AS INSTRUCTED BY DETECTIVE HIBBS.

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	<b>DISABILITY (Anti-)</b>	<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		