

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 5/5/2026 3:16 PM
INCIDENT NUMBER <b>2026-054382</b>	UNIT ASSIGNED <b>3X53</b>	CALL DATE <b>05/05/2026</b>	CALL TIME <b>01:22:00</b>	TYPE OF CALL <b>THEFT</b>	
INCIDENT DATE <b>5/5/2026 1:22:33 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1300 S WOODROW ST</b>			DISTRICT <b>53</b>

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. AGGRAVATED ROBBERY (INDIVIDUAL)	5.		Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
2. THEFT BY RECEIVING FELONY	6.		Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
3.	7.		
4.	8.		
SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:	
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		<input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input checked="" type="checkbox"/> (P) Possessing / Concealing	
		GANG RELATED INFO:	
		<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown	
LOCATION CODE:			
<input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input 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 checked="" 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"/> <input type="checkbox"/> (42) Camp / Campground			
(FOR BURGLARY ONLY)		METHOD OF ENTRY:	
NUMBER OF PREMISES ENTERED _____		<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	
		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)	
		<input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input checked="" 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>05/05/2026 07:33:48</b>	REPORTING OFFICER <b>HOWARD BRADFORD - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>JEFFERY FRAZIER - [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>ALLEN,AVERY</b>
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ADDRESS: **1503 BOOKER ST LITTLE ROCK AR 72204**

HOME PHONE: <b>5017663979</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 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>09/01/1994</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>31</b> 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) <b>[REDACTED]</b>	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) (SE) Spouse <b>1</b> (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 (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  
 (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>JONES,ALVIN</b>		AKA:	
<b>ARRESTEE #</b>	ADDRESS: <b>LITTLE ROCK AR 72204</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE: <b>5015536570</b>
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 <b>09/25/1979</b>
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: <b>46</b> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic c)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:			ARREST DATE:	
CHARGE: <b>5-12-1031</b>				
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

<b>SUSPECT #</b>  1	<b>NAME (Last, First, Middle)</b>  JONES,ALVIN	<b>AKA:</b>
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<b>COMPLEXION:</b>	<b>HAIR STYLE:</b>	<b>HAIR COLOR:</b>	<b>FACIAL HAIR:</b>	<b>DEMEANOR:</b>	<b>SCAR / MARK:</b>	<b>TATTOO:</b>
<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 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 checked="" type="checkbox"/> (3) Dark	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Brown	<input checked="" 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
	<input type="checkbox"/> (10) Other	<b>EYE COLOR:</b>	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other	<b>TATTOO LOC:</b>
<b>HAIR LENGTH:</b>	<input type="checkbox"/> (11) Unknown	<input 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"/> (1) Long		<input type="checkbox"/> (2) Brown		<input type="checkbox"/> (12) Unknown	<input checked="" type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)
<input type="checkbox"/> (2) Medium	<b>BUILD:</b>	<input type="checkbox"/> (3) Grey				<input type="checkbox"/> (03) Leg (lft)
<input checked="" type="checkbox"/> (3) Short	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (4) Green				<input type="checkbox"/> (04) Leg (rt)
<input type="checkbox"/> (4) Bald(ing)	<input checked="" type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (6) Other				<input type="checkbox"/> (06) Hand (rt)
<input type="checkbox"/> (6) Unknown	<input type="checkbox"/> (4) Muscular	<input checked="" type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face
	<input type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck
						<input type="checkbox"/> (09) Finger(s)
						<input type="checkbox"/> (10) Chest
						<input type="checkbox"/> (11) Back

**CLOTHING DESCRIPTION:**

HAT \_\_\_\_\_

COAT \_\_\_\_\_

SHIRT \_\_\_\_\_

PANTS/DRESS \_\_\_\_\_

SHOES \_\_\_\_\_

**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	3.00	NA NA + NA 3 DOLLARS	0	3		0.00	
1	20	1.00	NA NA + NA 3 DOLLARS	0	2.99		0.00	
1	20	1.00	NA NA + NA NIBRS-COMPLIANCE	0	2.99		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

<p><b>PROPERTY DESCRIPTION:</b></p> <p>(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</p>	<p>(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</p>	<p>(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</p>	<p>(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)</p>
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<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.		

<b>TYPE DRUG MEASUREMENT:</b>		
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 FOR A THEFT. OFFICERS MADE CONTACT WITH ALLEN (VICTIM). ALLEN STATED AN INDIVIDUAL HE KNEW AS THOMAS JAMES WALKED UP TO HIM AND TOLD HIM TO GIVE UP HIS MONEY. ALLEN REFUSED TO GIVE HIM THE MONEY HE HAD, AND THE SUSPECT PULLED OUT A KNIFE AND STARTED SWINGING IT AT HIM, DEMANDING HIS MONEY. AT THAT TIME, ALLEN HAD 3 DOLLARS THAT HE GAVE TO THE SUSPECT. ALLEN ADVISED HE HAD SEEN THE SUSPECT GO INTO 2822 W. DAISY BATES. ALLEN GAVE A DESCRIPTION OF THE SUSPECT WEARING A GREEN ZIP-UP HOODIE, BLACK CARGO SHORTS, A SALT AND PEPPER BEARD, AND A BLACK BASEBALL CAP. HE STATED THE SUSPECT WAS ABOUT 5FT 5IN TALL AND 180 POUNDS. OFFICERS RESPONDED TO THE LOCATION. ALLEN STATED HE SAW THE SUSPECT ENTER 2822 W. DAISY BATES IN AN ATTEMPT TO LOCATE THE SUSPECT. THE RESIDENCE AT 2822 W. DAISY BATES. WAS AN ABANDONED HOUSE. OFFICERS FOUND AN OPENING ON THE NORTH SIDE OF THE HOUSE. OFFICERS ANNOUNCE FOR ANYONE IN THE HOUSE TO COME OUT. A MALE AND A FEMALE CAME OUT OF THE HOUSE. NEITHER OF THEM MATCHED THE DESCRIPTION OF THE SUSPECT. OFFICERS MADE ENTRY INTO THE HOUSE. OFFICERS MADE ENTRY INTO THE HOUSE WHERE THEY LOCATED ANOTHER INDIVIDUAL (ALVIN JONES). OFFICERS HANDCUFFED AND DETAINED JONES. OFFICERS CLEARED THE REST OF THE HOUSE. ALVIN JONES WAS WEARING A DARK COLORED ZIP-UP HOODIE, BLACK CARGO SHORTS, AND A BLACK BASEBALL CAP. JONES WAS ABOUT 5 FOOT 5 INCHES 220 POUNDS, WITH A DARK COLORED BEARD. OFFICERS VERIFIED JONES THROUGH ACIC. JONES WAS CLEAR STAT AND LOCAL. OFFICERS WERE UNABLE TO LOCATE A KNIFE IN JONES POSSESSION OR IN THE VICINITY WHERE JONES WAS LOCATED. JONES AND THE OTHER 2 OCCUPANTS OF THE RESIDENCE WERE RELEASED. MVR IN USE. 21C672

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