



VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS [REDACTED]		
ADDRESS: [REDACTED]			
HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH [REDACTED]
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: 17 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)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" 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"/> 1 (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
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 checked="" 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 _____			

<b>SUSPECT #1</b>					
SUSPECT # <b>1</b>	NAME (Last, First, Middle) <b>, UNKNOWN</b>			AKA:	
ARRESTEE #	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:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		HEIGHT: Ft <u>  6  </u> In <u>  0  </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		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:		ARREST DATE:			
CHARGE: <b>5-12-1031</b>					
ARRESTING OFFICERS					
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____	

\* (A -- automatic)

Suspect information continued on next page.

### SUSPECT #1

<b>SUSPECT #</b>  1	<b>NAME (Last, First, Middle)</b>  ,UNKNOWN	<b>AKA:</b>
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<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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 LENGTH:</b> <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	<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 checked="" type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown  <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 checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown  <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: **STOLEN**

HOLD AUTHORITY:

YEAR: 2016	MAKE: CHRM	MODEL: 200	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): BDV26R PC	LIC YEAR: 2026
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: [REDACTED]
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COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC: V797550328	INSURANCE POLICY #:
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PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	03	1.00	<div style="background-color: black; width: 100px; height: 1em; display: inline-block;"></div> CHRYSL SIL 200 2016 CHRYSER 200	0	15000		0.00	
7	99	1.00	NA NA + NA NIBERS COMPLIANCE	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:<br>(01) Aircraft<br>(02) Alcohol<br>(03) Automobiles<br>(04) Bicycles<br>(05) Buses<br>(06) Clothes/Furs<br>(07) Computer Hardware/<br>Software<br>(08) Consumable Goods<br>(09) Credit Cards/Debit Cards | (10) Drugs/Narcotics<br>(11) Drug/Narcotic Equipment<br>(12) Farm Equipment<br>(13) Firearms<br>(14) Gambling Equipment<br>(15) Heavy Equipment Construction/<br>Industry<br>(16) Household Good<br>(17) Jewelry/Precious Metal<br>(18) Livestock<br>(19) Merchandise<br>(20) Money | (21) Negotiable Instruments<br>(22) Nonnegotiable Instruments<br>(23) Office-Type Equipment<br>(24) Other Motor Vehicles<br>(25) Purses/Handbags/Wallets<br>(26) Radios/TVs/VCR<br>(27) Recordings-Audio/Visual<br>(28) Recreational Vehicles<br>(29) Structures-Single Occupancy<br>(30) Structures-Other Dwellings<br>(31) Structures-Commercial/Business | (32) Structures-Industrial/Manufacture<br>(33) Structures-Public/Community<br>(34) Structures-Storage<br>(35) Structures-Other<br>(36) Tools-Power/Hand/Lawnmower<br>(37) Trucks<br>(38) Vehicle Parts/Accessories<br>(39) Watercraft<br>(77) Other<br>(88) Pending Inventory (of Property) |
|---|---|---|---|

- |   |   |
|---|---|
| DRUG TYPE: (D) Heroin (H) Other Narcotics (L) Amphetamines/<br>(A) Crack Cocaine (E) Marijuana (I) LSD Methamphetamines (O) Other Depressants<br>(B) Cocaine (F) Morphine (J) PCP (M) Other Stimulants (P) Other Drugs<br>(C) Hashish (G) Opium (K) Other Hallucino. (N) Barbituates (U) Unknown Type | TYPE DRUG MEASUREMENT:<br>Units Weight<br>(DU) Dosage Unit (GM) Gram (OZ) Ounce<br>(Pills, etc) (KG) Kilogram (LB) Pound<br>(NP) Number of Plants |
|---|---|

FOR BURGLARIES: Point of Entry: _____ Tools Apparently Used: _____	Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce
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Redact Before Release

**NARRATIVE**

OFFICERS RESPONDED TO 2324 LABETTE MANOR DR IN REGARD TO AN UNKNOWN TROUBLE. OFFICERS MADE CONTACT WITH A HISPANIC MALE, [REDACTED] WHO ADVISED HIS SILVER CHRYSLER 200 WAS STOLEN FROM HIM AT GUN POINT AT 7620 BASELINE RD. [REDACTED] ADVISED HE WAS SITTING IN VEHICLE 1 AT THE PUMPS WHEN A TALL SLENDER BLACK MALE WITH SHOULDER LENGTH DREAD LOCKS ORDERED HIM OUT OF VEHICLE 1 WITH A 9MM HANDGUN POINTED AT [REDACTED] ADVISED SUSPECT 1 ORDERED HIM INTO THE PASSENGER SEAT OF VEHICLE 1 AND BEGAN DRIVING HIM AROUND LITTLE ROCK WHILE STILL HOLDING [REDACTED] AT GUN POINT. [REDACTED] ADVISED AT SOME TIME DURING THE RIDE IN VEHICLE 1, SUSPECT 1 STOPPED AT THE LOVES TRUCK STOP AT OTTER CREEK AND I-30. [REDACTED] ADVISED AROUND 0415 HOURS, SUSPECT 1, DROVE HIM TO AN AREA ON LABETTE MANOR DR AND MET WITH SEVERAL BLACK [REDACTED] ADVISED HE BAILED OUT OF VEHICLE 1 WHILE THE SUSPECT WAS DISTRACTED. [REDACTED] ADVISED HE BEGAN FLEEING ON FOOT AS SUSPECT 1 CHASED HIM. [REDACTED] COULD NOT ADVISED WHERE EXACTLY IN THE COMPLEX HE FLED FROM. OFFICERS PROVIDED [REDACTED] WITH THE INCIDENT NUMBER. OFFICERS CONDUCTED A CITY WIDE BROADCAST OF THE CARJACKED VEHICLE. OFFICERS CIRCULATED THE SURROUNDING AREA FOR THE VEHICLE WITH NEGATIVE RESULTS. [REDACTED] IS SPANISH SPEAKING. VEHICLE WAS ENTERED INTO ACIC/NCIC AS STOLEN. MVR WAS IN USE.

## \*\*\*\*ADDITIONAL INFORMATION\*\*\*\*

VEHICLE 1 WAS ENTERED INTO ALL SYSTEMS AS STOLEN.  
T.FISHER [REDACTED] 05/30/2026 0628 HOURS

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: 5/30/2026 2:01 AM
INCIDENT NUMBER <b>2026-065151</b>	UNIT ASSIGNED <b>2X91</b>	CALL DATE <b>05/29/2026</b>	CALL TIME <b>20:23:00</b>	TYPE OF CALL <b>BATTERY</b>	
INCIDENT DATE <b>5/29/2026 8:23:11 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>17 SOUTHERN HILLS 12</b>			DISTRICT <b>92</b>

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. ROBBERY (INDIVIDUAL) 5. 2. AGGRAVATED ASSAULT ON AN FAMILY OR HOUSEHOLD MEMBER 6. 3. TERRORISTIC THREATENING 1ST DEGREE 7. 4. 8.			Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
SUSPECTS USED:	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"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (05) Commercial / Office Building <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center		
(FOR BURGLARY ONLY)	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 <b>05/30/2026 03:05:12</b>		REPORTING OFFICER <b>RYAN HALE-LIGGETT</b>	
ORIGINAL APPROVING SUPERVISOR <b>CALEB MONROE</b>		<input checked="" type="checkbox"/> MVR in use	

### VICTIM

<b>VICTIM #</b> 1	<b>NAME (Last, First, Middle) or BUSINESS</b> <b>EGGERSON, KEISHA</b>		
<b>ADDRESS:</b> <b>17 SOUTHERN HILL CR 12 LITTLE ROCK AR 72209</b>			
<b>HOME PHONE:</b> 5016800798	<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
<b>SEX:</b> <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	<b>RACE:</b> <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	<b>DATE OF BIRTH</b> 03/11/1985
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: <u>41</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	<b>NIC:</b>  D.L. / ID No. (STATE)	<b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b> 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 _____ 1 _____ (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	
<b>THIS VICTIM RELATED TO WHICH OFFENSES?</b> <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			
<b>VICTIM TYPE:</b> <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			
<b>VICTIM INJURY:</b> <input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
<b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input checked="" 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			
<b>CLOTHING DESCRIPTION</b> HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

<b>SUSPECT #1</b>					
<b>SUSPECT #</b> 1	<b>NAME (Last, First, Middle)</b>  <b>CARR,JAYLEN</b>			<b>AKA:</b>	
<b>ARRESTEE #</b>	<b>ADDRESS:</b>  <b>UNKNOWN LITTLE ROCK AR 72209</b>				
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>		<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
<b>SEX:</b> <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<b>RACE:</b> <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	<b>DATE OF BIRTH</b>  <b>09/11/1999</b>
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: <u>26</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	<b>SUSPECTS ACTIONS RELATED TO:</b> <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		<b>NIC:</b>	<b>HEIGHT:</b> Ft _____ In _____	<b>WEAPONS AT ARREST:</b> <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>
<b>DISPOSITION OF JUVENILE:</b> <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	<b>D.L. / ID No. (STATE)</b>		<b>WEIGHT:</b> Lbs _____		
<b>THIS SUSPECT RELATES TO WHICH OFFENSES?</b> <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			<b>ARREST TYPE:</b> <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
<b>ARREST LOCATION:</b>				<b>ARREST DATE:</b>	
<b>CHARGE: 5-12-1021</b>					
<b>ARRESTING OFFICERS</b>					
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____	
		<input type="checkbox"/> MVR		<input type="checkbox"/> MVR	

Suspect information continued on next page.

### SUSPECT #1

<b>SUSPECT #</b>  1	<b>NAME (Last, First, Middle)</b>  CARR,JAYLEN	<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 checked="" 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 checked="" type="checkbox"/> (1) Designs	
<input 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 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 checked="" 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 type="checkbox"/> (9) Unknown	
	<input type="checkbox"/> (10) Other		<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other		
	<input type="checkbox"/> (11) Unknown		<input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (11) None		
<b>HAIR LENGTH:</b>	<b>BUILD:</b>	<b>EYE COLOR:</b>	<b>CLOTHING DESCRIPTION:</b>  HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<input checked="" type="checkbox"/> (12) Unknown	<input checked="" type="checkbox"/> (12) Unknown
<input checked="" type="checkbox"/> (1) Long	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (1) Blue				<input checked="" type="checkbox"/> (12) Unknown	<input checked="" type="checkbox"/> (12) Unknown
<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (2) Medium	<input checked="" type="checkbox"/> (2) Brown					
<input type="checkbox"/> (3) Short	<input checked="" type="checkbox"/> (3) Heavy	<input type="checkbox"/> (3) Grey					
<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (4) Muscular	<input type="checkbox"/> (4) Green					
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (5) Unknown	<input type="checkbox"/> (5) Hazel					
<input type="checkbox"/> (6) Unknown		<input type="checkbox"/> (6) Other					
		<input type="checkbox"/> (7) Unknown					
					<b>TATTOO LOC:</b>	<input type="checkbox"/> (01) Arm (lft)	
					<input checked="" 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 checked="" 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
7	20	500.00	UNKNOWN UNKNOW GRN UNKNOWN 500 DOLLARS CASH STOLEN	0	500		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	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture
	(11) Drug/Narcotic Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community
	(12) Farm Equipment	(23) Office-Type Equipment	(34) Structures-Storage
	(13) Firearms	(24) Other Motor Vehicles	(35) Structures-Other
	(14) Gambling Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower
	(15) Heavy Equipment Construction/ Industry	(26) Radios/TVs/VCR	(37) Trucks
	(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories
	(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft
	(18) Livestock	(29) Structures-Single Occupancy	(77) Other
	(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)
(20) Money	(31) Structures-Commercial/Business		

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(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 LISTED LOCATION IN REFERENCE TO A BATTERY REPORT. OFFICERS MADE CONTACT WITH MS. KEISHA EGGERSON WHO STATED HER EX-FIANCE, MR. JAYLEN CARR WAS OVER VISITING AT APPROXIMATELY 1600 HOURS AND HE KEPT GOING INTO THE BACK ROOM TO CHECK ON HIS KID SEVERAL TIMES. SHE STATED MR. CARR WAS TAKING TOO LONG AND SHE BEGAN TO GET CURIOUS AS TO WHY. SHE WENT BACK TO HER ROOM WHERE SHE NOTICED HER MONEY THAT SHE HAD HIDDEN BY HER BEDSIDE WAS MISSING AND HE WAS IN THE ROOM. MS. EGGERSON CONFRONTED MR. CARR, TOLD HIM TO GIVE HER BACK THE MONEY, AND GRABBED AHOLD OF HIS ARM AS HE WAS ATTEMPTING TO LEAVE THE ROOM.

HE THEN PUSHED HER TO THE GROUND AND SHE GOT BACK UP TO HER FEET AND GRABBED HIM AGAIN. MS. EGGERSON THEN STATED MR. CARR GRABBED HER BY THE NECK WITH HIS RIGHT HAND, SLAMMED HER TO THE FLOOR, CHOKED HER UNTIL SHE COULD NOT BREATHE, AND TOLD HER HE WOULD KILL HER IF SHE LEFT HIM. MS. EGGERSON STATED HE THEN LEFT THE APARTMENT IN AN UNKNOWN DIRECTION OF TRAVEL ON FOOT. OFFICERS REQUESTED MEMS TO THE LOCATION FOR AN EVALUATION.

ONCE MEMS ARRIVED, MEMS AND OFFICERS OBSERVED A BRUISE ON THE INSIDE OF HER RIGHT THIGH, A SCRATCH ON HER RIGHT SHOULDER, AND REDNESS MARKS ON THE RIGHT SIDE OF HER NECK. OFFICERS COMPLETED A LETHALITY FORM, GAVE MS. EGGERSON A LAURA'S CARD AND AN INCIDENT REPORT NUMBER FOR REFERENCE. OFFICERS THEN COMPLETED A BROADCAST TO ALERT ALL OFFICERS AND CIRCULATED THE AREA IN AN ATTEMPT TO LOCATE MR. CARR WITH NEGATIVE RESULTS. A SOUTHWEST SUPERVISOR WAS NOTIFIED OF THE INCIDENT.

NO FURTHER POLICE ACTION TAKEN. MVR/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	<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		

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 5/29/2026 2:32 PM
INCIDENT NUMBER <b>2026-064932</b>	UNIT ASSIGNED <b>1X55</b>	CALL DATE <b>05/29/2026</b>	CALL TIME <b>10:02:00</b>	TYPE OF CALL <b>UNK</b>	
INCIDENT DATE <b>5/29/2026 10:02:05 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1100 FAIR PARK BLVD 11</b>			DISTRICT <b>55</b>

OFFENSE																																																																			
INCIDENT OFFENSE TYPE			OFFENSE STATUS																																																																
1. ROBBERY (INDIVIDUAL) <span style="float: right;">5.</span> 2. THEFT OF PROPERTY FELONY <span style="float: right;">6.</span> 3. <span style="float: right;">7.</span> 4. <span style="float: right;">8.</span>			Attempted <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Completed <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Attempted <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Completed <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																																																																
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: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (01) Air / Bus / Train Terminal</td> <td><input type="checkbox"/> (16) Lake / Waterway</td> <td><input type="checkbox"/> (44) Daycare Facility</td> <td><input type="checkbox"/> (51) Rest Area</td> </tr> <tr> <td><input type="checkbox"/> (02) Bank / Savings &amp; Loan</td> <td><input type="checkbox"/> (17) Liquor Store</td> <td><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal</td> <td><input type="checkbox"/> (52) School - College / University</td> </tr> <tr> <td><input type="checkbox"/> (03) Bar / Night Club</td> <td><input type="checkbox"/> (18) Parking Lot / Garage</td> <td><input type="checkbox"/> (46) Farm Facility</td> <td><input type="checkbox"/> (53) School - Elementary / Secondary</td> </tr> <tr> <td><input type="checkbox"/> (04) Church / Synagogue / Temple</td> <td><input type="checkbox"/> (19) Rental / Storage Facility</td> <td><input type="checkbox"/> (47) Gambling / Casino / Racetrack</td> <td><input type="checkbox"/> (54) Shelter - Mission / Homeless</td> </tr> <tr> <td><input type="checkbox"/> (05) Commercial / Office Building</td> <td><input checked="" type="checkbox"/> (20) Residence / House</td> <td><input type="checkbox"/> (48) Industrial Site</td> <td><input type="checkbox"/> (55) Shopping Mall</td> </tr> <tr> <td><input type="checkbox"/> (06) Construction Site</td> <td><input type="checkbox"/> (21) Restaurant</td> <td><input type="checkbox"/> (49) Military Installation</td> <td><input type="checkbox"/> (56) Tribal Lands</td> </tr> <tr> <td><input type="checkbox"/> (07) Convenience Store</td> <td><input type="checkbox"/> (22) School / College</td> <td><input type="checkbox"/> (50) Park / Playground</td> <td><input type="checkbox"/> (57) Community Center</td> </tr> <tr> <td><input type="checkbox"/> (08) Department / Discount Store</td> <td><input type="checkbox"/> (23) Service / Gas Station</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (09) Drug Store / DR Office / Hospital</td> <td><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (10) Field / Woods</td> <td><input type="checkbox"/> (25) Other / Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (11) Government / Public Building</td> <td><input type="checkbox"/> (37) Abandoned/Condemned Structure</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (12) Grocery / Supermarket</td> <td><input type="checkbox"/> (38) Amusement Park</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (13) Highway / Road / Alley</td> <td><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (14) Hotel / Motel / Etc</td> <td><input type="checkbox"/> (40) ATM Separate from Bank</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (15) Jail / Penitentiary</td> <td><input type="checkbox"/> (41) Auto Dealership New / Used</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> (42) Camp / Campground</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> (01) Air / Bus / Train Terminal	<input type="checkbox"/> (16) Lake / Waterway	<input type="checkbox"/> (44) Daycare Facility	<input type="checkbox"/> (51) Rest Area	<input type="checkbox"/> (02) Bank / Savings & Loan	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (45) Dock / Wharf / Freight Terminal	<input type="checkbox"/> (52) School - 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		
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<input type="checkbox"/> (11) Government / Public Building	<input type="checkbox"/> (37) Abandoned/Condemned Structure																																																																		
<input type="checkbox"/> (12) Grocery / Supermarket	<input type="checkbox"/> (38) Amusement Park																																																																		
<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:																																																																	
NUMBER OF PREMISES ENTERED <u>1</u>		<input checked="" type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force																																																																	
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> (11) Firearm (Unknown)</td> <td><input type="checkbox"/> (50) Poison</td> </tr> <tr> <td><input type="checkbox"/> (12) Handgun</td> <td><input type="checkbox"/> (60) Explosives</td> </tr> <tr> <td><input type="checkbox"/> (13) Rifle</td> <td><input type="checkbox"/> (65) Fire / Incendiary Device</td> </tr> <tr> <td><input type="checkbox"/> (14) Shotgun</td> <td><input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills</td> </tr> <tr> <td><input type="checkbox"/> (15) Other Firearm</td> <td><input type="checkbox"/> (85) Asphyxiation</td> </tr> <tr> <td><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)</td> <td><input type="checkbox"/> (90) Other</td> </tr> <tr> <td><input type="checkbox"/> (30) Blunt Object (Club, etc)</td> <td><input type="checkbox"/> (95) Unknown</td> </tr> <tr> <td><input type="checkbox"/> (35) Motor Vehicle (as weapon)</td> <td><input type="checkbox"/> (99) None</td> </tr> <tr> <td><input type="checkbox"/> (40) Personal Weapons (hands, etc)</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison	<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives	<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device	<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills	<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation	<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other	<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown	<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None	<input type="checkbox"/> (40) Personal Weapons (hands, etc)																																															
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<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>05/29/2026 17:17:51</b>	REPORTING OFFICER <b>RICHARD BAXTER</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>WESLEY BUTLER</b> - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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### VICTIM

<b>VICTIM #</b> 1	<b>NAME (Last, First, Middle) or BUSINESS</b>  <b>RODGER, GARY</b>		
<b>ADDRESS:</b>  1100 FAIR PARK BL APT 11 LITTLE ROCK AR			
<b>HOME PHONE:</b> 5012972400	<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b>
<b>SEX:</b> <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	<b>RACE:</b> <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	<b>DATE OF BIRTH</b> 07/16/1953
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: <u>72</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	<b>NIC:</b>  D.L. / ID No. (STATE)	<b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b> SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)	
<b>THIS VICTIM RELATED TO WHICH OFFENSES?</b> <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		<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"/> 1 (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
<b>VICTIM TYPE:</b> <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			
<b>VICTIM INJURY:</b> <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			
<b>AGGRAVATED ASSAULT / HOMICIDE:</b> <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			
<b>CLOTHING DESCRIPTION</b> HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

<b>SUSPECT #1</b>					
<b>SUSPECT #</b> 1	<b>NAME (Last, First, Middle)</b> <b>FARMER, LASHUNDRA</b>			<b>AKA:</b>	
<b>ARRESTEE #</b>	<b>ADDRESS:</b> <b>4811 TERRA VISTA CR LITTLE ROCK AR</b>				
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>		<b>MOBILE PHONE:</b>	<b>OTHER PHONE:</b> 5018385402
<b>SEX:</b> <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<b>RACE:</b> <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	<b>DATE OF BIRTH</b> 12/07/1987
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: <u>38</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	<b>SUSPECTS ACTIONS RELATED TO:</b> <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		<b>NIC:</b>	<b>HEIGHT:</b> Ft _____ In _____	<b>WEAPONS AT ARREST:</b> <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>
<b>DISPOSITION OF JUVENILE:</b> <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		<b>D.L. / ID No. (STATE)</b>	<b>WEIGHT:</b> Lbs _____		
<b>THIS SUSPECT RELATES TO WHICH OFFENSES?</b> <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			<b>ARREST TYPE:</b> <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
<b>ARREST LOCATION:</b>				<b>ARREST DATE:</b>	
<b>CHARGE: 5-12-1021</b>					
<b>ARRESTING OFFICERS</b>					
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____	
		<input type="checkbox"/> MVR		<input type="checkbox"/> MVR	

Suspect information continued on next page.

**SUSPECT #1**

<b>SUSPECT #</b>  1	<b>NAME (Last, First, Middle)</b>  FARMER, LASHUNDRA	<b>AKA:</b>				
<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 type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	<b>HAIR COLOR:</b> <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown  <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

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	77	1.00	UNK UNK + UNK DOOR JAMB	0	100		0.00	
7	20	1.00	UNK UNK + UNK CASH	0	100		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.		

<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 LISTED LOCATION FOR A ROBBERY REPORT. UPON ARRIVAL I MADE CONTACT WITH GARY RODGER. HE ADVISED AN ACQUAINTANCE OF HIS, LASHUNDRA FARMER, SHOWED UP TO HIS APARTMENT. HE STATED SHE BEGAN BANGING ON HIS DOOR, AND EVENTUALLY KICKED IT IN, BREAKING THE DOOR FRAME OFF. RODGER STATED HE GRABBED A BAT TO PROTECT HIMSELF, AND FARMER POINTED A SMALL PISTOL AT HIM. HE STATED SHE CHASED HIM INTO THE APARTMENT, WHERE SHE FOUND CASH ON THE TABLE. RODGER STATED SHE TOOK THE CASH AND LEFT THE LOCATION IN AN UNKOWN DIRECTION OF TRAVEL. A BROADCAST WAS MADE FOR FARMER.

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