

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|                                               |  |                                                                     |                                |                              |                                     |  |
|-----------------------------------------------|--|---------------------------------------------------------------------|--------------------------------|------------------------------|-------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION |  | INCIDENT                                                            |                                |                              | Report generated: 9/21/2026 9:45 PM |  |
| INCIDENT NUMBER<br><b>2026-116244</b>         |  | UNIT ASSIGNED<br><b>2X80</b>                                        | CALL DATE<br><b>09/21/2026</b> | CALL TIME<br><b>15:52:00</b> | TYPE OF CALL<br><b>ROBBIN</b>       |  |
| INCIDENT DATE<br><b>9/21/2026 3:52:27 PM</b>  |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>5103 ASHER</b> |                                |                              | DISTRICT<br><b>54</b>               |  |

| OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
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| <b>INCIDENT OFFENSE TYPE</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. ROBBERY (INDIVIDUAL)<br/> 2. BATTERY 3RD DEGREE<br/> 3.<br/> 4. </div> <div style="width: 45%;"> 5.<br/> 6.<br/> 7.<br/> 8. </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>OFFENSE STATUS</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/><br/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> </div> </div> |                                                                                                                                                                              |
| <b>SUSPECTS USED:</b><br><input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>TYPE OF CRIMINAL ACTIVITY:</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (B) Buying / Receiving<br/> <input type="checkbox"/> (E) Exploiting Children<br/> <input type="checkbox"/> (T) Transport / Transmit / Import<br/> <input type="checkbox"/> (D) Distributing / Selling </div> <div style="width: 45%;"> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br/> <input type="checkbox"/> (O) Operating / Promoting / Assisting<br/> <input type="checkbox"/> (U) Using / Consuming<br/> <input type="checkbox"/> (P) Possessing / Concealing </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>GANG RELATED INFO:</b><br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown |
| <div style="display: flex;"> <div style="flex: 1;"> <b>LOCATION CODE:</b><br/> <input type="checkbox"/> (01) Air / Bus / Train Terminal<br/> <input type="checkbox"/> (02) Bank / Savings &amp; Loan<br/> <input type="checkbox"/> (03) Bar / Night Club<br/> <input type="checkbox"/> (04) Church / Synagogue / Temple<br/> <input type="checkbox"/> (05) Commercial / Office Building<br/> <input type="checkbox"/> (06) Construction Site<br/> <input type="checkbox"/> (07) Convenience Store<br/> <input type="checkbox"/> (08) Department / Discount Store<br/> <input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br/> <input type="checkbox"/> (10) Field / Woods<br/> <input type="checkbox"/> (11) Government / Public Building<br/> <input type="checkbox"/> (12) Grocery / Supermarket<br/> <input checked="" type="checkbox"/> (13) Highway / Road / Alley<br/> <input type="checkbox"/> (14) Hotel / Motel / Etc<br/> <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="flex: 1;"> <input type="checkbox"/> (16) Lake / Waterway<br/> <input type="checkbox"/> (17) Liquor Store<br/> <input type="checkbox"/> (18) Parking Lot / Garage<br/> <input type="checkbox"/> (19) Rental / Storage Facility<br/> <input type="checkbox"/> (20) Residence / House<br/> <input type="checkbox"/> (21) Restaurant<br/> <input type="checkbox"/> (22) School / College<br/> <input type="checkbox"/> (23) Service / Gas Station<br/> <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br/> <input type="checkbox"/> (25) Other / Unknown<br/> <input type="checkbox"/> (37) Abandoned/Condemned Structure<br/> <input type="checkbox"/> (38) Amusement Park<br/> <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br/> <input type="checkbox"/> (40) ATM Separate from Bank<br/> <input type="checkbox"/> (41) Auto Dealership New / Used<br/> <input type="checkbox"/> (42) Camp / Campground </div> <div style="flex: 1;"> <input type="checkbox"/> (44) Daycare Facility<br/> <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br/> <input type="checkbox"/> (46) Farm Facility<br/> <input type="checkbox"/> (47) Gambling / Casino / Racetrack<br/> <input type="checkbox"/> (48) Industrial Site<br/> <input type="checkbox"/> (49) Military Installation<br/> <input type="checkbox"/> (50) Park / Playground </div> <div style="flex: 1;"> <input type="checkbox"/> (51) Rest Area<br/> <input type="checkbox"/> (52) School - College / University<br/> <input type="checkbox"/> (53) School - Elementary / Secondary<br/> <input type="checkbox"/> (54) Shelter - Mission / Homeless<br/> <input type="checkbox"/> (55) Shopping Mall<br/> <input type="checkbox"/> (56) Tribal Lands<br/> <input type="checkbox"/> (57) Community Center </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
| <b>(FOR BURGLARY ONLY)</b><br>NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input checked="" type="checkbox"/> (N) No Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic)<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (11) Firearm (Unknown)<br/> <input type="checkbox"/> (12) Handgun<br/> <input type="checkbox"/> (13) Rifle<br/> <input type="checkbox"/> (14) Shotgun<br/> <input type="checkbox"/> (15) Other Firearm<br/> <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)<br/> <input type="checkbox"/> (30) Blunt Object (Club, etc)<br/> <input type="checkbox"/> (35) Motor Vehicle (as weapon)<br/> <input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) </div> <div style="width: 45%;"> <input type="checkbox"/> (50) Poison<br/> <input type="checkbox"/> (60) Explosives<br/> <input type="checkbox"/> (65) Fire / Incendiary Device<br/> <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br/> <input type="checkbox"/> (85) Asphyxiation<br/> <input type="checkbox"/> (90) Other<br/> <input type="checkbox"/> (95) Unknown<br/> <input type="checkbox"/> (99) None </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |

|                                          |                                                                                                                      |                                                                                                                               |                                                |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br><b>09/21/2026 21:07:08</b> | REPORTING OFFICER<br><b>RYAN HALE-LIGGETT</b> <span style="background-color: black; color: black;">██████████</span> | ORIGINAL APPROVING SUPERVISOR<br><b>ANTONIO MCNUTT</b> <span style="background-color: black; color: black;">██████████</span> | <input checked="" type="checkbox"/> MVR in use |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|

| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| VICTIM #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle) or BUSINESS<br>EUSON,JAMES                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ADDRESS:<br>HOMELESS LITTLE ROCK AR 72209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HOME PHONE:<br>0000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WORK PHONE:                                                                                                                               | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>09/13/1981                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| AGE:<br>Exact Age: 45<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           | NIC:<br>D.L. / ID No. (STATE)                                                                                                                                                                                                     | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family 1 (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div> |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CLOTHING DESCRIPTION<br>HAT SHIRT SHOES<br>COAT PANTS/DRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**SUSPECT #1**

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br><b>1</b>                                                                                                                                                                                                                                                         | NAME (Last, First, Middle)<br><b>UNKNOWN,RICKY</b>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   | AKA:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARRESTEE #                                                                                                                                                                                                                                                                    | ADDRESS:<br><b>HOMELESS LITTLE ROCK AR 72209</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HOME PHONE:                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                               | WORK PHONE:                                                                                                                                                                                                                       | MOBILE PHONE:                   | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                    | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                                 | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                          | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| AGE:<br>Exact Age: <b>65</b><br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                      | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                                                                                                                                                                                                                              | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A -- automatic c) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                |                                                                                                                                                                                                                                                                               | D.L. / ID No. (STATE)                                                                                                                                                                                                             | WEIGHT:<br>Lbs _____            |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody                                                                          |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARREST LOCATION:                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   | ARREST DATE:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CHARGE: 5-12-102I                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                                |

Suspect information continued on next page.

**SUSPECT #1**

SUSPECT #

NAME (Last, First, Middle)

AKA:

1

UNKNOWN,RICKY

## COMPLEXION:

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

## HAIR LENGTH:

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

## HAIR STYLE:

- ☐ (01) Afro  
☐ (02) Wavy  
☐ (03) Straight  
☐ (04) Curly  
☐ (05) Braided  
☐ (06) Ponytail  
☐ (07) Military  
☐ (08) Processed  
☐ (09) Wig/Toupee  
☐ (10) Other  
☒ (11) Unknown

## BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☒ (5) Unknown

## HAIR COLOR:

- ☐ (1) Black  
☐ (2) Blonde  
☐ (3) Brown  
☐ (4) Grey  
☐ (5) Red  
☐ (6) Sandy  
☐ (7) Other  
☒ (8) Unknown

## EYE COLOR:

- ☐ (1) Blue  
☒ (2) Brown  
☐ (3) Grey  
☐ (4) Green  
☐ (5) Hazel  
☐ (6) Other  
☐ (7) Unknown

## FACIAL HAIR:

- ☐ (01) Clean Shaven  
☐ (02) Unshaven  
☐ (03) Full Beard  
☐ (04) Must. (hvy)  
☐ (05) Must. (thin)  
☐ (06) Brows (hvy)  
☐ (07) Brows (thin)  
☐ (08) Side Burns  
☐ (09) Goatee  
☐ (10) Other  
☒ (11) Unknown

## DEMEANOR:

- ☐ (01) Angry  
☐ (02) Apologetic  
☐ (03) Calm  
☐ (04) Irrational  
☐ (05) Nervous  
☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
☐ (10) Drunk / High  
☐ (11) Other  
☒ (12) Unknown

## SCAR / MARK:

- ☐ (01) Head  
☐ (02) Neck  
☐ (03) Hand (rt)  
☐ (04) Hand (lft)  
☐ (05) Arm (rt)  
☐ (06) Arm (lft)  
☐ (07) Body  
☐ (08) Leg (rt)  
☐ (09) Leg (lft)  
☐ (10) Other  
☐ (11) None  
☒ (12) Unknown

## TATTOO:

- ☐ (1) Designs  
☐ (2) Initials  
☐ (3) Names  
☐ (4) Pictures  
☐ (5) Words  
☐ (6) Numbers  
☐ (7) Insignia  
☐ (8) None  
☒ (9) Unknown

## TATTOO LOC:

- ☐ (01) Arm (lft)  
☐ (02) Arm (rt)  
☐ (03) Leg (lft)  
☐ (04) Leg (rt)  
☐ (05) Hand (lft)  
☐ (06) Hand (rt)  
☐ (07) Face  
☐ (08) Neck  
☐ (09) Finger(s)  
☐ (10) Chest  
☐ (11) Back

## CLOTHING DESCRIPTION:

HAT \_\_\_\_\_  
COAT \_\_\_\_\_  
SHIRT \_\_\_\_\_  
PANTS/DRESS \_\_\_\_\_  
SHOES \_\_\_\_\_

## ADDED DESCRIPTION:

n/a

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                   |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUSPECT #2                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                   |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| SUSPECT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                     |  | NAME (Last, First, Middle)<br><br>AKA:<br><br>,UNKNOWN                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                   |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ARRESTEE #                                                                                                                                                                                                                                                                                                                                                                                                                         |  | ADDRESS:<br><br>HOMELESS LITTLE ROCK AR 72209                                                                                                                                                                                                                      |             |                                                                                                                                                                                                                                   |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                    | WORK PHONE: |                                                                                                                                                                                                                                   |              | MOBILE PHONE:                   |               | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                         |  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |              |                                 | DATE OF BIRTH |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                     |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                               |             | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                       |  | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |             | NIC:                                                                                                                                                                                                                              |              | HEIGHT:<br>Ft _____<br>In _____ |               | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A -- automatic) |  |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                                                                                                                                                                     |  | D.L. / ID No. (STATE)                                                                                                                                                                                                                                              |             | WEIGHT:<br>Lbs _____                                                                                                                                                                                                              |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input 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<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody                                                                          |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ARREST LOCATION:                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                   | ARREST DATE: |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| CHARGE:                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                   |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| ARRESTING OFFICERS<br>OFFICER 1: _____ <input type="checkbox"/> MVR      OFFICER 5: _____ <input type="checkbox"/> MVR<br>OFFICER 2: _____ <input type="checkbox"/> MVR      OFFICER 6: _____ <input type="checkbox"/> MVR<br>OFFICER 3: _____ <input type="checkbox"/> MVR      OFFICER 7: _____ <input type="checkbox"/> MVR<br>OFFICER 4: _____ <input type="checkbox"/> MVR      OFFICER 8: _____ <input type="checkbox"/> MVR |  |                                                                                                                                                                                                                                                                    |             |                                                                                                                                                                                                                                   |              |                                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

Suspect information continued on next page.

**SUSPECT #2**

SUSPECT #

2

NAME (Last, First, Middle)

,UNKNOWN

AKA:

## COMPLEXION:

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

## HAIR LENGTH:

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

## HAIR STYLE:

- ☐ (01) Afro  
☐ (02) Wavy  
☐ (03) Straight  
☐ (04) Curly  
☐ (05) Braided  
☐ (06) Ponytail  
☐ (07) Military  
☐ (08) Processed  
☐ (09) Wig/Toupee  
☐ (10) Other  
☒ (11) Unknown

## BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☒ (5) Unknown

## HAIR COLOR:

- ☐ (1) Black  
☐ (2) Blonde  
☐ (3) Brown  
☐ (4) Grey  
☐ (5) Red  
☐ (6) Sandy  
☐ (7) Other  
☒ (8) Unknown

## EYE COLOR:

- ☐ (1) Blue  
☐ (2) Brown  
☐ (3) Grey  
☐ (4) Green  
☐ (5) Hazel  
☐ (6) Other  
☒ (7) Unknown

## FACIAL HAIR:

- ☐ (01) Clean Shaven  
☐ (02) Unshaven  
☐ (03) Full Beard  
☐ (04) Must. (hvy)  
☐ (05) Must. (thin)  
☐ (06) Brows (hvy)  
☐ (07) Brows (thin)  
☐ (08) Side Burns  
☐ (09) Goatee  
☐ (10) Other  
☒ (11) Unknown

## DEMEANOR:

- ☐ (01) Angry  
☐ (02) Apologetic  
☐ (03) Calm  
☐ (04) Irrational  
☐ (05) Nervous  
☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
☐ (10) Drunk / High  
☐ (11) Other  
☒ (12) Unknown

## SCAR / MARK:

- ☐ (01) Head  
☐ (02) Neck  
☐ (03) Hand (rt)  
☐ (04) Hand (lft)  
☐ (05) Arm (rt)  
☐ (06) Arm (lft)  
☐ (07) Body  
☐ (08) Leg (rt)  
☐ (09) Leg (lft)  
☐ (10) Other  
☐ (11) None  
☒ (12) Unknown

## TATTOO:

- ☐ (1) Designs  
☐ (2) Initials  
☐ (3) Names  
☐ (4) Pictures  
☐ (5) Words  
☐ (6) Numbers  
☐ (7) Insignia  
☐ (8) None  
☒ (9) Unknown

## TATTOO LOC:

- ☐ (01) Arm (lft)  
☐ (02) Arm (rt)  
☐ (03) Leg (lft)  
☐ (04) Leg (rt)  
☐ (05) Hand (lft)  
☐ (06) Hand (rt)  
☐ (07) Face  
☐ (08) Neck  
☐ (09) Finger(s)  
☐ (10) Chest  
☐ (11) Back

## CLOTHING DESCRIPTION:

HAT \_\_\_\_\_  
COAT \_\_\_\_\_  
SHIRT \_\_\_\_\_  
PANTS/DRESS \_\_\_\_\_  
SHOES \_\_\_\_\_

## ADDED DESCRIPTION:

n/a

| PROPERTY |       |      |                                                               |          |         | DRUG INFORMATION |          |         |
|----------|-------|------|---------------------------------------------------------------|----------|---------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)                        | PROP TAG | VALUE   | TYPE             | QUANTITY | MEASURE |
| 7        | 65    | 1.00 | UNKNOWN UNKNOW +<br>UNKNOWN 1 STATE ID STOLEN                 | 0        | 1       |                  | 0.00     |         |
| 7        | 09    | 1.00 | UNKNOWN DIRECT +<br>SSI CARD 1 DIRECT EXPRESS SSI CARD STOLEN | 0        | 4000.25 |                  | 0.00     |         |
| 7        | 77    | 1.00 | UNKNOWN UNKNOW +<br>UNKNOWN 1 BLUETOOTH RADIO STOLEN          | 0        | 20      |                  | 0.00     |         |

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

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

|                   |                     |                                       |                       |
|-------------------|---------------------|---------------------------------------|-----------------------|
| (D) Heroin        | (H) Other Narcotics | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants |
| (A) Crack Cocaine | (I) LSD             | (M) Other Stimulants                  | (P) Other Drugs       |
| (B) Cocaine       | (J) PCP             | (N) Barbituates                       | (U) Unknown Type      |
| (C) Hashish       | (G) Opium           |                                       |                       |

## TYPE DRUG MEASUREMENT:

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

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

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

**NARRATIVE**

OFFICERS WERE PATROLLING THE LISTED LOCATION WHEN THEY WERE FLAGGED DOWN BY MR. JAMES EUSON. MR. EUSON STATED HE WAS WALKING DOWN ASHER AVENUE BY THE SUPER GALLERIA, ON MONDAY, 09/14/2026 AT AN UNKNOWN TIME, WHEN A BLACK MALE WHO GOES BY "RICKY" AND ANOTHER UNKNOWN BLACK MALE HAD CAUGHT WIND OF MR. EUSON STATING HE HAD WON A SETTLEMENT.

THE TWO MALES ASKED MR. EUSON IF HE WANTED TO BUY DRUGS AND HE STATED NO. THE TWO MALES THEN HAD FORCIBLY GRABBED HIM AND DRUG HIM DOWN THE SIDEWALK ON FOOT WHILE EMPTYING OUT HIS POCKETS. MR. EUSON STATED THE MALES TOOK HIS BLUE TOOTH RADIO, HIS ID, AND HIS DIRECT EXPRESS CARD. HE STATED THERE WAS A SET AMOUNT AND THEN CHANGED THE AMOUNT TO THE LISTED AMOUNT SHOWN. HE THEN STATED THEY HAD RIPPED HIS SHIRT ON THE COLLAR GETTING HIM TO A HOMELESS CAMP BEHIND THE MCDONALD'S ON UNIVERSITY.

HE THEN STATED WHEN HE GOT THERE THE TWO BLACK MALES HAD BEAT HIM WITH PIPES AND THERE WERE ALSO TWO UNKNOWN WHITE MALES AND TWO UNKNOWN FEMALES THERE ONE WHITE, AND ONE BLACK. HE STATED THE BLACK FEMALE HAD A GUN ON HIM BUT SHE WAS SITTING DOWN AND HAD THE FIREARM RESTING ON HER LEG POINTED IN HIS DIRECTION. HE STATED THEY WOULD NOT LET HIM LEAVE THE LOCATION AND HAD ATTEMPTED TO GET HIM TO A BANK SO THEY COULD GET THE CASH OFF OF HIS CARD.

HE THEN STATED WHILE THEY WERE WALKING TO A BANK, THERE WAS ANOTHER OFFICER SITTING IN THE PARKING LOT AND THE MALES WHILE WALKING SIDE BY SIDE WITH MR. EUSON, HAD TOLD THE OFFICER THAT EVERYTHING WAS FINE. HE STATED HE USED THAT AS A REASON TO LEAVE AND KEPT WALKING WITH THE INDIVIDUALS. HE THEN STATED HE LEFT AT AN UNKNOWN TIME AND HAD GOTTEN A ROOM AT THE RITZ MOTEL ROOM NUMBER 147 AND HAD BEEN STAYING THERE FOR A WEEK, BEDRIDDEN DUE TO HIS INJURIES. WHEN ASKED IF HE NEEDED MEDICAL ATTENTION, HE STATED HE WOULD NEED TRANSPORTATION BACK TO THE MOTEL DUE TO GETTING HIS NEW CARD IN THE MAIL. HE THEN STATED HE HAD CANCELED THE OTHER CARD.

MR. EUSON STATED HIS BACK WAS HURTING AND WHEN OFFICERS LOOKED ON HIS BACK, THEY DID NOT OBSERVE ANY INJURY ON HIS BACK BUT THERE WAS A YELLOW BRUISE ON HIS RIGHT SIDE COLLARBONE. HE STATED HE WOULD GO TO THE HOSPITAL TOMORROW.

OFFICERS CONTACTED A SUPERVISOR AND NOTIFIED THEM OF THE SITUATION. OFFICERS PROVIDED MR. EUSON AN INCIDENT REPORT NUMBER FOR REFERENCE AND ADVISED HIM DETECTIVES WOULD BE IN CONTACT.

NO FURTHER POLICE ACTION TAKEN. 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 ☒ NODRIVE-BY? ☐ YES ☒ NOGANG 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    |  | <h1 style="text-align: center;">INCIDENT</h1> |                                                                                        |                                  | Report generated: 9/21/2026 8:00 PM |                           |
| INCIDENT NUMBER<br><div>2026-116215</div>        |  | UNIT ASSIGNED<br><div>2X53</div>              | CALL DATE<br><div>09/21/2026</div>                                                     | CALL TIME<br><div>14:21:00</div> | TYPE OF CALL<br><div>ROBBIN</div>   |                           |
| INCIDENT DATE<br><div>9/21/2026 2:21:36 PM</div> |  |                                               | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><div>1100 FAIR PARK BLVD 18 24</div> |                                  |                                     | DISTRICT<br><div>55</div> |

## OFFENSE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>INCIDENT OFFENSE TYPE</b><br><br>1. AGGRAVATED ROBBERY (INDIVIDUAL) 5.<br>2. THEFT OF PROPERTY FELONY 6.<br>3. POSSESSION OF FIREARMS BY CERTAIN PERSONS 7.<br>4. DRUG PARAPHERNALIA 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>OFFENSE STATUS</b><br><br>Attempted 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/><br>Completed<br><br>Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/><br>Completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>SUSPECTS USED:</b><br><br><input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>TYPE OF CRIMINAL ACTIVITY:</b><br><br><input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input checked="" type="checkbox"/> (P) Possessing / Concealing                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <b>LOCATION CODE:</b><br><br><input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway<br><input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store<br><input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage<br><input type="checkbox"/> (04) Church / Synagogue / Temple <input checked="" type="checkbox"/> (20) Residence / House<br><input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (21) Restaurant<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (22) School / College<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (42) Camp / Campground |  | <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center                                                                                                                                                                                                             |  |
| <b>(FOR BURGLARY ONLY)</b><br><br>NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic)<br><br>_____ <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br>_____ <input checked="" type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br>_____ <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br>_____ <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br>_____ <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc) |  |
| <b>NARCAN USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

|                                   |                                                |                                                         |                                                |
|-----------------------------------|------------------------------------------------|---------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br>09/21/2026 20:38:43 | REPORTING OFFICER<br>KATELYN BREWER [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>JORDAN RUFF [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|------------------------------------------------|---------------------------------------------------------|------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VICTIM #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | NAME (Last, First, Middle) or BUSINESS<br><br>SOCIETY                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ADDRESS:<br><br>LITTLE ROCK AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | WORK PHONE:                                                                                                                               | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | NIC:<br><br>NA<br><br>D.L. / ID No. (STATE)                                                                                               | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family 1 (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div> |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## VICTIM

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| VICTIM #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle) or BUSINESS<br>REYES,JOSE                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| ADDRESS:<br>209 W 24TH ST NORTH LITTLE ROCK AR 72114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| HOME PHONE:<br>5015491971                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WORK PHONE:                                                                                                                                | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>09/29/1971                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| AGE:<br>Exact Age: 55<br>Range: _____ - _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | NIC:<br>D.L. / ID No. (STATE)                                                                                                                                                                                                     | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>1 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 1 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (AQ) Acquaintance                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (CS) Common-Law Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (FR) Friend                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (PA) Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (NE) Neighbor                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (SB) Sibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (BE) Babysitter (baby)                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (CH) Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (BG) Boy/Girl Friend                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (GP) Grandparents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (CF) Child of BF / GF                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (GC) Grandchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (HR) Homosexual Rel.                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (IL) Inlaw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (XS) Ex-Spouse                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (SP) Stepparent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (EE) Employee                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (SC) Stepchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (ER) Employer                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (SS) Stepsibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (OK) Otherwise Known                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (OF) Other Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 1 (RU) Relationship Unknown                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| (ST) Stranger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (VO) Victim Was Suspect                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                               |               |                         |

| SUSPECT #1                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| SUSPECT #<br>1                                                                                                                                                                                                                                                                           | NAME (Last, First, Middle)<br><br>JOHNSON,JOHNTHAN                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                 | AKA:                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| ARRESTEE #<br>1                                                                                                                                                                                                                                                                          | ADDRESS:<br><br>HOMELESS AR                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| HOME PHONE:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          | WORK PHONE:                                                                                                                                                                                                                       |                                 | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                   |                              |
| OTHER PHONE:                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                               | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE OF BIRTH<br>09/04/1985  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                           | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                     |                                                                                                                                                                                                                                   | OCCUPATION / EMPLOYER:          |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| AGE:<br>Exact Age: 41<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                            | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                                                                                                                                                                                                                              | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input checked="" type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |                              |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                           |                                                                                                                                                                                                                                                                                          | D.L. / ID No. (STATE)                                                                                                                                                                                                             |                                 | (A -- automatic c)                                                                                                                                                                                                                                                                                                                                                                                              |                              |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |                                                                                                                                                                                                                                                                                          | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| ARREST LOCATION:<br>1100 11TH 18 ST                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   | ARREST DATE:<br>09/21/2026      |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| CHARGE: 5-12-103I 5-36-103F                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| ARRESTING OFFICERS                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| OFFICER 1: KATELYN BREWER                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 5: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> MVR |
| OFFICER 2: _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 6: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> MVR |
| OFFICER 3: _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 7: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> MVR |
| OFFICER 4: _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 8: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> MVR |

Suspect information continued on next page.

## SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1         | JOHNSON,JOHNTHAN           |      |

  

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

## ADDED DESCRIPTION:

n/a

## OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

GRAVES, MONICA

ADDRESS:

1100 FAIR PARK BL LITTLE ROCK AR 72204

HOME PHONE:

5012470766

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male☒ (F) Female ☐ (U) Unk.ETHNICITY: ☒ (H) Hispanic☐ (N) Non-Hispanic ☐ (U) Unk.RACE: ☒ (W) White ☐ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

02/13/1971

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 55

Range: - ☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old ☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old ☐ (00) Unknown

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR STYLE:

- ☐ (01) Afro  
☐ (02) Wavy  
☐ (03) Straight  
☐ (04) Curly  
☐ (05) Braided  
☐ (06) Ponytail  
☐ (07) Military  
☐ (08) Processed  
☐ (09) Wig/Toupee  
☐ (10) Other  
☐ (11) Unknown

HAIR LENGTH:

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

BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☐ (5) Unknown

HAIR COLOR:

- ☐ (1) Black  
☐ (2) Blonde  
☐ (3) Brown  
☐ (4) Grey  
☐ (5) Red  
☐ (6) Sandy  
☐ (7) Other  
☐ (8) Unknown

EYE COLOR:

- ☐ (1) Blue  
☐ (2) Brown  
☐ (3) Grey  
☐ (4) Green  
☐ (5) Hazel  
☐ (6) Other  
☐ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven  
☐ (02) Unshaven  
☐ (03) Full Beard  
☐ (04) Must. (hvy)  
☐ (05) Must. (thin)  
☐ (06) Brows (hvy)  
☐ (07) Brows (thin)  
☐ (08) Side Burns  
☐ (09) Goatee  
☐ (10) Other  
☐ (11) Unknown

DEMEANOR:

- ☐ (01) Angry  
☐ (02) Apologetic  
☐ (03) Calm  
☐ (04) Irrational  
☐ (05) Nervous  
☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
☐ (10) Drunk / High  
☐ (11) Other  
☐ (12) Unknown

SCAR / MARK:

- ☐ (01) Head  
☐ (02) Neck  
☐ (03) Hand (rt)  
☐ (04) Hand (lft)  
☐ (05) Arm (rt)  
☐ (06) Arm (lft)  
☐ (07) Body  
☐ (08) Leg (rt)  
☐ (09) Leg (lft)  
☐ (10) Other  
☐ (11) None  
☐ (12) Unknown

TATTOO:

- ☐ (1) Designs  
☐ (2) Initials  
☐ (3) Names  
☐ (4) Pictures  
☐ (5) Words  
☐ (6) Numbers  
☐ (7) Insignia  
☐ (8) None  
☐ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)  
☐ (02) Arm (rt)  
☐ (03) Leg (lft)  
☐ (04) Leg (rt)  
☐ (05) Hand (lft)  
☐ (06) Hand (rt)  
☐ (07) Face  
☐ (08) Neck  
☐ (09) Finger(s)  
☐ (10) Chest  
☐ (11) Back

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

| PROPERTY |       |      |                                         |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|-----------------------------------------|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)  | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 36    | 4.00 | NIBERS NIBERS +<br>NIBERS NIBERS        | 0        | 1     |                  | 0.00     |         |
| 7        | 36    | 4.00 | NONE DEWALT +<br>POWER TOOL POWER TOOLS | 0        | 300   |                  | 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><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) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

  

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

  

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| <b>FOR BURGLARIES:</b> Point of Entry: _____<br>Tools Apparently Used: _____ |  |
|------------------------------------------------------------------------------|--|

## NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION IN RESPONSE TO A ROBBERY OF AN INDIVIDUAL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH GRAVES (PROPERTY MANAGER) AND REYES. REYES WAS UNABLE TO SPEAK OR UNDERSTAND ENGLISH, SO GRAVES TRANSLATED WHILE OFFICERS WERE ON SCENE. REYES ADVISED HE WAS WORKING IN UNIT 24 AND MOMENTARILY STEPPED AWAY. REYES ADVISED ALL OF HIS TOOLS WERE INSIDE UNIT 24 AND WHEN HE CAME BACK, A TOTE FULL OF TOOLS WERE MISSING. OFFICERS OBSERVED THE LID TO THE TOTE IN UNIT 24. REYES ADVISED HE IS AWARE OF A SHORTER BLACK MALE WHO IS SQUATTING IN UNIT 18 ACROSS THE HALLWAY. REYES ADVISED HE CONFRONTED THE SUSPECT (LATER IDENTIFIED AS JOHNSON) IN AN ATTEMPT TO GET HIS TOOLS BACK. REYES ADVISED JOHNSON BRANDISHED A SILVER FIREARM HE HAD INSIDE HIS HIP WAISTBAND.

OFFICERS KNOCKED ON UNIT 18 AND JOHNSON ANSWERED. JOHNSON ADVISED HE LIVES IN UNIT 18. JOHNSON LATER ADVISED HE DOES NOT LIVE THERE AND IS REPAIRING UNITS. THE PROPERTY MANAGER, GRAVES ADVISED JOHNSON IS NOT SUPPOSED TO BE ANYWHERE ON THE PROPERTY AND HE IS NOT EMPLOYED TO BE REPAIRING UNITS. REYES ENTERED UNIT 18 AND LOCATED ALL OF HIS TOOLS WHICH WERE RETURNED TO HIM. A SILVER SMITH AND WESSON LOADED FIREARM WAS LOCATED UNDER A TOTE IN UNIT 18. JOHNSON WAS PLACED IN HANDCUFFS AND SEARCHED PRIOR TO BEING PLACED IN A PATROL VEHICLE. OFFICERS LOCATED A GLASS SMOKING PIPE WITH RESIDUE INSIDE JOHNSON'S RIGHT POCKET. JOHNSON RETURNED AS A CONVICTED FELON. JOHNSON WAS TRANSPORTED TO 12TH ST TO BE INTERVIEWED. REYES ALSO RESPONDED TO 12TH ST TO PROVIDE A STATEMENT.

JOHNSON WAS TRANSPORTED TO PCRJ AND CHARGED WITH AGGRAVATED ROBBERY, THEFT OF PROPERTY, POSSESSION OF FIREARM BY CERTAIN PERSONS, AND DRUG PARAPHERNALIA. THE FIREARM AND GLASS SMOKING PIPE WERE STORED AT THE 12TH ST PROPERTY ROOM. MVR AND 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 ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/BIAS RELATIONSHIP: ☒ (88) None ☐ YES, SEE BELOW

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic  
☐ (33) Other Ethnicity

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

## LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|                                                          |  |                                                                     |                         |                                     |                        |
|----------------------------------------------------------|--|---------------------------------------------------------------------|-------------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | INCIDENT                                                            |                         | Report generated: 9/20/2026 1:31 PM |                        |
| INCIDENT NUMBER<br>2026-115677                           |  | UNIT ASSIGNED<br>1Y83                                               | CALL DATE<br>09/20/2026 | CALL TIME<br>11:19:00               | TYPE OF CALL<br>CRMISC |
| INCIDENT DATE<br>9/20/2026 11:19:12 AM                   |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br>9320 LOETSCHER LN |                         |                                     | DISTRICT<br>83         |

## OFFENSE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| INCIDENT OFFENSE TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OFFENSE STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| 1. TERRORISTIC ACT<br>2.<br>3.<br>4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5.<br>6.<br>7.<br>8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| 1. <input type="checkbox"/> Attempted<br>2. <input checked="" type="checkbox"/> Completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 3. <input type="checkbox"/> Attempted<br>4. <input type="checkbox"/> Completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| SUSPECTS USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TYPE OF CRIMINAL ACTIVITY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | GANG RELATED INFO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <input type="checkbox"/> (A) Alcohol<br><input type="checkbox"/> (C) Computer Equip<br><input type="checkbox"/> (D) Drugs<br><input checked="" type="checkbox"/> (N) Not Applicable / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> (B) Buying / Receiving<br><input type="checkbox"/> (E) Exploiting Children<br><input type="checkbox"/> (T) Transport / Transmit / Import<br><input type="checkbox"/> (D) Distributing / Selling<br><input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (P) Possessing / Concealing                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| LOCATION CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal<br><input type="checkbox"/> (02) Bank / Savings & Loan<br><input type="checkbox"/> (03) Bar / Night Club<br><input type="checkbox"/> (04) Church / Synagogue / Temple<br><input type="checkbox"/> (05) Commercial / Office Building<br><input type="checkbox"/> (06) Construction Site<br><input type="checkbox"/> (07) Convenience Store<br><input type="checkbox"/> (08) Department / Discount Store<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br><input type="checkbox"/> (10) Field / Woods<br><input type="checkbox"/> (11) Government / Public Building<br><input type="checkbox"/> (12) Grocery / Supermarket<br><input type="checkbox"/> (13) Highway / Road / Alley<br><input type="checkbox"/> (14) Hotel / Motel / Etc<br><input type="checkbox"/> (15) Jail / Penitentiary |  | <input type="checkbox"/> (16) Lake / Waterway<br><input type="checkbox"/> (17) Liquor Store<br><input type="checkbox"/> (18) Parking Lot / Garage<br><input type="checkbox"/> (19) Rental / Storage Facility<br><input checked="" type="checkbox"/> (20) Residence / House<br><input type="checkbox"/> (21) Restaurant<br><input type="checkbox"/> (22) School / College<br><input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (42) Camp / Campground |  | <input type="checkbox"/> (44) Daycare Facility<br><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br><input type="checkbox"/> (46) Farm Facility<br><input type="checkbox"/> (47) Gambling / Casino / Racetrack<br><input type="checkbox"/> (48) Industrial Site<br><input type="checkbox"/> (49) Military Installation<br><input type="checkbox"/> (50) Park / Playground<br><input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (57) Community Center |  |  |  |
| (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)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)<br><input type="checkbox"/> (30) Blunt Object (Club, etc)<br><input type="checkbox"/> (35) Motor Vehicle (as weapon)<br><input type="checkbox"/> (40) Personal Weapons (hands, etc)                                                                                                                                                                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (90) Other<br><input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (99) None                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |

|                                   |                                                |                                                                |                                                |
|-----------------------------------|------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br>09/20/2026 16:46:02 | REPORTING OFFICER<br>HARLAN STARK - [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>ANDREW HUTCHISON - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|

## VICTIM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
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| VICTIM #<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME (Last, First, Middle) or BUSINESS<br><b>WILLIAMS,SARIYAH</b>                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| ADDRESS:<br><b>9320 LOETSCHER LN LITTLE ROCK AR 72209</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| HOME PHONE:<br><b>5017738317</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | WORK PHONE:                                                                                                                                                                                                                       | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>07/20/2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| AGE:<br>Exact Age: <b>19</b><br>Range: _____ - _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | NIC:<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                                 | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(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 |
| (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                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |

## VICTIM

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| VICTIM #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAME (Last, First, Middle) or BUSINESS<br>[REDACTED]                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| ADDRESS:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| HOME PHONE:<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WORK PHONE:                                                                                                                                | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTHER PHONE:                |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE OF BIRTH<br>[REDACTED] |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| AGE:<br>Exact Age: 11<br>Range: _____ - _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NIC:<br>D.L. / ID No. (STATE)                                                                                                              | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(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                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| (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                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| VICTIM INJURY:<br><table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> (N) None      | <input 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        |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (N) None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> (M) Apparent Minor Injury                                                                                         | <input type="checkbox"/> (B) Apparent Broken Bones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (I) Possible Internal Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> (T) Loss of Teeth                                                                                                 | <input type="checkbox"/> (L) Severe Laceration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (O) Other Major Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> (U) Unconsciousness                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal            | <input type="checkbox"/> (04) Gangland                | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel  | <input type="checkbox"/> (07) Mercy Killings    | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (01) Argument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> (02) Assault on Law Enf Officer                                                                                   | <input type="checkbox"/> (03) Drug Deal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (04) Gangland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> (05) Juvenile Gang                                                                                                | <input type="checkbox"/> (06) Lover's Quarrel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (07) Mercy Killings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> (08) Other Felony Involved                                                                                        | <input type="checkbox"/> (09) Other Circumstances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input checked="" type="checkbox"/> (10) Unknown Circumstances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> (20) Criminal Killed by Private Citizen                                                                           | <input type="checkbox"/> (31) Gun-Cleaning Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> (30) Child Playing w/ Weapon                                                                                      | <input type="checkbox"/> (32) Hunting Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (33) Other Negligent Weapon Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> (34) Other Negligent Killings                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                                |                                                                  |                                                     |                                                                 |                                                       |                                                |                                                               |                                                        |               |                |               |                  |                      |                   |                             |               |                         |

| SUSPECT #1                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| SUSPECT #<br><b>1</b>                                                                                                                                                                                                                                                         | NAME (Last, First, Middle)<br><br>,                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      | AKA:                         |
| ARRESTEE #                                                                                                                                                                                                                                                                    | ADDRESS:<br><br>AR                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
| HOME PHONE:                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                          | WORK PHONE:                                                                                                                                                                                                                       |                                 | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                        |                              |
| OTHER PHONE:                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                    | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      | DATE OF BIRTH                |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                     |                                                                                                                                                                                                                                   | OCCUPATION / EMPLOYER:          |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                          | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                                                                                                                                                                                                                              | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |                              |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                |                                                                                                                                                                                                                                                                                          | D.L. / ID No. (STATE)                                                                                                                                                                                                             |                                 | (A -- automatic c)                                                                                                                                                                                                                                                                                                                                                                                   |                              |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody                                                                          |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
| ARREST LOCATION:                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   | ARREST DATE:                    |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
| CHARGE: 5-13-310                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
| 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 # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1         | ,                          |      |

  

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

## ADDED DESCRIPTION:

n/a

## NARRATIVE

SARIYAH WILLIAMS CALLED POLICE TO REPORT A BULLET STRIKING HER HOME ON LOETSCHER LANE. WILLIAMS ADVISED THAT SHE WAS IN HER BEDROOM WHEN SHE HEARD A GUNSHOT AND A ROUND WENT THROUGH HER BEDROOM WINDOW AND INTO HER CEILING. WILLIAMS'S WINDOW WAS OPEN WHEN THE SHOT OCCURRED, RESULTING IN THE BULLET PIERCING TWO PANES OF GLASS AND LEAVING A HOLE IN THE CEILING, ALL OF WHICH OFFICERS COULD OBSERVE.

OFFICERS CANVASSED FOR THE TBULLET'S CASING OUTSIDE, BUT WERE ULTIMATELY UNABLE TO LOCATE A CASING.

WILLIAMS SAID SHE WAS NOT AWARE OF ANYONE THAT MIGHT HAVE DELIBERATELY TARGETED HER RESIDENCE. WILLIAMS'S BROTHER J1 WAS PRESENT WHEN THE SHOT OCCURRED, BUT HE ADVISED HE DID NOT HEAR IT WHEN IT HAPPENED.

ON DUTY SERGEANT WAS NOTIFIED. ON CALL MC WAS NOTIFIED. MC RESPONDED TO SCENE FOR FOLLOW UP. INCIDENT NUMBER PROVIDED TO WILLIAMS.

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

## RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/BIAS RELATIONSHIP: ☒ (88) None ☐ YES, SEE BELOW

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic  
☐ (33) Other Ethnicity

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

|                                                          |  |                       |                                                                                    |                       |                                     |                |
|----------------------------------------------------------|--|-----------------------|------------------------------------------------------------------------------------|-----------------------|-------------------------------------|----------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | INCIDENT              |                                                                                    |                       | Report generated: 9/20/2026 2:46 PM |                |
| INCIDENT NUMBER<br>2026-115656                           |  | UNIT ASSIGNED<br>1X92 | CALL DATE<br>09/20/2026                                                            | CALL TIME<br>09:45:00 | TYPE OF CALL<br>THEFT               |                |
| INCIDENT DATE<br>9/20/2026 9:45:55 AM                    |  |                       | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br>10422 CHICOT RD<br>FAMILY DOLLAR |                       |                                     | DISTRICT<br>91 |

|                                   |                                                  |                                                         |                                                |
|-----------------------------------|--------------------------------------------------|---------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br>09/20/2026 18:43:14 | REPORTING OFFICER<br>NICHOLAS YOUNG - [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>GAEL SNOW - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|--------------------------------------------------|---------------------------------------------------------|------------------------------------------------|

## VICTIM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
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| VICTIM #<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME (Last, First, Middle) or BUSINESS<br><b>FAMILY DOLLAR</b>                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| ADDRESS:<br><b>10422 CHICOT RD LITTLE ROCK AR 72209</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| HOME PHONE:<br><b>5015310930</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | WORK PHONE:                                                                                                                                                                                                                       | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            | NIC:<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                                 | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(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 |
| (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                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |

| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
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| VICTIM #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle) or BUSINESS<br><br>SOCIETY                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| ADDRESS:<br><br>LITTLE ROCK AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            | WORK PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MOBILE PHONE: |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE OF BIRTH |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NIC:<br><br>NA<br><br>D.L. / ID No. (STATE)                                                                                                | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table><tr><td><input type="checkbox"/> (SE) Spouse</td><td><input type="checkbox"/> (AQ) Acquaintance</td></tr><tr><td><input type="checkbox"/> (CS) Common-Law Spouse</td><td><input type="checkbox"/> (FR) Friend</td></tr><tr><td><input type="checkbox"/> (PA) Parent</td><td><input type="checkbox"/> (NE) Neighbor</td></tr><tr><td><input type="checkbox"/> (SB) Sibling</td><td><input type="checkbox"/> (BE) Babysitter (baby)</td></tr><tr><td><input type="checkbox"/> (CH) Child</td><td><input type="checkbox"/> (BG) Boy/Girl Friend</td></tr><tr><td><input type="checkbox"/> (GP) Grandparents</td><td><input type="checkbox"/> (CF) Child of BF / GF</td></tr><tr><td><input type="checkbox"/> (GC) Grandchild</td><td><input type="checkbox"/> (HR) Homosexual Rel.</td></tr><tr><td><input type="checkbox"/> (IL) Inlaw</td><td><input type="checkbox"/> (XS) Ex-Spouse</td></tr><tr><td><input type="checkbox"/> (SP) Stepparent</td><td><input type="checkbox"/> (EE) Employee</td></tr><tr><td><input type="checkbox"/> (SC) Stepchild</td><td><input type="checkbox"/> (ER) Employer</td></tr><tr><td><input type="checkbox"/> (SS) Stepsibling</td><td><input type="checkbox"/> (OK) Otherwise Known</td></tr><tr><td><input type="checkbox"/> (OF) Other Family</td><td><input type="checkbox"/> (RU) Relationship Unknown</td></tr><tr><td><input type="checkbox"/> (ST) Stranger</td><td><input type="checkbox"/> (VO) Victim Was Suspect</td></tr></table> |               | <input type="checkbox"/> (SE) Spouse | <input type="checkbox"/> (AQ) Acquaintance | <input type="checkbox"/> (CS) Common-Law Spouse | <input type="checkbox"/> (FR) Friend | <input type="checkbox"/> (PA) Parent | <input type="checkbox"/> (NE) Neighbor | <input type="checkbox"/> (SB) Sibling | <input type="checkbox"/> (BE) Babysitter (baby) | <input type="checkbox"/> (CH) Child | <input type="checkbox"/> (BG) Boy/Girl Friend | <input type="checkbox"/> (GP) Grandparents | <input type="checkbox"/> (CF) Child of BF / GF | <input type="checkbox"/> (GC) Grandchild | <input type="checkbox"/> (HR) Homosexual Rel. | <input type="checkbox"/> (IL) Inlaw | <input type="checkbox"/> (XS) Ex-Spouse | <input type="checkbox"/> (SP) Stepparent | <input type="checkbox"/> (EE) Employee | <input type="checkbox"/> (SC) Stepchild | <input type="checkbox"/> (ER) Employer | <input type="checkbox"/> (SS) Stepsibling | <input type="checkbox"/> (OK) Otherwise Known | <input type="checkbox"/> (OF) Other Family | <input type="checkbox"/> (RU) Relationship Unknown | <input type="checkbox"/> (ST) Stranger | <input type="checkbox"/> (VO) Victim Was Suspect |
| <input type="checkbox"/> (SE) Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> (AQ) Acquaintance                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (CS) Common-Law Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> (FR) Friend                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (PA) Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> (NE) Neighbor                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (SB) Sibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> (BE) Babysitter (baby)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (CH) Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> (BG) Boy/Girl Friend                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (GP) Grandparents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> (CF) Child of BF / GF                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (GC) Grandchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> (HR) Homosexual Rel.                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (IL) Inlaw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> (XS) Ex-Spouse                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (SP) Stepparent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> (EE) Employee                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (SC) Stepchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> (ER) Employer                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (SS) Stepsibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> (OK) Otherwise Known                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (OF) Other Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> (RU) Relationship Unknown                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| <input type="checkbox"/> (ST) Stranger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> (VO) Victim Was Suspect                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                      |                                            |                                                 |                                      |                                      |                                        |                                       |                                                 |                                     |                                               |                                            |                                                |                                          |                                               |                                     |                                         |                                          |                                        |                                         |                                        |                                           |                                               |                                            |                                                    |                                        |                                                  |

| SUSPECT #1                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br>1                                                                                                                                                                                                                                                                           | NAME (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                        | AKA:                            |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ARRESTEE #<br>1                                                                                                                                                                                                                                                                          | ADDRESS:<br>[REDACTED]                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HOME PHONE:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          | WORK PHONE:                                                                                                                                                                                                                       |                        | MOBILE PHONE:                   |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OTHER PHONE:                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                               | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                        | DATE OF BIRTH<br>[REDACTED]     |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                           | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                     |                                                                                                                                                                                                                                   | OCCUPATION / EMPLOYER: |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| AGE:<br>Exact Age: 1<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                             | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                                                                                                                                                                                                                              |                        | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic c) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                           |                                                                                                                                                                                                                                                                                          | D.L. / ID No. (STATE)                                                                                                                                                                                                             |                        | WEIGHT:<br>Lbs _____            |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |                                                                                                                                                                                                                                                                                          | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody                                                               |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ARREST LOCATION:<br>7124 MILFORD DR                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          | ARREST DATE:<br>09/20/2026                                                                                                                                                                                                        |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CHARGE: 5-12-102B 5-36-103F                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ARRESTING OFFICERS                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OFFICER 1: NICHOLAS YOUNG [REDACTED]                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 5: _____       |                                 | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICER 2: _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 6: _____       |                                 | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICER 3: _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 7: _____       |                                 | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICER 4: _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 8: _____       |                                 | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |

Suspect information continued on next page.

## SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1         | STEVENSON,CLEO             |      |

  

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input checked="" type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input checked="" type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input checked="" type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown                                                                                           |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown                                                                          | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown                                                                                                                                                                                                                                                                   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                        | <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><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        | 08    | 1.00 | UNK UNK +<br>UNK SIX PACKS OF CIGARETTES AND TWO MONSTER<br>ENERGY DRINKS | 0        | 90     |                  | 0.00     |         |
| 7        | 77    | 1.00 | UNK UNK +<br>UNK NO DAMAGE                                                | 0        | 1      |                  | 0.00     |         |
| 0        | 19    | 0.00 |                                                                           | 803576   | 0.0000 |                  | 0.00     |         |

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

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

|                   |                     |                                       |                       |
|-------------------|---------------------|---------------------------------------|-----------------------|
| (D) Heroin        | (H) Other Narcotics | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants |
| (A) Crack Cocaine | (I) LSD             | (M) Other Stimulants                  | (P) Other Drugs       |
| (B) Cocaine       | (J) PCP             | (N) Barbituates                       | (U) Unknown Type      |
| (C) Hashish       | (G) Opium           |                                       |                       |

## TYPE DRUG MEASUREMENT:

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

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

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

## NARRATIVE

OFFICERS WERE DISPATCHED TO THE LISTED ADDRESS FOR A THEFT CALL. CALLER STATED A BLACK MALE WEARING A BLACK AND RED SHIRT AND BLACK PANTS TOOK CIGARETTES AND LEFT THE STORE. SGT. WALTON MADE CONTACT WITH MR. STEVENSON AT THE EXXON STORE AT 10423 CHICOT RD. MR. STEVENSON FLED RUNNING NORTH ON CHICOT, THEN EAST ON MILFORD DR. OFFICERS MADE CONTACT WITH MR. STEVENSON AT 7124 MILFORD DR AND HE RAN INTO THE WOODS BEHIND THE ADDRESS. OFFICERS TOLD HIM SEVERAL TIMES TO GET ON THE GROUND, D AND HE REFUSED. OFFICERS ASSISTED HIM TO THE GROUND AND PLACED HIM INTO HANDCUFFS. OFFICERS MADE CONTACT WITH MS. WOODRUFF, WHO IS AN EMPLOYEE AT THE FAMILY DOLLAR. SHE STATED MR. STEVENSON PUSHED HER OUT OF THE WAY TO GET TO THE CIGARETTES, THEN AGAIN ON THE WAY OUT. HE WAS TRANSPORTED TO THE 12TH ST DETECTIVES' OFFICE FOR INTERVIEW. HE WAS TRANSPORTED TO PCRJ AND CHARGED.

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

## RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/BIAS RELATIONSHIP: ☒ (88) None ☐ YES, SEE BELOW

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic  
☐ (33) Other Ethnicity

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|                                                                                                 |                                                                                 |                                                                                                         |                                                                                 |                                                                                  |                                                                          |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION                                        |                                                                                 | <b>INCIDENT</b>                                                                                         |                                                                                 | Report generated: 9/20/2026 12:30 AM                                             |                                                                          |
| INCIDENT NUMBER<br><div style="text-align: center; font-weight: bold;">2026-115185</div>        | UNIT ASSIGNED<br><div style="text-align: center; font-weight: bold;">3X93</div> | CALL DATE<br><div style="text-align: center; font-weight: bold;">09/19/2026</div>                       | CALL TIME<br><div style="text-align: center; font-weight: bold;">02:02:00</div> | TYPE OF CALL<br><div style="text-align: center; font-weight: bold;">ROBBIN</div> |                                                                          |
| INCIDENT DATE<br><div style="text-align: center; font-weight: bold;">9/19/2026 2:02:20 AM</div> |                                                                                 | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><div style="text-align: center;">1808 TULANE AV</div> |                                                                                 |                                                                                  | DISTRICT<br><div style="text-align: center; font-weight: bold;">54</div> |

Report Contains Juvenile Information  
 Redact Before Release

| OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>INCIDENT OFFENSE TYPE</b><br><br>1. PURSUIT<br>2. AGGRAVATED ROBBERY (INDIVIDUAL)<br>3. UNAUTHORIZED USE OF ANOTHER PERSONS PROPERTY TO FACILITATE CRIME<br>4. FLEEING FELONY<br>5. FLEEING MISD<br>6. CRIMINAL MISCHIEF 1ST DEGREE FELONY<br>7. TRAFFIC VIOLATION<br>8. THEFT MOTOR VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                    | <b>OFFENSE STATUS</b><br><br>Attempted Completed 1 <input type="checkbox"/> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> <input checked="" type="checkbox"/> 3 <input type="checkbox"/> <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <input checked="" type="checkbox"/><br>Attempted Completed 5 <input type="checkbox"/> <input checked="" type="checkbox"/> 6 <input type="checkbox"/> <input checked="" type="checkbox"/> 7 <input type="checkbox"/> <input checked="" type="checkbox"/> 8 <input type="checkbox"/> <input checked="" type="checkbox"/> |                                                  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| <b>SUSPECTS USED:</b><br><input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TYPE OF CRIMINAL ACTIVITY:</b><br><input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>GANG RELATED INFO:</b><br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>LOCATION CODE:</b><br/> <input type="checkbox"/> (01) Air / Bus / Train Terminal<br/> <input type="checkbox"/> (02) Bank / Savings &amp; Loan<br/> <input type="checkbox"/> (03) Bar / Night Club<br/> <input type="checkbox"/> (04) Church / Synagogue / Temple<br/> <input type="checkbox"/> (05) Commercial / Office Building<br/> <input type="checkbox"/> (06) Construction Site<br/> <input type="checkbox"/> (07) Convenience Store<br/> <input type="checkbox"/> (08) Department / Discount Store<br/> <input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br/> <input type="checkbox"/> (10) Field / Woods<br/> <input type="checkbox"/> (11) Government / Public Building<br/> <input type="checkbox"/> (12) Grocery / Supermarket<br/> <input checked="" type="checkbox"/> (13) Highway / Road / Alley<br/> <input type="checkbox"/> (14) Hotel / Motel / Etc<br/> <input type="checkbox"/> (15) Jail / Penitentiary                         </td> <td style="vertical-align: top;"> <input type="checkbox"/> (16) Lake / Waterway<br/> <input type="checkbox"/> (17) Liquor Store<br/> <input type="checkbox"/> (18) Parking Lot / Garage<br/> <input type="checkbox"/> (19) Rental / Storage Facility<br/> <input type="checkbox"/> (20) Residence / House<br/> <input type="checkbox"/> (21) Restaurant<br/> <input type="checkbox"/> (22) School / College<br/> <input type="checkbox"/> (23) Service / Gas Station<br/> <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br/> <input type="checkbox"/> (25) Other / Unknown<br/> <input type="checkbox"/> (37) Abandoned/Condemned Structure<br/> <input type="checkbox"/> (38) Amusement Park<br/> <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br/> <input type="checkbox"/> (40) ATM Separate from Bank<br/> <input type="checkbox"/> (41) Auto Dealership New / Used<br/> <input type="checkbox"/> (42) Camp / Campground                         </td> <td style="vertical-align: top;"> <input type="checkbox"/> (44) Daycare Facility<br/> <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br/> <input type="checkbox"/> (46) Farm Facility<br/> <input type="checkbox"/> (47) Gambling / Casino / Racetrack<br/> <input type="checkbox"/> (48) Industrial Site<br/> <input type="checkbox"/> (49) Military Installation<br/> <input type="checkbox"/> (50) Park / Playground                         </td> <td style="vertical-align: top;"> <input type="checkbox"/> (51) Rest Area<br/> <input type="checkbox"/> (52) School - College / University<br/> <input type="checkbox"/> (53) School - Elementary / Secondary<br/> <input type="checkbox"/> (54) Shelter - Mission / Homeless<br/> <input type="checkbox"/> (55) Shopping Mall<br/> <input type="checkbox"/> (56) Tribal Lands<br/> <input type="checkbox"/> (57) Community Center                         </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>LOCATION CODE:</b><br><input type="checkbox"/> (01) Air / Bus / Train Terminal<br><input type="checkbox"/> (02) Bank / Savings & Loan<br><input type="checkbox"/> (03) Bar / Night Club<br><input type="checkbox"/> (04) Church / Synagogue / Temple<br><input type="checkbox"/> (05) Commercial / Office Building<br><input type="checkbox"/> (06) Construction Site<br><input type="checkbox"/> (07) Convenience Store<br><input type="checkbox"/> (08) Department / Discount Store<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br><input type="checkbox"/> (10) Field / Woods<br><input type="checkbox"/> (11) Government / Public Building<br><input type="checkbox"/> (12) Grocery / Supermarket<br><input checked="" type="checkbox"/> (13) Highway / Road / Alley<br><input type="checkbox"/> (14) Hotel / Motel / Etc<br><input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (16) Lake / Waterway<br><input type="checkbox"/> (17) Liquor Store<br><input type="checkbox"/> (18) Parking Lot / Garage<br><input type="checkbox"/> (19) Rental / Storage Facility<br><input type="checkbox"/> (20) Residence / House<br><input type="checkbox"/> (21) Restaurant<br><input type="checkbox"/> (22) School / College<br><input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (42) Camp / Campground | <input type="checkbox"/> (44) Daycare Facility<br><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br><input type="checkbox"/> (46) Farm Facility<br><input type="checkbox"/> (47) Gambling / Casino / Racetrack<br><input type="checkbox"/> (48) Industrial Site<br><input type="checkbox"/> (49) Military Installation<br><input type="checkbox"/> (50) Park / Playground | <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (52) School - 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| <b>(FOR BURGLARY ONLY)</b><br>NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic)<br><input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input checked="" type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc) |                                                                                                                                                                                                                                                                                                                                                        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| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                                   |                                                  |                                                             |                                                |
|-----------------------------------|--------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br>09/19/2026 10:23:08 | REPORTING OFFICER<br>COLEMAN DILLON - [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>ALICIA MEEKER - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|--------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|

| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
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| VICTIM #<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME (Last, First, Middle) or BUSINESS<br><b>DIAZ,BARBARA</b>                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| ADDRESS:<br><b>5813 BASELINE RD 220 LITTLE ROCK AR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| HOME PHONE:<br><b>5012742102</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WORK PHONE:                                                                                                                                | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>08/11/1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| AGE:<br>Exact Age: <b>31</b><br>Range: _____ - _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            | NIC:<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                                 | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table><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>2 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>2 1</b> (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (AQ) Acquaintance                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (CS) Common-Law Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (FR) Friend                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (PA) Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (NE) Neighbor                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (SB) Sibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (BE) Babysitter (baby)                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (CH) Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (BG) Boy/Girl Friend                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (GP) Grandparents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (CF) Child of BF / GF                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (GC) Grandchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (HR) Homosexual Rel.                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (IL) Inlaw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (XS) Ex-Spouse                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (SP) Stepparent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (EE) Employee                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (SC) Stepchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (ER) Employer                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (SS) Stepsibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (OK) Otherwise Known                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (OF) Other Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2 1</b> (RU) Relationship Unknown                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| (ST) Stranger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (VO) Victim Was Suspect                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                      |               |                         |

| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
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| VICTIM #<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME (Last, First, Middle) or BUSINESS<br><br>SOCIETY                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| ADDRESS:<br><br>LITTLE ROCK AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | WORK PHONE:                                                                                                                                                                                                                       | MOBILE PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | NIC:<br><br>NA<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                       | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>2 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 | 2 1 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (AQ) Acquaintance                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (CS) Common-Law Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (FR) Friend                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (PA) Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (NE) Neighbor                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (SB) Sibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (BE) Babysitter (baby)                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (CH) Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (BG) Boy/Girl Friend                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (GP) Grandparents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (CF) Child of BF / GF                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (GC) Grandchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (HR) Homosexual Rel.                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (IL) Inlaw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (XS) Ex-Spouse                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (SP) Stepparent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (EE) Employee                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (SC) Stepchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (ER) Employer                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (SS) Stepsibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (OK) Otherwise Known                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (OF) Other Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 1 (RU) Relationship Unknown                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| (ST) Stranger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (VO) Victim Was Suspect                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| VICTIM INJURY:<br><table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> (N) None      | <input 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        |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| <input type="checkbox"/> (N) None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> (M) Apparent Minor Injury                                                                                         | <input type="checkbox"/> (B) Apparent Broken Bones                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| <input type="checkbox"/> (I) Possible Internal Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> (T) Loss of Teeth                                                                                                 | <input type="checkbox"/> (L) Severe Laceration                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| <input type="checkbox"/> (O) Other Major Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> (U) Unconsciousness                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table> |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal            | <input type="checkbox"/> (04) Gangland                | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel  | <input type="checkbox"/> (07) Mercy Killings    | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings |               |                |               |                  |                      |                   |                               |               |                         |
| <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"/> (31) Gun-Cleaning Accident                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| <input type="checkbox"/> (32) Hunting Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> (21) Criminal Killed by Police Officer                                                                            | <input type="checkbox"/> (30) Child Playing w/ Weapon                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| <input type="checkbox"/> (33) Other Negligent Weapon Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> (34) Other Negligent Killings                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                          |                                                    |                                                       |                                             |                                                |                                                 |                                                     |                                                   |                                                     |                                                                  |                                                     |                                                |                                                                 |                                                       |                                                               |                                                        |               |                |               |                  |                      |                   |                               |               |                         |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| VICTIM #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle) or BUSINESS<br><br>SOCIETY                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| ADDRESS:<br><br>LITTLE ROCK AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           | WORK PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MOBILE PHONE: |
| OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE OF BIRTH |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NIC:<br><br>NA<br><br>D.L. / ID No. (STATE)                                                                                               | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div><div>(SE) Spouse</div><div>(CS) Common-Law Spouse</div><div>(PA) Parent</div><div>(SB) Sibling</div><div>(CH) Child</div><div>(GP) Grandparents</div><div>(GC) Grandchild</div><div>(IL) Inlaw</div><div>(SP) Stepparent</div><div>(SC) Stepchild</div><div>(SS) Stepsibling</div><div>(OF) Other Family</div><div>(ST) Stranger</div></div><div><div>(AQ) Acquaintance</div><div>(FR) Friend</div><div>(NE) Neighbor</div><div>(BE) Babysitter (baby)</div><div>(BG) Boy/Girl Friend</div><div>(CF) Child of BF / GF</div><div>(HR) Homosexual Rel.</div><div>(XS) Ex-Spouse</div><div>(EE) Employee</div><div>(ER) Employer</div><div>(OK) Otherwise Known</div><div>(RU) Relationship Unknown</div><div>(VO) Victim Was Suspect</div></div></div> |               |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |

| SUSPECT #1                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br>1                                                                                                                                                                                                                                                                                                            | NAME (Last, First, Middle)<br>[REDACTED]                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                        | AKA:                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ARRESTEE #<br>1                                                                                                                                                                                                                                                                                                           | ADDRESS:<br>[REDACTED]                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HOME PHONE:                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                     | WORK PHONE:                                                                                                                                                                                                                       |                        | MOBILE PHONE:        |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OTHER PHONE:<br>[REDACTED]                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                        |                      | DATE OF BIRTH<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                                |                                                                                                                                                                                                                                   | OCCUPATION / EMPLOYER: |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| AGE:<br>Exact Age: 15<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                                                             | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |                                                                                                                                                                                                                                   | NIC:                   |                      | HEIGHT:<br>Ft _____<br>In _____                                                                                                                                                                                                                                                                                                                                                                                            |
| DISPOSITION OF JUVENILE:<br><input checked="" type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     | D.L. / ID No. (STATE)                                                                                                                                                                                                             |                        | WEIGHT:<br>Lbs _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic c) |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 |                                                                                                                                                                                                                                                                                                     | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody                                                               |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ARREST LOCATION:<br>1700 S ELM ST                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                     | ARREST DATE:<br>09/19/2026                                                                                                                                                                                                        |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CHARGE: 99-04 5-74-105 5-54-125F 5-54-125M 99-20                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ARRESTING OFFICERS                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| OFFICER 1: CESAR JIMENEZ FIERROS [REDACTED]                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 5: _____       |                      | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICER 2: _____                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 6: _____       |                      | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICER 3: _____                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 7: _____       |                      | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICER 4: _____                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 8: _____       |                      | <input type="checkbox"/> MVR                                                                                                                                                                                                                                                                                                                                                                                               |

Suspect information continued on next page.

## SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1         |                            |      |

  

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

## ADDED DESCRIPTION:

n/a

## SUSPECT #2

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br>2                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle)<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                             | AKA:                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARRESTEE #<br>1                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS:<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                | WORK PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                           | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                 | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                             | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                             | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| AGE:<br>Exact Age: 15<br>Range: 12/16/10 - 12/16/10<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                            | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8<br>DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department | NIC:<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                                 | HEIGHT:<br>Ft _____<br>In _____<br>WEIGHT:<br>Lbs _____<br>WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic) |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARREST LOCATION:                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ARREST DATE:                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CHARGE: 5-12-103I                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARRESTING OFFICERS<br>OFFICER 1: _____ <input type="checkbox"/> MVR<br>OFFICER 2: _____ <input type="checkbox"/> MVR<br>OFFICER 3: _____ <input type="checkbox"/> MVR<br>OFFICER 4: _____ <input type="checkbox"/> MVR<br>OFFICER 5: _____ <input type="checkbox"/> MVR<br>OFFICER 6: _____ <input type="checkbox"/> MVR<br>OFFICER 7: _____ <input type="checkbox"/> MVR<br>OFFICER 8: _____ <input type="checkbox"/> MVR |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Suspect information continued on next page.

## SUSPECT #2

SUSPECT #

2

NAME (Last, First, Middle)

AKA:

## COMPLEXION:

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

## HAIR LENGTH:

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

## HAIR STYLE:

- ☐ (01) Afro  
☐ (02) Wavy  
☐ (03) Straight  
☐ (04) Curly  
☐ (05) Braided  
☐ (06) Ponytail  
☐ (07) Military  
☐ (08) Processed  
☐ (09) Wig/Toupee  
☐ (10) Other  
☒ (11) Unknown

## BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☒ (5) Unknown

## HAIR COLOR:

- ☐ (1) Black  
☐ (2) Blonde  
☐ (3) Brown  
☐ (4) Grey  
☐ (5) Red  
☐ (6) Sandy  
☐ (7) Other  
☒ (8) Unknown

## EYE COLOR:

- ☐ (1) Blue  
☐ (2) Brown  
☐ (3) Grey  
☐ (4) Green  
☐ (5) Hazel  
☐ (6) Other  
☒ (7) Unknown

## FACIAL HAIR:

- ☐ (01) Clean Shaven  
☐ (02) Unshaven  
☐ (03) Full Beard  
☐ (04) Must. (hvy)  
☐ (05) Must. (thin)  
☐ (06) Brows (hvy)  
☐ (07) Brows (thin)  
☐ (08) Side Burns  
☐ (09) Goatee  
☐ (10) Other  
☒ (11) Unknown

## DEMEANOR:

- ☐ (01) Angry  
☐ (02) Apologetic  
☐ (03) Calm  
☐ (04) Irrational  
☐ (05) Nervous  
☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
☐ (10) Drunk / High  
☐ (11) Other  
☒ (12) Unknown

## SCAR / MARK:

- ☐ (01) Head  
☐ (02) Neck  
☐ (03) Hand (rt)  
☐ (04) Hand (lft)  
☐ (05) Arm (rt)  
☐ (06) Arm (lft)  
☐ (07) Body  
☐ (08) Leg (rt)  
☐ (09) Leg (lft)  
☐ (10) Other  
☐ (11) None  
☒ (12) Unknown

## TATTOO:

- ☐ (1) Designs  
☐ (2) Initials  
☐ (3) Names  
☐ (4) Pictures  
☐ (5) Words  
☐ (6) Numbers  
☐ (7) Insignia  
☐ (8) None  
☒ (9) Unknown

## TATTOO LOC:

- ☐ (01) Arm (lft)  
☐ (02) Arm (rt)  
☐ (03) Leg (lft)  
☐ (04) Leg (rt)  
☐ (05) Hand (lft)  
☐ (06) Hand (rt)  
☐ (07) Face  
☐ (08) Neck  
☐ (09) Finger(s)  
☐ (10) Chest  
☐ (11) Back

## CLOTHING DESCRIPTION:

HAT \_\_\_\_\_  
COAT \_\_\_\_\_  
SHIRT \_\_\_\_\_  
PANTS/DRESS \_\_\_\_\_  
SHOES \_\_\_\_\_

## ADDED DESCRIPTION:

n/a

## OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male☒ (F) Female ☐ (U) Unk.ETHNICITY: ☐ (H) Hispanic☒ (N) Non-Hispanic ☐ (U) Unk.RACE: ☐ (W) White ☒ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 16

Range: - ☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old ☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old ☐ (00) Unknown

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR STYLE:

- ☐ (01) Afro  
☐ (02) Wavy  
☐ (03) Straight  
☐ (04) Curly  
☐ (05) Braided  
☐ (06) Ponytail  
☐ (07) Military  
☐ (08) Processed  
☐ (09) Wig/Toupee  
☐ (10) Other  
☒ (11) Unknown

HAIR LENGTH:

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

BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☐ (5) Unknown

HAIR COLOR:

- ☒ (1) Black  
☐ (2) Blonde  
☐ (3) Brown  
☐ (4) Grey  
☐ (5) Red  
☐ (6) Sandy  
☐ (7) Other  
☐ (8) Unknown

EYE COLOR:

- ☐ (1) Blue  
☒ (2) Brown  
☐ (3) Grey  
☐ (4) Green  
☐ (5) Hazel  
☐ (6) Other  
☐ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven  
☐ (02) Unshaven  
☐ (03) Full Beard  
☐ (04) Must. (hvy)  
☐ (05) Must. (thin)  
☐ (06) Brows (hvy)  
☐ (07) Brows (thin)  
☐ (08) Side Burns  
☐ (09) Goatee  
☐ (10) Other  
☒ (11) Unknown

DEMEANOR:

- ☐ (01) Angry  
☐ (02) Apologetic  
☐ (03) Calm  
☐ (04) Irrational  
☐ (05) Nervous  
☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
☐ (10) Drunk / High  
☐ (11) Other  
☒ (12) Unknown

SCAR / MARK:

- ☐ (01) Head  
☐ (02) Neck  
☐ (03) Hand (rt)  
☐ (04) Hand (lft)  
☐ (05) Arm (rt)  
☐ (06) Arm (lft)  
☐ (07) Body  
☐ (08) Leg (rt)  
☐ (09) Leg (lft)  
☐ (10) Other  
☐ (11) None  
☐ (12) Unknown

TATTOO:

- ☐ (1) Designs  
☐ (2) Initials  
☐ (3) Names  
☐ (4) Pictures  
☐ (5) Words  
☐ (6) Numbers  
☐ (7) Insignia  
☐ (8) None  
☐ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)  
☐ (02) Arm (rt)  
☐ (03) Leg (lft)  
☐ (04) Leg (rt)  
☐ (05) Hand (lft)  
☐ (06) Hand (rt)  
☐ (07) Face  
☐ (08) Neck  
☐ (09) Finger(s)  
☐ (10) Chest  
☐ (11) Back

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

## OTHER PERSONS - CONTACT

OTHER PERSON #

2

NAME (Last, First, Middle)

BROOKS,AMBER

ADDRESS:

8319 W 36TH ST LITTLE ROCK AR 72204

HOME PHONE:

2199020239

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male☒ (F) Female ☐ (U) Unk.ETHNICITY: ☐ (H) Hispanic☒ (N) Non-Hispanic ☐ (U) Unk.RACE: ☐ (W) White ☒ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

07/25/1989

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 37

Range: -

☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old☐ (00) Unknown

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR STYLE:

☐ (01) Afro☐ (02) Wavy☐ (03) Straight☐ (04) Curly☐ (05) Braided☐ (06) Ponytail☐ (07) Military☐ (08) Processed☐ (09) Wig/Toupee☐ (10) Other☒ (11) Unknown

HAIR COLOR:

☐ (1) Black☐ (2) Blonde☐ (3) Brown☐ (4) Grey☐ (5) Red☐ (6) Sandy☐ (7) Other☒ (8) Unknown

EYE COLOR:

☐ (1) Blue☐ (2) Brown☐ (3) Grey☐ (4) Green☐ (5) Hazel☐ (6) Other☒ (7) Unknown

FACIAL HAIR:

☐ (01) Clean Shaven☐ (02) Unshaven☐ (03) Full Beard☐ (04) Must. (hvy)☐ (05) Must. (thin)☐ (06) Brows (hvy)☐ (07) Brows (thin)☐ (08) Side Burns☐ (09) Goatee☐ (10) Other☒ (11) Unknown

DEMEANOR:

☐ (01) Angry☐ (02) Apologetic☐ (03) Calm☐ (04) Irrational☐ (05) Nervous☐ (06) Polite☐ (07) Professional☐ (08) Stupor☐ (09) Violent☐ (10) Drunk / High☐ (11) Other☒ (12) Unknown

SCAR / MARK:

☐ (01) Head☐ (02) Neck☐ (03) Hand (rt)☐ (04) Hand (lft)☐ (05) Arm (rt)☐ (06) Arm (lft)☐ (07) Body☐ (08) Leg (rt)☐ (09) Leg (lft)☐ (10) Other☐ (11) None☐ (12) Unknown

TATTOO:

☐ (1) Designs☐ (2) Initials☐ (3) Names☐ (4) Pictures☐ (5) Words☐ (6) Numbers☐ (7) Insignia☐ (8) None☐ (9) Unknown

TATTOO LOC:

☐ (01) Arm (lft)☐ (02) Arm (rt)☐ (03) Leg (lft)☐ (04) Leg (rt)☐ (05) Hand (lft)☐ (06) Hand (rt)☐ (07) Face☐ (08) Neck☐ (09) Finger(s)☐ (10) Chest☐ (11) Back

HAIR LENGTH:

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

BUILD:

☐ (1) Light☐ (2) Medium☐ (3) Heavy☐ (4) Muscular☐ (5) Unknown

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

## OTHER PERSONS - CONTACT

OTHER PERSON #

3

NAME (Last, First, Middle)

SIMPSON,JASMINE

ADDRESS:

320 OAK PARK DR LITTLE ROCK AR 72204

HOME PHONE:

5017087044

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male☒ (F) Female ☐ (U) Unk.ETHNICITY: ☐ (H) Hispanic☒ (N) Non-Hispanic ☐ (U) Unk.RACE: ☐ (W) White ☒ (B) Black ☐ (I) American Indian☐ (A) Asian / Pacific Islander ☐ (U) Unknown

DATE OF BIRTH

11/14/1995

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes☒ (N) No☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 30

Range: -

☐ (BB) 7-364 Days Old☐ (NN) Under 24 Hrs. Old☐ (99) Over 98 Years Old☐ (NB) 1-6 Days Old☐ (00) Unknown

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR STYLE:

- ☐ (01) Afro  
☐ (02) Wavy  
☐ (03) Straight  
☐ (04) Curly  
☐ (05) Braided  
☐ (06) Ponytail  
☐ (07) Military  
☐ (08) Processed  
☐ (09) Wig/Toupee  
☐ (10) Other  
☐ (11) Unknown

HAIR COLOR:

- ☐ (1) Black  
☐ (2) Blonde  
☐ (3) Brown  
☐ (4) Grey  
☐ (5) Red  
☐ (6) Sandy  
☐ (7) Other  
☐ (8) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven  
☐ (02) Unshaven  
☐ (03) Full Beard  
☐ (04) Must. (hvy)  
☐ (05) Must. (thin)  
☐ (06) Brows (hvy)  
☐ (07) Brows (thin)  
☐ (08) Side Burns  
☐ (09) Goatee  
☐ (10) Other  
☐ (11) Unknown

DEMEANOR:

- ☐ (01) Angry  
☐ (02) Apologetic  
☐ (03) Calm  
☐ (04) Irrational  
☐ (05) Nervous  
☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
☐ (10) Drunk / High  
☐ (11) Other  
☐ (12) Unknown

SCAR / MARK:

- ☐ (01) Head  
☐ (02) Neck  
☐ (03) Hand (rt)  
☐ (04) Hand (lft)  
☐ (05) Arm (rt)  
☐ (06) Arm (lft)  
☐ (07) Body  
☐ (08) Leg (rt)  
☐ (09) Leg (lft)  
☐ (10) Other  
☐ (11) None  
☐ (12) Unknown

TATTOO:

- ☐ (1) Designs  
☐ (2) Initials  
☐ (3) Names  
☐ (4) Pictures  
☐ (5) Words  
☐ (6) Numbers  
☐ (7) Insignia  
☐ (8) None  
☐ (9) Unknown

HAIR LENGTH:

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

BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☐ (5) Unknown

EYE COLOR:

- ☐ (1) Blue  
☐ (2) Brown  
☐ (3) Grey  
☐ (4) Green  
☐ (5) Hazel  
☐ (6) Other  
☐ (7) Unknown

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

TATTOO LOC:

- ☐ (01) Arm (lft)  
☐ (02) Arm (rt)  
☐ (03) Leg (lft)  
☐ (04) Leg (rt)  
☐ (05) Hand (lft)  
☐ (06) Hand (rt)  
☐ (07) Face  
☐ (08) Neck  
☐ (09) Finger(s)  
☐ (10) Chest  
☐ (11) Back

|                                           |                                                                                                                  |                 |                        |                    |                                  |                      |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|--------------------|----------------------------------|----------------------|
| VEHICLE #1                                |                                                                                                                  |                 |                        |                    |                                  |                      |
| STATUS: STOLEN                            |                                                                                                                  |                 |                        | HOLD AUTHORITY:    |                                  |                      |
| YEAR:<br>2008                             | MAKE:<br>LEXS                                                                                                    | MODEL:<br>IS250 | STYLE:<br>4D           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>BPY10I PC | LIC YEAR:<br>2027    |
| OWNER'S NAME (Last, First):<br>[REDACTED] |                                                                                                                  |                 | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>[REDACTED] |
| COLOR:<br>BLU                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                 | NIC:                   |                    | INSURANCE POLICY #:              |                      |

| PROPERTY |       |      |                                        |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|----------------------------------------|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 03    | 1.00 | LEXUS BLU<br>IS250 VEHICLE             | 0        | 9500  |                  | 0.00     |         |
| 4        | 03    | 1.00 | LEXUS +<br>IS250 VEHICLE               | 0        | 9500  |                  | 0.00     |         |
| 7        | 77    | 1.00 | N/A N/A +<br>N/A SYSTEM REQUIRES ENTRY | 0        | 1     |                  | 0.00     |         |

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

PROPERTY DESCRIPTION:

(01) Aircraft

(02) Alcohol

(03) Automobiles

(04) Bicycles

(05) Buses

(06) Clothes/Furs

(07) Computer Hardware/  
Software

(08) Consumable Goods

(09) Credit Cards/Debit Cards

(10) Drugs/Narcotics

(11) Drug/Narcotic Equipment

(12) Farm Equipment

(13) Firearms

(14) Gambling Equipment

(15) Heavy Equipment Construction/  
Industry

(16) Household Good

(17) Jewelry/Precious Metal

(18) Livestock

(19) Merchandise

(20) Money

(21) Negotiable Instruments

(22) Nonnegotiable Instruments

(23) Office-Type Equipment

(24) Other Motor Vehicles

(25) Purses/Handbags/Wallets

(26) Radios/TVs/VCR

(27) Recordings-Audio/Visual

(28) Recreational Vehicles

(29) Structures-Single Occupancy

(30) Structures-Other Dwellings

(31) Structures-Commercial/Business

(32) Structures-Industrial/Manufacture

(33) Structures-Public/Community

(34) Structures-Storage

(35) Structures-Other

(36) Tools-Power/Hand/Lawnmower

(37) Trucks

(38) Vehicle Parts/Accessories

(39) Watercraft

(77) Other

(88) Pending Inventory (of Property)

DRUG TYPE:

(A) Crack Cocaine

(B) Cocaine

(C) Hashish

(D) Heroin

(E) Marijuana

(F) Morphine

(G) Opium

(H) Other Narcotics

(I) LSD

(J) PCP

(K) Other Hallucino.

(L) Amphetamines/  
Methamphetamines

(M) Other Stimulants

(N) Barbituates

(O) Other Depressants

(P) Other Drugs

(U) Unknown Type

TYPE DRUG MEASUREMENT:

Units

(DU) Dosage Unit

(Pills, etc)

(NP) Number of Plants

Weight

(GM) Gram

(KG) Kilogram

(OZ) Ounce

(LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

(ML) Milliliter

(LT) Liter

(GL) Gallon

(FO) Fluid Ounce

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## NARRATIVE

OFFICERS RESPONDED TO THE LISTED ADDRESS FOR A CAR JACKING REPORT INVOLVING VEHICLE 1. WHILE EN ROUTE OFFICERS OBSERVED VEHICLE 1 DRIVING EASTBOUND ON ASHER AVE WITH NO LIGHTS ON. OFFICERS TURNED AROUND ON IT AND OBSERVED VEHICLE 1 ENTER THE PARKING LOT OF 2608 S MAPLE ST. WHEN OFFICERS ENTERED THE PARKING LOT VEHICLE 1 PULLED BACK OUT ONTO ASHER AVE WESTBOUND TURNING ONTO W 27TH ST. OFFICERS OBSERVED SUS 3 IN THE BACK DRIVER SIDE OF VEHICLE 1. OFFICERS INITIATED A STOP ON VEHICLE 1 WHICH WAS BEING DRIVEN BY SUS 1. SUS 1 BEGAN FLEEING WESTBOUND ON 27TH ST AT A HIGH RATE OF SPEED CAUSING THE VEHICLE TO GO AIRBORNE MULTIPLE TIMES DURING THE PURSUIT. DURING THE PURSUIT SUS 1 REACHED SPEEDS OF 65 MPH WITH NO LIGHTS ON SHOWING EXTREME INDIFFERENCE TO THE VALUE OF HUMAN LIFE. SGT MEEKER WAS NOTIFIED OF THE INCIDENT AND RESPONDED TO THE LOCATION. VEHICLE 1 WAS CONTRACT TOWED TO CITY IMPOUND BY ADAMS WRECKER.

SUS 1 ATTEMPTED TO TURN EASTBOUND ON W 18TH ST BUT DUE TO THE SPEED THEY WERE TRAVELING AT THEY LEFT THE ROADWAY ON THE NORTH SIDE OF THE ROAD AND WENT UP AN EMBANKMENT BEFORE VEHICLE 1 CAME TO REST ON ITS ROOF. OFFICERS OBSERVED SUS 1 EXIT THE DRIVER'S SEAT OF VEHICLE 1 AND FLEE EASTBOUND ON FOOT. OFFICERS PURSUED SUS 1 ON FOOT AND TOOK HIM INTO CUSTODY NEAR THE 1700 BLOCK OF S ELM ST. SUS 2 EXITED THE PASSENGER SIDE OF VEHICLE 1 AND FLED NORTHBOUND ON FOOT. JUV 1 CLIMBED INTO THE FRONT SEAT AND EXITED THE DRIVER'S WINDOW WHERE SHE WAS TAKEN INTO CUSTODY.

INITIALLY OFFICERS WERE UNABLE TO MAKE CONTACT WITH THE VICTIM, BARBARA DIAZ, BUT EVENTUALLY MADE CONTACT AT 5813 BASELINE RD. DIAZ TOLD OFFICERS SHE WAS AT 1808 TULANE AVE SITTING IN HER VEHICLE WHEN TWO BLACK MALES APPROACHED HER. ONE OF THE BLACK MALES WAS DESCRIBED AS WEARING ALL BLACK AND CARRYING A KNIFE. THE SECOND WAS DESCRIBED AS BLACK TOP WITH BLUE PANTS AND CARRYING A GUN. DIAZ TOLD OFFICERS THE MALE WITH THE KNIFE APPROACHED HER AND ACTED LIKE HE WOULD STAB HER. DIAZ ADVISED HER FRIEND, CHRISTOPHER GALIZA, ARRIVED AT THIS TIME AND BEGAN FIGHTING WITH THE SUSPECT CARRYING THE KNIFE OVER THE WEAPON. DIAZ TOLD OFFICERS THE SUSPECT WITH THE GUN THEN POINTED IT AT DIAZ AND GALIZA BEFORE BOTH SUSPECTS GOT INTO VEHICLE 1 AND LEFT WITH IT. DIAZ TOLD OFFICERS WHEN THE SUSPECTS WERE DRIVING AWAY IN HER VEHICLE, THEY RAN OVER GALIZA'S ARM.

GALIZA REFUSED TO MEET WITH OFFICERS TO MAKE A REPORT AS HE WAS SCARED ABOUT POSSIBLE IMMIGRATION ISSUES.

OFFICERS TRANSPORTED SUS 1 AND JUV 3 TO THE 12TH STREET DETECTIVES' OFFICE. SUS 1 WAS CHARGED WITH AGGRAVATED ROBBERY (FY), UNAUTHORIZED USE OF ANOTHER PERSON'S PROPERTY TO FACILITATE A CRIME (FB), THEFT OF PROPERTY (FC), FLEEING (FC), CRIMINAL MISCHIEF (FD), AND FLEEING (MA). OFFICERS NOTIFIED JUVENILE INTAKE AND TRANSPORTED SUS 1 TO JUVENILE INTAKE. JUV 3 WAS RELEASED WITHOUT CHARGES AT THE TIME OF THIS REPORT. SUS 1'S MOTHER JASMINE SIMPSON WAS NOTIFIED AND RESPONDED THE 12TH STREET SUBSTATION. JUV 1'S MOTHER AMBER BROOKS WAS NOTIFIED BUT WAS UNABLE TO RESPOND. MVR AND BWC IN USE.

\*\*\*UPDATED ON 09/20/2026 AT 0014 HOURS BY C. DILLON [REDACTED]\*\*\*

PRIOR TO TRANSPORTING SUS 1 HIS MOTHER ADVISED HE WAS AT SUS 2'S HOUSE THAT NIGHT AND IDENTIFIED SUS 2. SUS 1 CONFIRMED TO OFFICERS THE IDENTITY OF SUS 2 AND HIS ADDRESS. SUS 1 TOLD OFFICERS SUS 2 WAS DRIVING VEHICLE 1 UNTIL THEY PICKED UP JUV 1 WHO IS SUS 2'S GIRLFRIEND. SUS 1 ADVISED HE THEN BEGAN DRIVING VEHICLE 1 WHEN THEY LEFT JUV 1'S HOUSE AND WHEN OFFICERS INITIALLY OBSERVED THEM.

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

## RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/BIAS RELATIONSHIP: ☒ (88) None ☐ YES, SEE BELOW

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic  
☐ (33) Other Ethnicity

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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