

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|                                               |                              |                                                                                             |                              |                               |                                      |
|-----------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------|------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |                              | INCIDENT                                                                                    |                              |                               | Report generated: 10/5/2026 11:30 PM |
| INCIDENT NUMBER<br><b>2026-122163</b>         | UNIT ASSIGNED<br><b>2X62</b> | CALL DATE<br><b>10/05/2026</b>                                                              | CALL TIME<br><b>16:19:00</b> | TYPE OF CALL<br><b>CHKSUB</b> |                                      |
| INCIDENT DATE<br><b>10/5/2026 4:19:15 PM</b>  |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>3710 S UNIVERSITY AV<br/>Walgreens</b> |                              |                               | DISTRICT<br><b>61</b>                |

| OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>INCIDENT OFFENSE TYPE</b><br><br>1. ROBBERY (INDIVIDUAL) 5.<br>2. BATTERY 2ND DEGREE 6.<br>3. THEFT OF PROPERTY FELONY 7.<br>4. 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>OFFENSE STATUS</b><br><br>Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/><br>Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/><br><br>Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/><br>Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> |
| <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 type="checkbox"/> (P) Possessing / Concealing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>GANG RELATED INFO:</b><br><br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>LOCATION CODE:</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 checked="" 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           </div> <div style="width: 33%;"> <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="width: 33%;"> <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           </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <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 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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br><b>10/06/2026 00:06:56</b> | REPORTING OFFICER<br><b>ABRAM MONTOYA - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>KOURTNEY HARDIN - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|

## VICTIM

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| VICTIM #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME (Last, First, Middle) or BUSINESS<br>BACA,CHRISTIAN                                                                                   |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
| ADDRESS:<br>HOMELESS LITTLE ROCK AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
| 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 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>04/28/1988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
| 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: 38<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><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 checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
| 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td><td><input type="checkbox"/> (10) Unknown Circumstances</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"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td></tr><tr><td></td><td></td><td><input type="checkbox"/> (32) Hunting Accident</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 checked="" type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <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"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | <input type="checkbox"/> (20) Criminal Killed by Private Citizen |                |                 | <input type="checkbox"/> (32) Hunting Accident |                |               |                  |                      |                   |                             |               |                         |
| <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 checked="" type="checkbox"/> (08) Other Felony Involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> (09) Other Circumstances                                                                                          | <input type="checkbox"/> (10) Unknown Circumstances                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
| <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"/> (33) Other Negligent Weapon Handling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> (34) Other Negligent Killings                                                                                     | <input type="checkbox"/> (20) Criminal Killed by Private Citizen                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            | <input type="checkbox"/> (32) Hunting Accident                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                          |                                                    |                                                       |                                             |                                                           |                                                                |                                                   |                                                     |                                                                 |                                                       |                                                     |                                                               |                                                        |                                                                  |                |                 |                                                |                |               |                  |                      |                   |                             |               |                         |

**SUSPECT #1**

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br><b>1</b>                                                                                                                                                                                                                                                         | NAME (Last, First, Middle)<br><br><b>UNKNOWN,</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   | AKA:                            |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARRESTEE #                                                                                                                                                                                                                                                                    | ADDRESS:<br><br><b>UNKNOWN AR</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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 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 #

1

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        | 75    | 1.00  | N/A BLU +<br>PHONE BLU WALMART PHONE               | 0        | 40     |                  | 0.00     |         |
| 7        | 17    | 1.00  | N/A UNKNOW +<br>WATCH DIAMOND WATCH                | 0        | 400    |                  | 0.00     |         |
| 7        | 17    | 1.00  | N/A UNKNOW +<br>WATCH WATCH THAT SAYS PURSE ON IT. | 0        | 400    |                  | 0.00     |         |
| 7        | 17    | 1.00  | N/A PRESID +<br>WATCH PRESIDENT WATCH              | 0        | 500    |                  | 0.00     |         |
| 7        | 17    | 1.00  | N/A BULUBA +<br>WATCH BULUBA WATCH                 | 0        | 400    |                  | 0.00     |         |
| 7        | 17    | 10.00 | N/A UNKNOW WHT<br>DIAMONDS SMALL WHITE DIAMONDS    | 0        | 0.0000 |                  | 0.00     |         |
| 7        | 17    | 3.00  | N/A UNKNOW YEL<br>DIAMONDS 3 YELLOW DIAMONDS       | 0        | 0.0000 |                  | 0.00     |         |
| 7        | 17    | 7.00  | N/A UNKNOW +<br>DIAMONDS 7 MEDIUM SIZED DIAMONDS   | 0        | 0.0000 |                  | 0.00     |         |
| 7        | 20    | 14.00 | N/A US CUR +<br>CASH 14 DOLLARS IN CASH AND COINS  | 0        | 14     |                  | 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 | (E) Marijuana       | (I) LSD                               | (P) Other Drugs       |
| (B) Cocaine       | (F) Morphine        | (J) PCP                               | (U) Unknown Type      |
| (C) Hashish       | (G) Opium           | (K) Other Hallucino.                  | (N) Barbituates       |

## 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**

MVR/BWC IN USE.

OFFICERS WERE DISPATCHED TO THIS LOCATION FOR A IN REFERENCE TO A MALE BLEEDING FROM THE HEAD. UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE VICTIM, CHRISTIAN BACA, WHO SPOKE VERY LITTLE ENGLISH AND MAINLY SPOKE SPANISH. OFFICERS WERE ABLE TO GATHER HIS BASIC INFORMATION AND CALLED A SUBJECT VIA PHONE TO TRANSLATE. MR. BACA INFORMED OFFICERS THAT HE WAS BEHIND THE FURNITURE STORE ON UNIVERSITY, AARON'S, 3901 S. UNIVERSITY AVE.

MR. BACA ADVISED OFFICERS A WHITE MALE WHO WAS SHORT AND MEDIUM BUILD, WEARING A WHITE SHIRT WITH NO SLEEVES, AND BROWN PANTS, SHOWED UP BEHIND HIM AS HE WAS HELPING THE STORE TAKE OUT SOME TRASH FOR MONEY. MR. BACA STATED AS HE WAS DOING THIS, THE MALE BEGAN TO BOTHER HIM AND THEN HIT HIM IN THE FACE WITH A CLOSED FIST AND CAUSED A LARGE LACERATION ON THE RIGHT SIDE OF HIS FOREHEAD. MR. BACA STATED THE SUSPECT THEN TOOK THE ITEMS LISTED IN PROPERTY. MR. BACA WAS THEN TRANSPORTED TO UAMS BY MEMS.

OFFICERS DID A RADIO BROADCAST OF THE SUSPECT AND CRIME THAT HAD OCCURRED HOWEVER A SUPERVISOR WAS NOT NOTIFIED OF THE SITUATION.

## 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