

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			Report generated: 1/21/2026 2:28 PM	
INCIDENT NUMBER 2026-002927	UNIT ASSIGNED 2X54	CALL DATE 01/07/2026	CALL TIME 20:54:00	TYPE OF CALL GUNSST	
INCIDENT DATE 1/7/2026 8:54:18 PM	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 1300 S WOODROW ST			DISTRICT 53	

OFFENSE					
INCIDENT OFFENSE TYPE				OFFENSE STATUS	
1. HOMICIDE 2. BATTERY 1ST DEGREE 3. 4.	5. 6. 7. 8.	Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>			
SUSPECTS USED:	TYPE OF CRIMINAL ACTIVITY:			GANG RELATED INFO:	
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	<input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing			<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown	
LOCATION CODE:	<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (26) Abandoned/Condemned Structure <input type="checkbox"/> (27) Amusement Park <input type="checkbox"/> (28) Arena / Stadium / Fairgrounds <input type="checkbox"/> (29) ATM Separate from Bank <input type="checkbox"/> (30) Auto Dealership New / Used <input type="checkbox"/> (31) Camp / Campground			<input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center	
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)					
A <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input checked="" type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (99) None					
(FOR BURGLARY ONLY)					
METHOD OF ENTRY:					
NUMBER OF PREMISES ENTERED		<input type="checkbox"/> (F) Forceable <input type="checkbox"/> (N) No Force			
NARCAN USED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other					

ENTRY DATE 01/08/2026 06:23:19	REPORTING OFFICER CHRISTOPHER HENDERSON -	ORIGINAL APPROVING SUPERVISOR JONATHAN ELIZANDRO -	<input checked="" type="checkbox"/> MVR in use
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VICTIMVICTIM #
1

NAME (Last, First, Middle) or BUSINESS

FIELDS, RASHON

ADDRESS:

1401 S ELM ST LITTLE ROCK AR 72204

HOME PHONE:
9999999999

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: (M) Male
 (F) Female (U) Unk.ETHNICITY: (H) Hispanic
 (N) Non-Hispanic (U) Unk.RACE: (W) White (B) Black (I) American Indian
 (A) Asian / Pacific Islander (U) UnknownDATE OF BIRTH
12/24/2004RES. STATUS: (R) Resident
 (N) Nonresident (U) UnknownMENTALLY AFFLICTED?
 (Y) Yes (N) No (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 21

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS:	(by Suspect Number)
<input type="checkbox"/> (SE) Spouse	<input type="checkbox"/> (AQ) Acquaintance
<input type="checkbox"/> (CS) Common-Law Spouse	<input type="checkbox"/> (FR) Friend
<input type="checkbox"/> (PA) Parent	<input type="checkbox"/> (NE) Neighbor
<input type="checkbox"/> (SB) Sibling	<input type="checkbox"/> (BE) Babysitter (baby)
<input type="checkbox"/> (CH) Child	<input type="checkbox"/> (BG) Boy/Girl Friend
<input type="checkbox"/> (GP) Grandparents	<input type="checkbox"/> (CF) Child of BF / GF
<input type="checkbox"/> (GC) Grandchild	<input type="checkbox"/> (HR) Homosexual Rel.
<input type="checkbox"/> (IL) Inlaw	<input type="checkbox"/> (XS) Ex-Spouse
<input type="checkbox"/> (SP) Stepparent	<input type="checkbox"/> (EE) Employee
<input type="checkbox"/> (SC) Stepchild	<input type="checkbox"/> (ER) Employer
<input type="checkbox"/> (SS) Stepsibling	<input type="checkbox"/> (OK) Otherwise Known
<input type="checkbox"/> (OF) Other Family	1 <input type="checkbox"/> 2 <input type="checkbox"/> (RU) Relationship Unknown
<input type="checkbox"/> (ST) Stranger	3 <input type="checkbox"/> (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

 1 2 3 4 5 6 7 8VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown
 (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY:

 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) UnconsciousnessAGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION

HAT _____ SHIRT _____ SHOES _____
COAT _____ PANTS/DRESS _____

VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS USSERY JR, BRYAN																																																																																																						
ADDRESS:																																																																																																							
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:																																																																																																				
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 02/28/2006																																																																																																				
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																																																																																																					
AGE: Exact Age: 19 Range: <u>02/28/06</u> - <u>02/28/06</u> <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)																																																																																																					
<table> <tr><td><input type="checkbox"/> 1</td><td><input checked="" type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 8</td></tr> <tr><td colspan="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</td></tr> <tr><td colspan="8"><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other</td></tr> <tr><td colspan="8">VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones</td></tr> <tr><td colspan="8"><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration</td></tr> <tr><td colspan="8"><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness</td></tr> <tr><td colspan="8">AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal</td></tr> <tr><td colspan="8"><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings</td></tr> <tr><td colspan="8"><input type="checkbox"/> (08) Other Felony Involved <input checked="" type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen</td></tr> <tr><td colspan="8"><input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident</td></tr> <tr><td colspan="8"><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings</td></tr> <tr><td colspan="4">CLOTHING DESCRIPTION</td></tr> <tr><td colspan="2">HAT _____</td><td>SHIRT _____</td><td>SHOES _____</td></tr> <tr><td colspan="2">COAT _____</td><td colspan="2">PANTS/DRESS _____</td></tr> </table>				<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown								<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other								VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones								<input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration								<input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness								AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal								<input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings								<input type="checkbox"/> (08) Other Felony Involved <input checked="" type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen								<input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident								<input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings								CLOTHING DESCRIPTION				HAT _____		SHIRT _____	SHOES _____	COAT _____		PANTS/DRESS _____	
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COAT _____		PANTS/DRESS _____																																																																																																					

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) GRIFFIN, KEYONA			AKA:
ARRESTEE # 1	ADDRESS: AR			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 12/06/2006	
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident	<input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: 19 Range: <u>12/06/06</u> - <u>12/06/06</u>	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V5 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V6 <input type="checkbox"/> V3 <input type="checkbox"/> V7 <input type="checkbox"/> V4 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <small>(A -- automatic)</small> <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody	ARREST DATE: 01/08/2026	
ARREST LOCATION: 1300 CHILDERS WAY				
CHARGE: 99-02 5-13-201				
ARRESTING OFFICERS OFFICER 1: <u>IRVING JACKMAN</u> <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR				

Suspect information continued on next page.

SUSPECT #1

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

ADDED DESCRIPTION:

n/a

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) USSERY, BRYAN			AKA:
ARRESTEE # 1	ADDRESS:			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian / Pacific Islander	<input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 02/28/2006
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No	OCCUPATION / EMPLOYER:		
AGE: Exact Age: 19 Range: 02/28/06 - 02/28/06	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V5 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V6 <input type="checkbox"/> V3 <input type="checkbox"/> V7 <input type="checkbox"/> V4 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	(A-- automatic)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited	<input type="checkbox"/> (T) Taken Into Custody	
ARREST LOCATION:			ARREST DATE:	
CHARGE: 99-02 5-13-201				
ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR				

Suspect information continued on next page.

SUSPECT #2

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

ADDED DESCRIPTION:

n/a

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) FIELDS, RASHON		AKA: ADDRESS: 1401 ELM STREET	
ARRESTEE # 1	ADDRESS:			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 12/24/2004	
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: 21 Range: 12/24/04 - 12/24/04	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: (A-- automatic) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	WEIGHT: Lbs _____		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	ARREST DATE:		
ARREST LOCATION:		ARREST DATE:		
CHARGE: 99-02 5-13-201				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) FIELDS, RASHON		AKA: ADDRESS: 1401 ELM STREET														
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:												
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HAIR LENGTH:	BUILD:	EYE COLOR:			TATTOO:												
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">CLOTHING DESCRIPTION:</td> </tr> <tr> <td style="width: 15%;">HAT</td> <td style="width: 85%;"><hr/></td> </tr> <tr> <td>COAT</td> <td><hr/></td> </tr> <tr> <td>SHIRT</td> <td><hr/></td> </tr> <tr> <td>PANTS/DRESS</td> <td><hr/></td> </tr> <tr> <td>SHOES</td> <td><hr/></td> </tr> </table>						CLOTHING DESCRIPTION:		HAT	<hr/>	COAT	<hr/>	SHIRT	<hr/>	PANTS/DRESS	<hr/>	SHOES	<hr/>
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TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back																	

ADDED DESCRIPTION:

n/a

NARRATIVE

ON WEDNESDAY, JANUARY 7TH, 2026, AT APPROXIMATELY 2054 HOURS, OFFICERS RESPONDED TO A SHOT SPOTTER ACTIVATION CALL FOR SERVICE IN THE AREA OF 1300 S. WOODROW STREET. UPON ARRIVAL, OFFICERS LOCATED RASHON FIELDS (B/M; 12/24/2004) SUFFERING FROM AN APPARENT GUNSHOT WOUND. MEMS AND RESCUE RESPONDED AND TRANSPORTED MR. FIELDS TO A LOCAL HOSPITAL WHERE HE WAS PRONOUNCED DECEASED. HOMICIDE DETECTIVES AND CSSU WERE NOTIFIED AND RESPONDED. HOMICIDE DETECTIVES BEGAN A PRELIMINARY INVESTIGATION AND CANVASSED THE AREA FOR WITNESSES AND SURVEILLANCE. THE PULASKI COUNTY CORONER'S OFFICE RESPONDED AND TOOK POSSESSION OF MR. FIELDS FOR AN AUTOPSY. THE NEXT OF KIN WAS NOTIFIED. THE INVESTIGATION IS ON-GOING.

ADDITIONAL HOMICIDE CIRCUMSTANCES		<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal		<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer		<input type="checkbox"/> (E) Criminal killed in commission of a crime	
RELATED CASE NUMBER(S)			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
RACIAL (Anti-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	DISABILITY (Anti-)	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group		
	<input type="checkbox"/> (27) Atheist/Agnostic		