

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/10/2024 3:20 PM
INCIDENT NUMBER 2024-060335		UNIT ASSIGNED 1Y54	CALL DATE 05/10/2024	CALL TIME 09:01:00	TYPE OF CALL ASTMED
INCIDENT DATE 5/10/2024 9:01:36 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 3001 W ROOSEVELT RD			DISTRICT 53

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

ENTRY DATE 05/10/2024 14:22:08	REPORTING OFFICER TONY NATIVI [REDACTED]	ORIGINAL APPROVING SUPERVISOR AARON ONCKEN - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS HARRIS, THOMAS
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ADDRESS: **5200 N WOODLAND DR NORTH LITTLE ROCK AR**

HOME PHONE: 5019527257	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 07/06/1979
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RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: 44 Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE) [REDACTED]	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table style="width:100%; border: none;"> <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>_____ (RU) Relationship Unknown</td></tr> <tr><td>_____ 1 (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	_____ (RU) Relationship Unknown	_____ 1 (ST) Stranger	_____ (VO) Victim Was Suspect
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_____ 1 (ST) Stranger	_____ (VO) Victim Was Suspect																											

THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown
 (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

SUSPECT #1					
SUSPECT # 1	NAME (Last, First, Middle) , UNKNOWN				AKA:
ARRESTEE #	ADDRESS: UNKNOWN AR				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:	HEIGHT: Ft _____ In _____
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 c)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:			ARREST DATE:		
CHARGE: 5-12-1021					
ARRESTING OFFICERS					
OFFICER 1: _____ <input type="checkbox"/> MVR		OFFICER 5: _____ <input type="checkbox"/> MVR			
OFFICER 2: _____ <input type="checkbox"/> MVR		OFFICER 6: _____ <input type="checkbox"/> MVR			
OFFICER 3: _____ <input type="checkbox"/> MVR		OFFICER 7: _____ <input type="checkbox"/> MVR			
OFFICER 4: _____ <input type="checkbox"/> MVR		OFFICER 8: _____ <input type="checkbox"/> MVR			

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) ,UNKNOWN	AKA:				
<p>COMPLEXION:</p> <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	<p>HAIR STYLE:</p> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	<p>HAIR COLOR:</p> <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	<p>FACIAL HAIR:</p> <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	<p>DEMEANOR:</p> <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	<p>SCAR / MARK:</p> <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	<p>TATTOO:</p> <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
<p>HAIR LENGTH:</p> <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	<p>BUILD:</p> <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	<p>EYE COLOR:</p> <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	<p>CLOTHING DESCRIPTION:</p> <p>HAT _____</p> <p>COAT _____</p> <p>SHIRT _____</p> <p>PANTS/DRESS _____</p> <p>SHOES _____</p>		<p>TATTOO LOC:</p> <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

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	50.00	N/A US DOL GRN US DOLLAR US DOLLAR	0	50		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:	(10) Drugs/Narcotics	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture
(01) Aircraft	(11) Drug/Narcotic Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community
(02) Alcohol	(12) Farm Equipment	(23) Office-Type Equipment	(34) Structures-Storage
(03) Automobiles	(13) Firearms	(24) Other Motor Vehicles	(35) Structures-Other
(04) Bicycles	(14) Gambling Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower
(05) Buses	(15) Heavy Equipment Construction/ Industry	(26) Radios/TVs/VCR	(37) Trucks
(06) Clothes/Furs	(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories
(07) Computer Hardware/ Software	(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft
(08) Consumable Goods	(18) Livestock	(29) Structures-Single Occupancy	(77) Other
(09) Credit Cards/Debit Cards	(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)
	(20) Money	(31) Structures-Commercial/Business	

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type
(C) Hashish	(G) Opium	(K) Other Hallucino.		

TYPE DRUG MEASUREMENT:

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

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

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

NARRATIVE

OFFICERS WERE DISPATCHED TO THE LISTED LOCATION FOR AN ASSIST MEDICAL. OFFICERS ARRIVED ON SCENE AND MADE CONTACT WITH THE CALLER, THOMAS HARRIS WHO ADVISED HE WAS ROBBED. MR. HARRIS ADVISED HE WAS AT THE BUS STOP AND AN UNKNOWN BLACK MALE APPROACHED HIM AND STATED "BREAK YOURSELF". THE UNKNOWN SUSPECT PUNCHED HIM IN THE JAW AND BACK OF THE HEAD CAUSING HIM TO FALL TO THE GROUND. MR. HARRIS ADVISED THE UNKNOWN SUSPECT WENT INTO HIS POCKETS AND TOOK \$50 AND FLED ON FOOT AT AN UNKNOWN DIRECTION. MR. HARRIS WAS TRANSPORTED TO THE HOSPITAL BY MEMS. OFFICERS CIRCULATED THE AREA FOR THE UNKNOWN SUSPECT WITH NEGATIVE RESULTS. NO FURTHER ACTION WAS TAKEN. MVR AND BWC WAS IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/10/2024 2:10 PM	
INCIDENT NUMBER 2024-060261		UNIT ASSIGNED 3X63	CALL DATE 05/10/2024	CALL TIME 03:49:00	TYPE OF CALL ROBBIN	
INCIDENT DATE 5/10/2024 3:49:43 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 10210 COLONEL GLENN RD			DISTRICT 93	

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

ENTRY DATE 05/10/2024 09:48:21	REPORTING OFFICER JORDAN ALLEN [REDACTED]	ORIGINAL APPROVING SUPERVISOR RYAN CUNNING [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS LONG, JASON
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ADDRESS: **5560 SR 124 RUSSELVILLE AR 72802**

HOME PHONE: 4797472469	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 04/17/1978
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RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>46</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) ____ (SE) Spouse _____ (AQ) Acquaintance ____ (CS) Common-Law Spouse _____ (FR) Friend ____ (PA) Parent _____ (NE) Neighbor ____ (SB) Sibling _____ (BE) Babysitter (baby) ____ (CH) Child _____ (BG) Boy/Girl Friend ____ (GP) Grandparents _____ (CF) Child of BF / GF ____ (GC) Grandchild _____ (HR) Homosexual Rel. ____ (IL) Inlaw _____ (XS) Ex-Spouse ____ (SP) Stepparent _____ (EE) Employee ____ (SC) Stepchild _____ (ER) Employer ____ (SS) Stepsibling _____ (OK) Otherwise Known ____ (OF) Other Family _____ (RU) Relationship Unknown 1 _____ (ST) Stranger _____ (VO) Victim Was Suspect
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown
 (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) AKA:	
ARRESTEE #	ADDRESS: AR	
HOME PHONE:	WORK PHONE:	MOBILE PHONE: OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
AGE: Exact Age: 35 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC: _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
ARREST LOCATION:		ARREST DATE:
CHARGE: 5-12-1021		
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

A -- automatic

Suspect information continued on next page.

SUSPECT #1

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

PROPERTY						DRUG INFORMATION		
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P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	75	1.00	UNKNOWN APPLE BLK UNKNOWN UNKNOWN IPHONE MODEL	0	500		0.00	

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

PROPERTY DESCRIPTION:	(10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money	(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)
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DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type
(C) Hashish	(G) Opium	(K) Other Hallucino.		

TYPE DRUG MEASUREMENT:		
Units	Weight	
(DU) Dosage Unit (Pills, etc)	(GM) Gram	(OZ) Ounce
(NP) Number of Plants	(KG) Kilogram	(LB) Pound

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

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

NARRATIVE

OFFICERS ARRIVED ON SCENE AND MADE CONTACT WITH MR. LONG. HE ADVISED THAT HE PICKED UP AN UNKNOWN BLACK MALE THAT WAS AN ACQUAINTANCE OF ONE OF HIS FRIENDS FROM AN UNKNOWN LOCATION TO GIVE HIM A RIDE. HE STATED THE TWO DROVE AROUND FOR OVER AN HOUR AND A HALF. MR. LONG ORIGINALLY STATED THAT THE TWO WERE DRIVING AROUND LOOKING FOR SOMEWHERE TO USE THE RESTROOM, AND THAT THE UNKNOWN MALE BECAME IRATE ALL OF THE SUDDEN AND PICKED UP A TIRE IRON AND HELD IT UP AND LOOKED AT MR. LONG. THEN MR. LONG STATED THAT HE DROVE TO THE INCIDENT ADDRESS TO TRY AND USE THE BATHROOM BUT IT WAS OUT OF ORDER. MR. LONG THEN SAID THIS IS WHERE THE UNKNOWN MALE BECAME IRATE. HE SAID THE UNKNOWN MALE "SNATCHED" HIS PHONE OUT OF HIS HANDS AND DEMANDED HIS VEHICLE KEYS. HE SAID THEN THE MALE CHASED HIM AROUND THE PARKING LOT SAYING HE WAS GOING TO SHOOT HIM. MR. LONG ADVISED HE NEVER SAW A FIREARM AND HE SAID THE MALE NEVER SAID HE HAD ONE. OFFICER SPOKE WITH STORE EMPLOYEES WHO DID NOT WANT TO BE LISTED ON THE POLICE REPORT AND THEY STATED THE TWO WERE ARGUING IN THE PARKING LOT AND THE TWO BEGAN PHYSICALLY FIGHTING AND WHEN TOLD TO LEAVE, BOTH MR. LONG AND THE UNKNOWN MALE LEFT IN SEPARATE DIRECTIONS. THE EMPLOYEES STATED THE CAMERAS WERE IN WORKING ORDER AND COULD ONLY BE ACCESSED BY A MANAGER. MR. LONG WALKED BACKED TO THE SCENE WHEN HE SAW OFFICERS ARRIVE. THE TIMELINE OF MR. LONG'S STATEMENT CHANGED SEVERAL TIMES AND HAD DIFFICULTY ANSWERING SIMPLE QUESTIONS, BUT REFUSED MEDICAL. OFFICERS OBSERVED NO PHYSICAL INJURIES TO HIS PERSON. OFFICERS ASKED MR. LONG TO SEE IF ANY LATENT FINGER PRINTS COULD BE OBTAINED FROM THE PASSENGER SIDE OR INTERIOR OF THE VEHICLE TO WHICH HE GAVE CONSENT. OFFICERS WERE UNABLE TO LIFT ANY LATENT PRINTS ON THE INTERIOR OF THE VEHICLE DUE TO IT BEING PRIMARILY CLOTH, AND THERE WERE NO FINGER PRINTS ON THE EXTERIOR OF THE VEHICLE AS IT WAS WET. MR. LONG REQUESTED OFFICERS TO ESCORT HIM TO THE INTERSTATE. MR. LONG FOLLOWED OFFICERS TO I-430. (THE PHONE NUMBER LISTED FOR MR. LONG BELONGS TO HIS WIFE AS HIS PHONE WAS REPORTEDLY TAKEN) BWC AND MVR IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/11/2024 12:11 AM	
INCIDENT NUMBER 2024-060662		UNIT ASSIGNED 2X70	CALL DATE 05/10/2024	CALL TIME 19:59:00	TYPE OF CALL CRMISC	
INCIDENT DATE 5/10/2024 7:59:39 PM			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2805 TATUM ST			DISTRICT 61

Report Contains Juvenile Information
Redact Before Release

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

ENTRY DATE 05/11/2024 03:05:11	REPORTING OFFICER ANTHONY BUZZITTA [REDACTED]	ORIGINAL APPROVING SUPERVISOR ALEC TINER [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS KYE,ALVIN		
ADDRESS: AR			
HOME PHONE: 5016181948	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 03/20/1962
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: 62 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input 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		_____ (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	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (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 _____			

VICTIM

VICTIM # 3 NAME (Last, First, Middle) or BUSINESS TUCKER,BUNNY

ADDRESS: AR

HOME PHONE: 5012919473 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH: 10/06/2001

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 22 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (SE) Spouse (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparents (GC) Grandchild (IL) Inlaw (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family (ST) Stranger (AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysitter (baby) (BG) Boy/Girl Friend (CF) Child of BF / GF (HR) Homosexual Rel. (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RU) Relationship Unknown (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (I) Possible Internal Injury (O) Other Major Injury (M) Apparent Minor Injury (T) Loss of Teeth (U) Unconsciousness (B) Apparent Broken Bones (L) Severe Laceration

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

VICTIM

VICTIM # 4 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: AR

HOME PHONE: [REDACTED] WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: [X] (M) Male [] (F) Female [] (U) Unk. ETHNICITY: [] (H) Hispanic [X] (N) Non-Hispanic [] (U) Unk. RACE: [] (W) White [X] (B) Black [] (L) American Indian [] (A) Asian / Pacific Islander [] (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: [X] (R) Resident [] (N) Nonresident [] (U) Unknown MENTALLY AFFLICTED?: [] (Y) Yes [X] (N) No [] (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 6 Range: [] (BB) 7-364 Days Old [] (NN) Under 24 Hrs. Old [] (NB) 1-6 Days Old [] (99) Over 98 Years Old [] (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (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? [X] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8

VICTIM TYPE: [X] (I) Individual [] (B) Business [] (F) Financial Inst. [] (U) Unknown [] (G) Government [] (R) Religious [] (S) Society / Public [] (O) Other

VICTIM INJURY: [] (N) None [] (M) Apparent Minor Injury [] (B) Apparent Broken Bones [] (I) Possible Internal Injury [] (T) Loss of Teeth [] (L) Severe Laceration [] (O) Other Major Injury [] (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: [] (01) Argument [] (02) Assault on Law Enf Officer [] (03) Drug Deal [] (04) Gangland [] (05) Juvenile Gang [] (06) Lover's Quarrel [] (07) Mercy Killings [] (08) Other Felony Involved [] (09) Other Circumstances [X] (10) Unknown Circumstances [] (20) Criminal Killed by Private Citizen [] (21) Criminal Killed by Police Officer [] (30) Child Playing w/ Weapon [] (31) Gun-Cleaning Accident [] (32) Hunting Accident [] (33) Other Negligent Weapon Handling [] (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) UNKNOWN,	AKA:
ARRESTEE #	ADDRESS: AR	
HOME PHONE:	WORK PHONE:	MOBILE PHONE:
OTHER PHONE:		
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
DATE OF BIRTH		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	WEIGHT: Lbs _____
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
ARREST LOCATION:	ARREST DATE:	(A -- automatic)
CHARGE: 5-13-310		
ARRESTING OFFICERS		
OFFICER 1: _____ <input type="checkbox"/> MVR	OFFICER 5: _____ <input type="checkbox"/> MVR	
OFFICER 2: _____ <input type="checkbox"/> MVR	OFFICER 6: _____ <input type="checkbox"/> MVR	
OFFICER 3: _____ <input type="checkbox"/> MVR	OFFICER 7: _____ <input type="checkbox"/> MVR	
OFFICER 4: _____ <input type="checkbox"/> MVR	OFFICER 8: _____ <input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) UNKNOWN,	AKA:
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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	TATTOO: <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: <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	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			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

INCIDENT NUMBER 2024-060662

Report Contains Juvenile Information

Report generated: 5/11/2024 12:11 AM

JUVENILE INFORMATION

Redact Before Release

VEHICLE #1

STATUS: **SUBJECT**

HOLD AUTHORITY:

YEAR: 2011	MAKE: LEXS	MODEL: E35	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): ANW50B PC	LIC YEAR: 2024
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: AR
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COLOR: WHI	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC:	INSURANCE POLICY #:
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PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	59	0.00	UNKNOWN AME UNKNOW 9MM SHELL CASING	0	0.0000		0.00	

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

PROPERTY DESCRIPTION:	(10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money	(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)
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DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants (P) Other Drugs
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(U) Unknown Type
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	
(C) Hashish	(G) Opium	(K) Other Hallucino		

TYPE DRUG MEASUREMENT:

Units (DU) Dosage Unit (Pills, etc)	Weight (GM) Gram (OZ) Ounce (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

Redact Before Release

NARRATIVE

OFFICERS ARRIVED AT THE LISTED ADDRESS FOR A REPORT OF CRIMINAL MISCHIEF. OFFICERS MET WITH ALVIN KYE WHO ADVISED HE DISCOVERED TWO BULLET HOLES IN HIS WIFE'S CAR. KYE PROVIDED OFFICERS WITH A BULLET THAT HIS GRANDSON FOUND ON THE FLOOR OF THE CAR. OFFICERS SURVEYED THE SCENE AND OBSERVED TWO BULLET MARKS ON THE HOUSE, ONE IN THE WINDOW FRAME AND THE OTHER IN THE SIDING BELOW THE WINDOW.

KYE ADVISED THAT AT APPROXIMATELY 1600 HOURS TODAY HIS DAUGHTER BUNNY TUCKER AND HER JUVENILE CHILD WERE HOME WHEN SHE REPORTED HEARING 3 KNOCKS ON THE DOOR. KYE AND HIS WIFE WERE AWAY FROM THE HOME EATING WITH THE INCIDENT OCCURRED. WHEN THEY RETURNED TO THE HOME THE DISCOVERED THE VEHICLE IN THE DRIVEWAY HAD TWO BULLET HOLES IN THE LEFT SIDE. WHILE THEY WERE INSPECTING THE CAR THEY FOUND ONE BULLET IN THE BACK SEAT OF THE CAR ON THE FLOORBOARD. WHEN OFFICERS ARRIVED ON SCENE TUCKER WAS THERE, HOWEVER, HAVING LEFT SHORTLY AFTER HER PARENTS RETURNED; KYE CONTACTED HER AND ASKED IF SHE HAD ANY BULLET HOLES IN HER VEHICLE AND SHE ADVISED SHE DID NOT. OFFICERS INFORMED KYE THAT IF HE FOUND ANYTHING ELSE IN RELATION TO THE INCIDENT TO CALL AND REFERENCE THE REPORT NUMBER ON THE CARD.

NW SUPERVISOR AND MAJOR CRIMES WERE NOTIFIED. OFFICERS MADE CONTACT WITH DETECTIVE GOODLOW. GOODLOW CONTACTED HIS SUPERVISOR AND CALLED BACK AND INFORMED OFFICERS THEY WOULD BE RESPONSIBLE FOR PROCESSING THE SCENE. OFFICERS CONDUCTED A THOROUGH SEARCH OF THE AREA AND LOCATED TEN SHELL CASING FROM A 9MM. OFFICERS ALSO LOCATED A SLUG THAT WAS INTACT. OFFICERS COLLECTED THE SHELL CASING AND THE SLUG AND STORED THEM AS EVIDENCE. THE OTHER ROUND COLLECTED BY THE VICTIMS WAS STORED SEPARATELY. OFFICERS TOOK PICTURES OF THE SCENE AND UPLOADED THEM INTO RMS AS REQUESTED BY DETECTIVES. WHILE OFFICERS WERE ON SCENE AN UNKNOWN VEHICLE POSSIBLE A SATURN WAS OBSERVED TRAVELING SLOWLY BY THE CRIMES SCENE ON 5 SEPARATE OCCASIONS, WATCHING. MVR AND BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/11/2024 7:30 PM
INCIDENT NUMBER 2024-060983		UNIT ASSIGNED 1X83	CALL DATE 05/11/2024	CALL TIME 10:24:00	TYPE OF CALL THEFT
INCIDENT DATE 5/11/2024 10:24:21 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2401 W 65TH ST 121 MAGNUSON HOTEL			DISTRICT 82

OFFENSE

INCIDENT OFFENSE TYPE 1. AGGRAVATED ROBBERY (INDIVIDUAL) 2. KIDNAPPING 3. BURGLARY - RESIDENTIAL 4. CRIMINAL MISCHIEF 1ST DEGREE MISD 5. WARRANT ARREST 6. 7. 8.	OFFENSE STATUS Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
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SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	TYPE OF CRIMINAL ACTIVITY: <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	GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
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LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input checked="" type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <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"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <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
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(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED <u>1</u> <input checked="" type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	METHOD OF ENTRY: <input 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"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc)
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NARCAN USED: Yes No Other

ENTRY DATE 05/11/2024 19:25:29	REPORTING OFFICER ELIZABETH HERNANDEZ	ORIGINAL APPROVING SUPERVISOR KALVIN SNOW	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS HARRISON,LARRY CHARLES		
ADDRESS: 802 N I ST NORTH LITTLE ROCK AR 72114			
HOME PHONE: 5017167322	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 11/19/1960
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: <u>63</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) _____ (SE) Spouse _____ (AQ) Acquaintance _____ (CS) Common-Law Spouse _____ (FR) Friend _____ (PA) Parent _____ (NE) Neighbor _____ (SB) Sibling _____ (BE) Babysitter (baby) _____ (CH) Child _____ (BG) Boy/Girl Friend _____ (GP) Grandparents _____ (CF) Child of BF / GF _____ (GC) Grandchild _____ (HR) Homosexual Rel. _____ (IL) Inlaw _____ (XS) Ex-Spouse _____ (SP) Stepparent _____ (EE) Employee _____ (SC) Stepchild _____ (ER) Employer _____ (SS) Stepsibling <u>1</u> _____ (OK) Otherwise Known _____ (OF) Other Family _____ (RU) Relationship Unknown _____ (ST) Stranger _____ (VO) Victim Was Suspect	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS MOORE,SHEBA
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ADDRESS:
2318 S MARTIN ST LITTLE ROCK AR 72209

HOME PHONE: 5015513346	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" 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 04/22/1963
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>61</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 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	(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 <u>11</u> (OK) Otherwise Known _____ (OF) Other Family _____ (RU) Relationship Unknown _____ (ST) Stranger _____ (VO) Victim Was Suspect _____
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VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

VICTIM

VICTIM # 3	NAME (Last, First, Middle) or BUSINESS SOCIETY																												
ADDRESS: LITTLE ROCK AR																													
HOME PHONE:		WORK PHONE:																											
MOBILE PHONE:		OTHER PHONE:																											
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.																											
RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		DATE OF BIRTH																											
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED?: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.																											
OCCUPATION / EMPLOYER:																													
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (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: NA D.L. / ID No. (STATE)																											
RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)																													
<table style="width:100%; border:none;"> <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>1 1 (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	1 1 (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																												
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_____ (GP) Grandparents	_____ (CF) Child of BF / GF																												
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_____ (SC) Stepchild	_____ (ER) Employer																												
_____ (SS) Stepsibling	1 1 (OK) Otherwise Known																												
_____ (OF) Other Family	1 (RU) Relationship Unknown																												
_____ (ST) Stranger	(VO) Victim Was Suspect																												
THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																													
VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" 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 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 _____																													

SUSPECT #1					
SUSPECT # 1	NAME (Last, First, Middle) SINGH,AVTAR				AKA:
ARRESTEE #	ADDRESS: 8618 ARCH ST LITTLE ROCK AR 72206				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	OTHER PHONE: 5013193599
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 type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH 12/02/1972
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 51 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" 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 _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____	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
THIS SUSPECT RELATES TO WHICH OFFENSES? <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			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: 5-12-103I 5-11-102 5-39-201R					
ARRESTING OFFICERS					
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____	

(A -- automatic)

Suspect information continued on next page.

SUSPECT #1

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

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) KAUR, AMANPREET		AKA:	
ARRESTEE #	ADDRESS: 8616 ARCH ST LITTLE ROCK AR 72206			
HOME PHONE:		WORK PHONE:		MOBILE PHONE:
				OTHER PHONE: 5013192452
SEX: <input type="checkbox"/> (M) Male <input checked="" 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.		DATE OF BIRTH 12/15/1999
		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 24 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		HEIGHT: Ft _____ In _____
		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		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
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:		ARREST DATE:		
CHARGE:				
ARRESTING OFFICERS				
OFFICER 1: _____		OFFICER 5: _____		<input type="checkbox"/> MVR
OFFICER 2: _____		OFFICER 6: _____		<input type="checkbox"/> MVR
OFFICER 3: _____		OFFICER 7: _____		<input type="checkbox"/> MVR
OFFICER 4: _____		OFFICER 8: _____		<input type="checkbox"/> MVR

(* -- automatic)

Suspect information continued on next page.

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) KAUR, AMANPREET	AKA:				
<p>COMPLEXION:</p> <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown <p>HAIR LENGTH:</p> <input checked="" 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	<p>HAIR STYLE:</p> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" 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"/> (11) Unknown <p>BUILD:</p> <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	<p>HAIR COLOR:</p> <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" 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 <p>EYE COLOR:</p> <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	<p>FACIAL HAIR:</p> <input checked="" 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 type="checkbox"/> (11) Unknown	<p>DEMEANOR:</p> <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 type="checkbox"/> (12) Unknown	<p>SCAR / MARK:</p> <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	<p>TATTOO:</p> <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 <p>TATTOO LOC:</p> <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
<p>CLOTHING DESCRIPTION:</p> <p>HAT _____</p> <p>COAT _____</p> <p>SHIRT _____</p> <p>PANTS/DRESS _____</p> <p>SHOES _____</p>						

ADDED DESCRIPTION:

n/a

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) HARRISON,LARRY CHARLES	AKA:
ARRESTEE # 3	ADDRESS: 802 N I ST NORTH LITTLE ROCK AR 72114	
HOME PHONE:	WORK PHONE:	MOBILE PHONE:
		OTHER PHONE: 5017167322
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 11/19/1960
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: <u>63</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
ARREST LOCATION: 2401 W 65TH ST		ARREST DATE: 05/11/2024
CHARGE:		
ARRESTING OFFICERS		
OFFICER 1: <u>ELIZABETH HERNANDEZ - [REDACTED]</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	

(* -- automatic)

Suspect information continued on next page.

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) HARRISON,LARRY CHARLES	AKA:
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COMPLEXION: <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input checked="" type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	HAIR STYLE: <input checked="" 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"/> (11) Unknown BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	HAIR COLOR: <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input checked="" 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 type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 type="checkbox"/> (12) Unknown	SCAR / MARK: <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	TATTOO: <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 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
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CLOTHING DESCRIPTION:
 HAT _____
 COAT _____
 SHIRT _____
 PANTS/DRESS _____
 SHOES _____

ADDED DESCRIPTION:

n/a

SUSPECT #4

SUSPECT # 4	NAME (Last, First, Middle) MOORE,SHEBA	AKA:
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ARRESTEE # 4	ADDRESS: 2318 S MARTIN ST LITTLE ROCK AR 72209
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HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE: 5015513346
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SEX: <input type="checkbox"/> (M) Male <input checked="" 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 04/22/1963
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RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: 61 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	(A -- automatic c)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	WEIGHT: Lbs _____			

THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody
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ARREST LOCATION: 2401 W 65TH ST	ARREST DATE: 05/11/2024
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CHARGE:

ARRESTING OFFICERS

OFFICER 1: <u>ELIZABETH HERNANDEZ - [REDACTED]</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 #4

SUSPECT #	NAME (Last, First, Middle)	AKA:
4	MOORE,SHEBA	

COMPLEXION: <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	HAIR STYLE: <input checked="" 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"/> (11) Unknown BUILD: <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" 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 EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	FACIAL HAIR: <input checked="" 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 type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 type="checkbox"/> (12) Unknown	SCAR / MARK: <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	TATTOO: <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 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
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CLOTHING DESCRIPTION:
 HAT _____
 COAT _____
 SHIRT _____
 PANTS/DRESS _____
 SHOES _____

ADDED DESCRIPTION:

n/a

VEHICLE #1

STATUS: **SUSPECT**

HOLD AUTHORITY:

YEAR: 2012	MAKE: TOYT	MODEL: CAMRY	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): 772SHF PC	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: AR
COLOR: GRY	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

INCIDENT NUMBER 2024-060983

JUVENILE INFORMATION

Report generated: 5/11/2024 7:30 PM

VEHICLE #2

STATUS: OTHER

HOLD AUTHORITY:

YEAR: 2012	MAKE: FORD	MODEL: FUSION	STYLE: SD	VIN: [REDACTED]	LICENSE NO. (TYPE): NONE PC	LIC YEAR: 2025
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: AR
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COLOR: GRY	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC:	INSURANCE POLICY #:
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PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	13	1.00	NA NA BLK NA UNKNOWN PISTOL	0	1		0.00	
4	03	2.00	NA NA BLK NA TWO TIRES	0	100		0.00	
7	16	1.00	NA NA WHT NA MAGNUSON	0	1		0.00	
7	88	1.00	NA NA BLK NA PENDING	0	1		0.00	

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

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

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type
(C) Hashish	(G) Opium	(K) Other Hallucino.		

TYPE DRUG MEASUREMENT:		
Units	Weight	
(DU) Dosage Unit	(GM) Gram	(OZ) Ounce
(Pills, etc)	(KG) Kilogram	(LB) Pound
(NP) Number of Plants		

FOR BURGLARIES: Point of Entry: _____
Tools Apparently Used: _____

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

NARRATIVE

ON MAY 11, 2024, OFFICERS WERE DISPATCHED TO THE LISTED ADDRESS DUE TO A THEFT. UPON ARRIVAL, CONTACT WAS MADE WITH MR. SINGH AND MS. KAUR. THEY STATED THEY OWN A LIQUOR STORE IN PULASKI COUNTY AND TWO INDIVIDUALS WENT INTO THEIR BUSINESS AND STOLE A MONEY BAG CONTAINING CHECKS AND CASH TOTALING OVER TEN THOUSAND DOLLARS. HE STATED HE FOUND THE SUSPECTS VEHICLE AT THIS ADDRESS AND HAD PULASKI COUNTY SHERIFFS COME TO THIS LOCATION TO GIVE THEM THE VEHICLE INFORMATION AND THEY KNEW THE SUSPECTS WERE IN A ROOM AT THE HOTEL. THEY STATED THE SHERIFF TOOK THE VEHICLE INFORMATION BUT DID NOT ATTEMPT TO MAKE CONTACT WITH THE SUSPECTS. MR. SINGH STATED THEY WAITED TO SEE WHERE THE SUSPECTS WERE AND HE SAW THEM GOING IN TO ROOM 121. MR. SINGH STATED HE KNOCKED ON THE DOOR AND MS. MOORE OPENED THE DOOR. MR. SINGH TOLD THEM TO GIVE THEM THE MONEY BACK. MR. SINGH STATED BOTH SUSPECTS TOLD HIM THEY NO LONGER HAD THE BAG WITH CHECKS AND THEY SPENT MOST OF THE CASH. HE STATED HE TOLD MR. HARRISON TO GO WITH HIM AND SHOW HIM WHERE THE BAG WAS. MR. SINGH STATED HE DROVE MR. HARRISON TO A DUMPSTER ON ASHER WHERE HE RETRIEVED THE BAG WITH CHECKS. MS. KAUR AND MS. MOORE STAYED AT THE ROOM. MR. HARRISON AND MS. MOORE WALKED OUT OF THE ROOM AND WERE DETAINED TO FURTHER INVESTIGATE THE INCIDENT. PULASKI COUNTY SHERIFFS AND A SERGEANT ARRIVED ON SCENE. THEY CONDUCTED INTERVIEWS ON SCENE. THEY ADVISED THEY WERE NOT GOING TO ARREST THEM AND WOULD GET WARRANTS ON A LATER DATE. WHILE SPEAKING TO MR. HARRISON AND MS. MOORE, THEY ADVISED THEY WERE IN THEIR ROOM WHEN SOMEONE KNOCKED ON THEIR DOOR. MS. MOORE OPENED THE DOOR AND MR. SINGH POINTED A HANDGUN AT THEM AND MS. KAUR HAD A KNIFE IN HER HAND. THEY STATED THEY DEMANDED THEIR MONEY BACK. MR. HARRISON STATED HE WAS TAKEN AT GUN POINT BY MR. SINGH TO GO GET THE MONEY BAG FROM A DUMPSTER. MS. MOORE STATED SHE NOTICED HER PASSENGER SIDE TIRES OF HER VEHICLE WERE FLAT AND SHE BELIEVED THEY DID IT BECAUSE MS. KAUR HAD A KNIFE. OFFICERS WERE UNABLE TO GET SECURITY FOOTAGE AT THIS TIME DUE TO THE PERSON HAVING ACCESS TO THE VIDEO, WAS NOT ON SCENE. A PATROL SUPERVISOR AND MAJOR CRIMES DETECTIVES WERE NOTIFIED. MR HARRISON WAS GIVEN A CITATION TO APPEAR FOR WARRANT LR-24-3456 FOR A CRIMINAL FAILURE TO APPEAR. HE WAS RELEASED AND STAYED AT THE HOTEL. MS. MOORE WAS TRANSPORTED TO PCRJ DUE TO HER NO BOND FAILURE TO APPEAR WARRANT LR-21-6010 OUT OF CRIMINAL COURT. CHARGES ARE PENDING UPON INVESTIGATION. BWC WAS IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/12/2024 5:28 AM	
INCIDENT NUMBER 2024-061240		UNIT ASSIGNED 3X42	CALL DATE 05/11/2024	CALL TIME 22:03:00	TYPE OF CALL SHOTS	
INCIDENT DATE 5/11/2024 10:03:41 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 1401 E 11TH ST 505			DISTRICT 42	

Report Contains Juvenile Information
Redact Before Release

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

ENTRY DATE 05/12/2024 06:29:05	REPORTING OFFICER ROBYN WINSTON [REDACTED]	ORIGINAL APPROVING SUPERVISOR JEFFERY FRAZIER [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS WALTON, SONTA		
ADDRESS: 1401 E 11TH ST LITTLE ROCK AR 72202			
HOME PHONE: 5019443875	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" 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 08/27/1987
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: <u> 36 </u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) (SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (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? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (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 _____			

VICTIM

VICTIM # 2 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: [REDACTED] WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: [X] (M) Male [] (F) Female [] (U) Unk. ETHNICITY: [] (H) Hispanic [X] (N) Non-Hispanic [] (U) Unk. RACE: [] (W) White [X] (B) Black [] (I) American Indian [] (A) Asian / Pacific Islander [] (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: [X] (R) Resident [] (N) Nonresident [] (U) Unknown MENTALLY AFFLICTED? [] (Y) Yes [X] (N) No [] (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 15 Range: [] (BB) 7-364 Days Old [] (NN) Under 24 Hrs. Old [] (NB) 1-6 Days Old [] (99) Over 98 Years Old [] (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (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? [X] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8

VICTIM TYPE: [X] (I) Individual [] (B) Business [] (F) Financial Inst. [] (U) Unknown [] (G) Government [] (R) Religious [] (S) Society / Public [] (O) Other

VICTIM INJURY: [] (N) None [] (M) Apparent Minor Injury [] (B) Apparent Broken Bones [] (I) Possible Internal Injury [] (T) Loss of Teeth [] (L) Severe Laceration [] (O) Other Major Injury [] (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: [] (01) Argument [] (02) Assault on Law Enf Officer [] (03) Drug Deal [] (04) Gangland [] (05) Juvenile Gang [] (06) Lover's Quarrel [] (07) Mercy Killings [] (08) Other Felony Involved [] (09) Other Circumstances [X] (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

Redact Before Release

VICTIM

VICTIM # 3	NAME (Last, First, Middle) or BUSINESS [REDACTED]		
ADDRESS: [REDACTED]			
HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH [REDACTED]
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: 17 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

SUSPECT #1					
SUSPECT # 1	NAME (Last, First, Middle) ,UNKNOWN				AKA:
ARRESTEE #	ADDRESS: UNKNOWN AR				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH
RES STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" 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 _____
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 c)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:			ARREST DATE:		
CHARGE: 5-13-310					
ARRESTING OFFICERS					
OFFICER 1: _____ <input type="checkbox"/> MVR		OFFICER 5: _____ <input type="checkbox"/> MVR			
OFFICER 2: _____ <input type="checkbox"/> MVR		OFFICER 6: _____ <input type="checkbox"/> MVR			
OFFICER 3: _____ <input type="checkbox"/> MVR		OFFICER 7: _____ <input type="checkbox"/> MVR			
OFFICER 4: _____ <input type="checkbox"/> MVR		OFFICER 8: _____ <input type="checkbox"/> MVR			

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) ,UNKNOWN	AKA:
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COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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	TATTOO: <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: <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	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			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

OFFICERS WERE DISPATCHED TO THE LISTED LOCATION IN REGARD TO SHOTS FIRED. UPON ARRIVAL CONTACT WAS MADE WITH VIC#1 (S. WALTON). WALTON STATED WHILE SITTING IN HER LIVING ROOM SHE HEARD NUMEROUS OF SHOTS. WALTON STATED AFTER HEARING THE SHOTS SHE NOTICED A BULLET HOLE IN HER WALL. WALTON ADVISED JUV#1 AND JUV#2 WERE INSIDE OF THE RESIDENCE AT THE TIME OF THE INCIDENT. OFFICERS OBSERVED THE HOLE IN THE WALL THAT GRAZED THROUGH A PICTURE HANGING ON THE WALL. OFFICERS DID NOT LOCATE ANY SHELL CASINGS INSIDE OF THE RESIDENCE. WALTON STATED SHE WAS ADVISED BY HER NEIGHBORS A GREY TOYOTA DROVE THROUGH ON THE STREET BEHIND HER BUILDING AN BEGAN SHOOTING. OFFICERS CIRCULATED THE AREA OUTSIDE WITH NEGATIVE RESULTS OF SHELL CASINGS. OFFICERS OBSERVED NUMEROUS BULLET HOLES ON THE SIDE OF THE APARTMENT COMPLEX BUILDING. 3L32 WAS NOTIFIED OF THE INCIDENT. OFFICERS WERE ADVISED TO TAKE PICTURES OF ALL DAMAGE. WALTON WAS GIVEN AN INCIDENT NUMBER AND ADVISED TO CALL BACK IF NEEDED. BODYCAM IN USE.

JUVENILE INFORMATION

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/12/2024 5:28 AM	
INCIDENT NUMBER 2024-061281		UNIT ASSIGNED 3X51	CALL DATE 05/11/2024	CALL TIME 23:25:00	TYPE OF CALL SHOTS	
INCIDENT DATE 5/11/2024 11:25:31 PM			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 3114 W 11TH ST			DISTRICT 55

Report Contains Juvenile Information
Redact Before Release

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

ENTRY DATE 05/12/2024 08:43:30	REPORTING OFFICER HOUSTON WILLIAMS [REDACTED]	ORIGINAL APPROVING SUPERVISOR JEFFERY FRAZIER [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS MORRIS, JAMES		
ADDRESS: 3114 W 11TH ST B LITTLE ROCK AR 72204			
HOME PHONE: 5017440766	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 08/01/1956
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: <u>67</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 2 3 4 5 (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other		VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness	
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (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 _____			

VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS MORRIS, TERRIE		
ADDRESS: 3114 W 11TH ST B LITTLE ROCK AR 72204			
HOME PHONE: 5019528104	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" 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 10/17/1957
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: <u>66</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <u>1 2 3 4 5</u> <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM

VICTIM # 3	NAME (Last, First, Middle) or BUSINESS TINAJERO-ALVEREAR,VERONICA		
ADDRESS: 1004 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5013192478	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH 03/14/1972
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: <u>52</u> Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) (SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (XS) Ex-Spouse (SP) Stepparent _____ (EE) Employee (SC) Stepchild _____ (ER) Employer (SS) Stepsibling _____ (OK) Otherwise Known (OF) Other Family <u>1 2 3 4 5</u> (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM

VICTIM # 4	NAME (Last, First, Middle) or BUSINESS [REDACTED]		
ADDRESS: [REDACTED]			
HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH [REDACTED]
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: 13 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family 1 2 3 4 5 <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

Redact Before Release

VICTIM

VICTIM # 5 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: [REDACTED]

PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown. MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. [REDACTED]

AGE: Exact Age: 15 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown. RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (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 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

Redact Before Release

VICTIM

VICTIM # 6 NAME (Last, First, Middle) or BUSINESS\$ [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: 0000000000 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 8 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (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 2 3 4 5 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

VICTIM

VICTIM # 7	NAME (Last, First, Middle) or BUSINESS KEYS,CHARLOTTE
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ADDRESS:
1001 ALLIS ST LITTLE ROCK AR 72204

HOME PHONE: 5017655420	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" 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 11/15/1981
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: 42 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 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	(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 2 3 4 5 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect
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VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

VICTIM

VICTIM # 8	NAME (Last, First, Middle) or BUSINESS BRENSON, CHARDAE		
ADDRESS: 1001 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5017655420	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" 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 05/29/1999
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: <u>24</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 2 3 4 5 (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM

VICTIM # 9	NAME (Last, First, Middle) or BUSINESS TURNER,PRISCILLA
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ADDRESS: **924 ALLIS ST LITTLE ROCK AR 72204**

HOME PHONE: 5014106142	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" 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 checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 02/26/1982
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>42</u> Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old	<input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Years 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)
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 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	(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 <u>1 2 3 4 5</u> (RU) Relationship Unknown _____ (ST) Stranger _____ (VO) Victim Was Suspect _____
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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
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AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

VICTIM			
VICTIM # 10	NAME (Last, First, Middle) or BUSINESS SPILLERS, CHARLOTTE		
ADDRESS: 924 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5015419003	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" 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 checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 07/11/1958
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: <u>65</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <u>1 2 3 4 5</u> <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

Redact Before Release

VICTIM

VICTIM # 11	NAME (Last, First, Middle) or BUSINESS SPILLERS,SEAN		
ADDRESS: 924 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5014106142	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 checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 08/01/1987
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: 36 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family 1 2 3 4 5 <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM

VICTIM # 12	NAME (Last, First, Middle) or BUSINESS GOWIE, MONICA
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ADDRESS:
1000 ALLIS ST LITTLE ROCK AR 72204

HOME PHONE: 5015196731	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" 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 04/13/1978
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>46</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 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	(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 <u>1 2 3 4 5</u> (RU) Relationship Unknown _____ (ST) Stranger _____ (VO) Victim Was Suspect _____
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VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

VICTIM

VICTIM # 13 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: 0000000000 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk. ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 15 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (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 2 3 4 5 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

VICTIM

VICTIM # 14	NAME (Last, First, Middle) or BUSINESS TATE,CORENISHA		
ADDRESS: 1009 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5013104944	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" 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 04/06/1995
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: <u>29</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <u>1 2 3 4 5</u> <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM			
VICTIM # 15	NAME (Last, First, Middle) or BUSINESS TATE,JOHN		
ADDRESS: 1009 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5015516709	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 05/19/1994
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: 30 Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input 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		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 2 3 4 5 (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input 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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM

VICTIM # 16	NAME (Last, First, Middle) or BUSINESS GOMEZ, MAYNOR		
ADDRESS: 1004 ALLIS ST LITTLE ROCK AR 72204			
HOME PHONE: 5016470957	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH 02/09/1988
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: <u>36</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (bv Suspect Number) (SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (XS) Ex-Spouse (SP) Stepparent _____ (EE) Employee (SC) Stepchild _____ (ER) Employer (SS) Stepsibling _____ (OK) Otherwise Known (OF) Other Family <u>1 2 3 4 5</u> (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect
THIS VICTIM RELATED TO WHICH OFFENSES? <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 type="checkbox"/> (09) Other Circumstances <input checked="" 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 _____			

VICTIM

VICTIM # 17	NAME (Last, First, Middle) or BUSINESS GOMEZ, JOAQUIN
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ADDRESS:
1701 WESTPARK DR LITTLE ROCK AR 72204

HOME PHONE: 5015632923	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH 08/13/1986
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RES STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: 37 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (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 2 3 4 5 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown
 (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

SUSPECT #1			
SUSPECT # 1	NAME (Last, First, Middle) UNKNOWN,		AKA:
ARRESTEE #	ADDRESS: AR		
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" type="checkbox"/> V8	NIC: _____	HEIGHT: Ft _____ In _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE) _____	WEIGHT: Lbs _____
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	
ARREST LOCATION:		ARREST DATE:	
CHARGE: 5-13-310			
ARRESTING OFFICERS			
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR

(A -- automatic)

(01) Unarmed
 (11) Firearm (Unk)
 (12) Handgun
 (13) Rifle
 (14) Shotgun
 (15) Other Firearm
 (16) Illegal Cutting Instrument
 (17) Club/Blackjack/Brass

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) UNKNOWN,	AKA:
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown BUILD: <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	HAIR COLOR: <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 EYE COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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	TATTOO: <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 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
CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

ADDED DESCRIPTION:

n/a

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) UNKNOWN,	AKA:
ARRESTEE #	ADDRESS: AR	
HOME PHONE:	WORK PHONE:	MOBILE PHONE:
OTHER PHONE:		
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
DATE OF BIRTH		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" type="checkbox"/> V8	NIC:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	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
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited	<input type="checkbox"/> (T) Taken Into Custody
ARREST LOCATION:	ARREST DATE:	
CHARGE: 5-38-203M		
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	

A - automatic

Suspect information continued on next page.

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) UNKNOWN,	AKA:
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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	TATTOO: <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: <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	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			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

SUSPECT #3					
SUSPECT # 3	NAME (Last, First, Middle) UNKNOWN,				AKA:
ARRESTEE #	ADDRESS: AR				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE:					
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	
DATE OF BIRTH					
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" type="checkbox"/> V8		NIC:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		HEIGHT: Ft _____ In _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input 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		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:		ARREST DATE:		(A -- automatic)	
CHARGE: 99-26					
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: _____	
		<input type="checkbox"/> MVR		<input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #3

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

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

SUSPECT #4					
SUSPECT # 4	NAME (Last, First, Middle) UNKNOWN,				AKA:
ARRESTEE #	ADDRESS: AR				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE:		SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	
RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		DATE OF BIRTH		RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:			
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" type="checkbox"/> V8		NIC:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		HEIGHT: Ft _____ In _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:		ARREST DATE:			
CHARGE: 5-13-310					
ARRESTING OFFICERS					
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____	

A -- automatic

Suspect information continued on next page.

SUSPECT #4

SUSPECT #	NAME (Last, First, Middle)	AKA:
4	UNKNOWN,	

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

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

SUSPECT #5					
SUSPECT # 5	NAME (Last, First, Middle) UNKNOWN,				AKA:
ARRESTEE #	ADDRESS: AR				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
OTHER PHONE:					
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	
DATE OF BIRTH					
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4 <input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input checked="" type="checkbox"/> V8		NIC:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:		ARREST DATE:			
CHARGE: 5-13-310					
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: _____	
		<input type="checkbox"/> MVR		<input type="checkbox"/> MVR	

A -- automatic

Suspect information continued on next page.

SUSPECT #5

SUSPECT # 5	NAME (Last, First, Middle) UNKNOWN,	AKA:
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown BUILD: <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	HAIR COLOR: <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 EYE COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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	TATTOO: <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 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
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CLOTHING DESCRIPTION:
 HAT _____
 COAT _____
 SHIRT _____
 PANTS/DRESS _____
 SHOES _____

ADDED DESCRIPTION:

n/a

SUSPECT #6					
SUSPECT # 6	NAME (Last, First, Middle) TATE,JOHN				AKA:
ARRESTEE #	ADDRESS: 1009 ALLIS ST LITTLE ROCK AR 72204				
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
				OTHER PHONE: 5015516709	
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 05/19/1994	
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: <u>30</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		HEIGHT: Ft _____ In _____	
		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass	
ARREST LOCATION:			ARREST DATE:		
CHARGE:					
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: _____	
		<input type="checkbox"/> MVR		<input type="checkbox"/> MVR	

(A -- automatic)

Suspect information continued on next page.

SUSPECT #6

SUSPECT # 6	NAME (Last, First, Middle) TATE,JOHN	AKA:
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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	TATTOO: <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: <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	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			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

INCIDENT NUMBER 2024-061281

Report Contains Juvenile Information

Report generated: 5/12/2024 5:28 AM

JUVENILE INFORMATION

Redact Before Release

VEHICLE #1

STATUS: **SUSPECT**

HOLD AUTHORITY:

YEAR: 0	MAKE: UNK	MODEL: UNK	STYLE: SD	VIN: UNK	LICENSE NO. (TYPE): UNK PC	LIC YEAR: 0
OWNER'S NAME (Last, First): UNK, UNK			ADDRESS: 1 UNK UNK AR 72202			STATE: AR
COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

INCIDENT NUMBER 2024-061281

Report Contains Juvenile Information

Report generated: 5/12/2024 5:28 AM

JUVENILE INFORMATION

Redact Before Release

VEHICLE #2

STATUS: OTHER

HOLD AUTHORITY:

YEAR: 2012	MAKE: LEXS	MODEL: E35	STYLE: SD	VIN: [REDACTED]	LICENSE NO. (TYPE): 413232 PC	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: AR
COLOR: BGE	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

INCIDENT NUMBER 2024-061281

Report Contains Juvenile Information

Report generated: 5/12/2024 5:28 AM

JUVENILE INFORMATION

Redact Before Release

VEHICLE #3

STATUS: OTHER

HOLD AUTHORITY:

YEAR: 2012	MAKE: TOYT	MODEL: AVALON	STYLE: SD	VIN: [REDACTED]	LICENSE NO. (TYPE): THT4084 PC	LIC YEAR: 2024
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: TX
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COLOR: GRY	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC:	INSURANCE POLICY #:
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INCIDENT NUMBER 2024-061281

Report Contains Juvenile Information

Report generated: 5/12/2024 5:28 AM

JUVENILE INFORMATION

Redact Before Release

VEHICLE #4

STATUS: OTHER

HOLD AUTHORITY:

YEAR: 2008	MAKE: CHEV	MODEL: SILVERADO	STYLE: PK	VIN: [REDACTED]	LICENSE NO. (TYPE): ARI57V PC	LIC YEAR: 2024
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: AR
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COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC:	INSURANCE POLICY #:
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INCIDENT NUMBER 2024-061281

Report Contains Juvenile Information

Report generated: 5/12/2024 5:28 AM

JUVENILE INFORMATION

Redact Before Release

VEHICLE #5

STATUS: OTHER

HOLD AUTHORITY:

YEAR: 2005	MAKE: TOYT	MODEL: TACOMA	STYLE: PK	VIN: [REDACTED]	LICENSE NO. (TYPE): AEN25J PC	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: AR
COLOR: RED	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
P_LOSS	P_DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	29	1.00	UNK UNK + UNK BULLET HOLE IN HOUSE	0	100		0.00	
4	03	1.00	██████████ LEXUS + E35 BULLET HOLES IN VEHICLE (LPN 413232)	0	100		0.00	
4	03	1.00	██████████ TOYOTA + AVALON BULLET HOLES IN VEHICLE (LPN THT4084 TX)	0	100		0.00	
4	03	1.00	██████████ CHEVY + SILVERADO BULLET HOLES IN VEHICLE (LPN ARI57V)	0	100		0.00	
4	03	1.00	██████████ TACOMA BULLET HOLES IN VEHICLE (LPN AEN25J)	0	100		0.00	

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

PROPERTY DESCRIPTION: (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards	(10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money	(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)
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DRUG TYPE: (A) Crack Cocaine (B) Cocaine (C) Hashish	(D) Heroin (E) Marijuana (F) Morphine (G) Opium	(H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino.	(L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates	(O) Other Depressants (P) Other Drugs (U) Unknown Type
--	--	---	--	--

TYPE DRUG MEASUREMENT:		
Units	Weight	
(DU) Dosage Unit (Pills, etc)	(GM) Gram	(OZ) Ounce
(NP) Number of Plants	(KG) Kilogram	(LB) Pound

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

Capacity	
(ML) Milliiliter	(GL) Gallon
(LT) Liter	(FO) Fluid Ounce

NARRATIVE

OFFICERS WERE DISPATCHED TO KAVANAUGH AND MARKHAM ON A SHOTS FIRED CALL. A CRIME SCENE WAS LOCATED AT 3114 W 11TH ST. OFFICERS SECURED THE CRIME SCENE. NO ONE WAS STRUCK BY GUN FIRE.

OFFICERS MADE CONTACT WITH THE RESIDENTS AT 3114 W 11TH ST, VIC-1 AND VIC-2. THEIR HOUSE WAS STRUCK BY GUNFIRE. THEIR VEHICLE, VEH-2, WAS ALSO STRUCK. THEY HAD RING DOORBELL FOOTAGE. SHOOTING HAPPENED IN FRONT OF THEIR HOUSE. VIDEO SHOWED FIVE BLACK MALES MOST WEARING DARK CLOTHING, ONE WITH LIGHT GRAY CLOTHING GET OUT OF VEH-1 AND START SHOOTING. ALL FIVE APPEARED TO HAVE FIREARMS. THEY WERE SHOOTING IN THE NORTHWEST DIRECTION, UNKNOWN WHAT THE TARGET WAS.

924 ALLIS, 1000 ALLIS, 1001 ALLIS, 1009 ALLIS, AND 1004 ALLIS WERE ALL STRUCK BY GUNFIRE. OFFICERS MADE CONTACT WITH ALL THE SUBJECTS AT THOSE RESIDENCES. NO ONE WAS INJURED FROM GUNFIRE. NO ONE SAW ANYTHING RELATING TO THE SHOOTING.

VEH-3, VEH-4, AND VEH-5 WERE STRUCK BY GUNFIRE. NO ONE WAS IN THE VEHICLES WHEN THEY WERE HIT.

3L32 WAS NOTIFIED. CRIME SCENE AND DETECTIVE SHEFFIELD RESPONDED TO THE SCENE. OVER 200 SPENT SHELL CASINGS WERE RECOVERED FROM THE CRIME SCENE.

WHILE HOLDING THE CRIME SCENE, A DISTURBANCE STARTED AT 1009 ALLIS ST. OFFICERS LOOKED THROUGH THE WINDOW OF THAT ADDRESS AND OBSERVED SUBJECTS ACCUSING SOMEONE OF SHOOTING AND GETTING AGGRESSIVE. OFFICERS ENTERED THE RESIDENCE TO PREVENT A DOMESTIC BATTERY. OFFICERS WERE HOLDING THE DOOR SHUT AND SUSP-6(JOHN TATE) FORCED HIS OWN DOOR OPEN SNAPPING IT OFF THE FRAME. OFFICERS PLACED MS TATE INTO HANDCUFF DUE TO HER BEING AGGRESSIVE WITH OFFICERS. MS TATE WAS LATER RELEASED WITHOUT CHARGES.

JUVENILE INFORMATION

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/11/2024 10:42 PM
INCIDENT NUMBER 2024-061076		UNIT ASSIGNED 2X82	CALL DATE 05/11/2024	CALL TIME 15:35:00	TYPE OF CALL CUTTINGP
INCIDENT DATE 5/11/2024 3:35:10 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 8801 GEYER SPRINGS RD			DISTRICT 82

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

ENTRY DATE 05/12/2024 00:23:06	REPORTING OFFICER THOMAS SHOOK - [REDACTED]	ORIGINAL APPROVING SUPERVISOR KALVIN SNOW - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS PEARSE, DEANDRE
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ADDRESS: 1111 W 7TH ST LITTLE ROCK AR 72209

HOME PHONE: 5018591780	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 04/15/1973
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RES STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age <u>51</u> Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 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	(SE) Spouse (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparents (GC) Grandchild (IL) Inlaw (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family (ST) Stranger	(AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysitter (baby) (BG) Boy/Girl Friend (CF) Child of BF / GF (HR) Homosexual Rel. (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RU) Relationship Unknown (VO) Victim Was Suspect
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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 checked="" type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness	(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
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AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

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

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) AKA:	
ARRESTEE #	ADDRESS: AR	
HOME PHONE:	WORK PHONE:	MOBILE PHONE: OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
RES STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC: _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody
ARREST LOCATION:		ARREST DATE:
CHARGE: 5-12-103I		
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

- WEAPONS AT ARREST:
- (01) Unarmed
 - (11) Firearm (Unk)
 - (12) Handgun
 - (13) Rifle
 - (14) Shotgun
 - (15) Other Firearm
 - (16) Illegal Cutting Instrument
 - (17) Club/Blackjack/Brass
- (A -- automatic)

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) , ,	AKA:
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	FACIAL HAIR: <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	DEMEANOR: <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	SCAR / MARK: <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 checked="" type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	TATTOO: <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: <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	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			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

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
1	07	1.00	UNKNOWN UNKNOW BLK UNKNOWN HEADPHONES	0	1		0.00	
7	88	1.00	UNKNOWN UNKNOW BLK UNKNOWN NIBERS	0	0.0000		0.00	

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

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

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type
(C) Hashish	(G) Opium	(K) Other Hallucino.		

TYPE DRUG MEASUREMENT:		
Units	Weight	
(DU) Dosage Unit	(GM) Gram	(OZ) Ounce
(Pills, etc)	(KG) Kilogram	(LB) Pound
(NP) Number of Plants		

FOR BURGLARIES: Point of Entry: _____
Tools Apparently Used: _____

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

NARRATIVE

OFFICERS RESPONDED CODE TO A CUTTING AT THE LISTED ADDRESS. OFFICERS MADE CONTACT WITH THE VICTIM, DEANDRE PEARSE. OFFICERS OBSERVED MR. PEARSE HAD A STAB WOUND IN HIS UPPER RIGHT ARM. OFFICERS PLACED A TOURNIQUET ON MR. PEARSE. MR. PEARSE ADVISED A "CRAZY GUY", SUS1, DEMANDED HIS HEADPHONES, ATTEMPTED TO TAKE THEM FROM MR. PEARSE, AND WHEN MR. PEARSE DENIED HIM THE HEADPHONES, THE SUSPECT STABBED HIS ARM AND FLED NORTH ON GEYER SPRINGS BY FOOT. MR. PEARSE ADVISED HE RETAINED THE HEADPHONES. OFFICERS MADE A BROADCAST AND CIRCULATED THE AREA WITH NEGATIVE RESULTS. MR. PEARSE WAS TRANSPORTED TO A LOCAL HOSPITAL BY MEMS. OFFICERS NOTIFIED SGT. SNOW AND MAJOR CRIMES. SGT. SNOW RESPONDED TO THE SCENE. MVR AND BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer
- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime
- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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