

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 4/3/2023 9:27 PM	
INCIDENT NUMBER 2023-036935		UNIT ASSIGNED 1X54	CALL DATE 04/03/2023	CALL TIME 08:36:00	TYPE OF CALL DIS
INCIDENT DATE 4/3/2023 8:36:58 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 4501 ASHER			DISTRICT 54

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. ROBBERY (INDIVIDUAL) 2. AGGRAVATED ASSAULT 3. TERRORISTIC THREATENING 1ST DEGREE 4. INTERFERENCE WITH EMERGENCY COMMUNICATION 1ST DEGREE </div> <div style="width: 45%;"> 5. CRIMINAL MISCHIEF 1ST DEGREE MISD 6. 7. 8. </div> </div>			Attempted Completed <div style="display: flex; justify-content: space-around;"> <div>1 <input type="checkbox"/></div> <div>2 <input checked="" type="checkbox"/></div> <div>3 <input checked="" type="checkbox"/></div> <div>4 <input checked="" type="checkbox"/></div> </div> Attempted Completed <div style="display: flex; justify-content: space-around;"> <div>5 <input checked="" type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7 <input type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div>
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: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <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 type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 25%;"> <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 checked="" 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 </div> <div style="width: 25%;"> <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 </div> <div style="width: 25%;"> <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 </div> </div>			
(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) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (11) Firearm (Unknown) <input checked="" type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None </div> </div>	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 04/03/2023 15:03:29	REPORTING OFFICER ROBERT KIRBY - [REDACTED]	ORIGINAL APPROVING SUPERVISOR CHAD STANGE - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM																																										
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS SINGH,JASPAL																																									
ADDRESS: 5000 W 29TH ST LITTLE ROCK AR 72204																																										
HOME PHONE: 0000000000		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 type="checkbox"/> (N) Non-Hispanic <input checked="" 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 10/28/1982																																							
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: 40 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) <div></div>	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table><tr><td>(SE) Spouse</td><td>1</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td></td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td></td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td></td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td></td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td></td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td></td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td></td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td></td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td></td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td></td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td></td><td>(RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td></td><td>(VO) Victim Was Suspect</td></tr></table>	(SE) Spouse	1	(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
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(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: <table><tr><td><input type="checkbox"/> (N) None</td><td><input checked="" type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>				<input type="checkbox"/> (N) None	<input checked="" type="checkbox"/> (M) Apparent Minor Injury	<input type="checkbox"/> (B) Apparent Broken Bones	<input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> (L) Severe Laceration	<input type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (U) Unconsciousness																															
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AGGRAVATED ASSAULT / HOMICIDE: <input checked="" type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Offioer <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 WORSHAM, RUFUS		
ADDRESS: 4501 ASHER AV LITTLE ROCK AR 72204			
HOME PHONE: 5016808926	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 type="checkbox"/> (N) Non-Hispanic <input checked="" 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 09/14/1952
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: 70 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) (SE) Spouse 1 (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend 1 (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? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" 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 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) WORSHAM, BRIAN					AKA:	
ARRESTEE #	ADDRESS: 14424 MARCHE RD NORTH LITTLE ROCK AR 72118						
HOME PHONE:		WORK PHONE:		MOBILE PHONE:		OTHER PHONE: 5012718324	
SEX: <input checked="" type="checkbox"/> (M) Male <input 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 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 05/09/1979	
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: 43 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 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 _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____	
		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: 5-12-102I 5-13-204							
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) WORSHAM,BRIAN		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
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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	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	<div style="border: 1px solid black; padding: 5px;"> CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ </div>
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TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back

ADDED DESCRIPTION:

n/a

OTHER PERSONS - WITNESS

OTHER PERSON # 1	NAME (Last, First, Middle) HAWKINS,WALTER																			
ADDRESS: 4501 ASHER AV LITTLE ROCK AR 72204																				
HOME PHONE: 5016819232		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 type="checkbox"/> (N) Non-Hispanic <input checked="" 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 10/15/1962														
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: 60 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)		HEIGHT: Ft. In WEIGHT: Lbs															
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PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	75	1.00	NONE UNK + UNK CELLPHONE	0	100		0.00	
4	77	1.00	NONE N/A + N/A METAL CEILING	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: (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: (D) Heroin (H) Other Narcotics (L) Amphetamines/ (O) Other Depressants (A) Crack Cocaine (E) Marijuana (I) LSD Methamphetamines (P) Other Drugs (B) Cocaine (F) Morphine (J) PCP (M) Other Stimulants (U) Unknown Type (C) Hashish (G) Opium (K) Other Hallucino. (N) Barbituates	TYPE DRUG MEASUREMENT: Units Weight (DU) Dosage Unit (GM) Gram (OZ) Ounce (Pills, etc) (KG) Kilogram (LB) Pound (NP) Number of Plants Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce
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FOR BURGLARIES: Point of Entry: _____
 Tools Apparently Used: _____

NARRATIVE

OFFICERS RESPONDED TO 4501 ASHER AVENUE IN RELATION TO WHAT WAS INITIALLY DISPATCHED AS A DISTURBANCE CALL, REPORTED BY MR. WORSHAM. COMMUNICATIONS ADVISED MR. WORSHAM STATED HIS SON, BRIAN, CAME TO THE LOCATION AND HIT AND CHOKED MR. SINGH. HE ADVISED BRIAN STATED IF HE CALLED THE POLICE, HE WOULD KILL HIM. COMMUNICATIONS STATED MR. WORSHAM ADVISED BRIAN STOLE MR. SINGH'S PHONE.

UPON ARRIVAL, OFFICERS MADE CONTACT WITH MR. SINGH. HE ADVISED WHEN HE ARRIVED TO WORK, BRIAN WAS ALREADY AT THE LOCATION WAITING ON HIM. HE ADVISED BRIAN APPROACHED HIM AND WAS YELLING AT HIM ABOUT AN ONGOING DISPUTE; HE ADVISED BRIAN WAS UPSET MR. SINGH WAS WORKING FOR HIS FATHER, MR. WORSHAM AND NOT HIM. MR. SINGH STATED HE APPROACHED HIM AND PUNCHED HIM ON THE LEFT SIDE OF HIS FACE. OFFICERS OBSERVED REDNESS AROUND HIS LEFT EYE. MR. SINGH ADVISED BRIAN THEN CHOKED HIM USING HIS ARMS, TO THE POINT WHERE HE COULD NO LONGER BREATHE. HE STATED BRIAN WAS ALSO TWISTING HIS NECK BETWEEN HIS ARMS. HE ADVISED "I FELT LIKE I WAS GOING TO DIE, NOT A JOKE." MR. SINGH STATED BRIAN LET HIM GO AND THEN WALKED AWAY FROM THE SHOP, JUST TO RETURN SHORTLY AFTER WITH A FIREARM. HE DESCRIBED THE FIREARM AS A SILVER AND BLACK SMITH & WESSON 9MM HANDGUN, WITH NO SAFETY. MR. SINGH STATED BRIAN POINTED THE HANDGUN AT HIM THREE SEPARATE TIMES AND THREATENED TO KILL HIM. HE ADVISED BRIAN THEN TOOK HIS PHONE FROM HIM BECAUSE HE SAW HE WAS ATTEMPTING TO CALL THE POLICE. MR. SINGH STATED BRIAN SAID IF ANYONE CALLED THE POLICE HE WOULD KILL THEM. HE STATED BRIAN THEN FIRED A SINGLE ROUND THROUGH THE ROOF OF THE BUSINESS AND THEN LEFT THE LOCATION. MR. SINGH REQUESTED MEDICAL ATTENTION. MEMS RESPONDED AND TRANSPORTED HIM TO A HOSPITAL WITHOUT INCIDENT.

OFFICERS THEN MADE CONTACT WITH MR. WORSHAM. HE ADVISED HE WITNESSED THE INCIDENT BETWEEN MR. SINGH AND BRIAN. HE ADVISED OF THE SAME INFORMATION AS MR. SINGH. MR. WORSHAM STATED BRIAN THREATENED HIM BY STATING "IF YOU CALL THE POLICE I'LL PUT A BULLET IN YOUR ASS." MR. WORSHAM ADVISED BRIAN WAS KNOWN TO ABUSE SUBSTANCES SUCH AS METH AND THEN ACT ERRATICALLY. HE STATED HE DID NOT WANT BRIAN AROUND THE BUSINESS AND REQUESTED ANY INFORMATION AS TO HOW TO PREVENT HIM FROM RETURNING. OFFICERS INFORMED HIM ABOUT THE PROCESS OF SEEKING AN ORDER OF PROTECTION AND ADVISED HIM HE COULD BAN HIM FROM THE PROPERTY IF HE WERE TO RETURN AT A LATER DATE.

OFFICERS ALSO MADE A CONTACT WITH MR. HAWKINS. HE ADVISED HE WITNESSED THE INCIDENT BUT WAS NOT FORTHCOMING WITH INFORMATION.

OFFICERS CIRCULATED THE AREA IN AN ATTEMPT TO LOCATE BRIAN, WITH NEGATIVE RESULTS.

WHILE ON SCENE, OFFICERS DISCOVERED A SINGLE SHELL CASING. THE BUSINESS AT THIS LOCATION WAS AN AUTO REPAIR SHOP WITH HIGH CEILINGS, THAT WERE METAL. THERE WAS ALREADY A LARGE AMOUNT OF DAMAGE TO THE CEILING AND IT WAS NOT EVIDENT WHERE THE CEILING MAY HAVE BEEN STRUCK. OFFICERS NOTIFIED A SUPERVISOR AND DETECTIVES OF THIS INCIDENT. OFFICERS TOOK AND STORED THE CASING AT THE 12TH STREET SUBSTATION.

NO FURTHER INFORMATION WAS AVAILABLE. MVR / BWC IN USE 18C470.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NO**HATE/BIAS RELATIONSHIP:** ☒ (88) None ☐ YES, SEE BELOW

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

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

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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