

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 5/31/2023 12:56 PM	
INCIDENT NUMBER 2023-060910		UNIT ASSIGNED D810	CALL DATE 05/31/2023	CALL TIME 11:51:00	TYPE OF CALL BATTERY
INCIDENT DATE 5/31/2023 4:58:28 PM			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 9000 COLONEL GLENN RD		DISTRICT 93

OFFENSE

OFFENSE			
INCIDENT OFFENSE TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1. BATTERY 1ST DEGREE 2. 3. 4. </div> <div style="width: 30%; text-align: center;"> 5 6 7 8 </div> </div>		OFFENSE STATUS <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Attempted Completed </div> <div style="width: 70%;"> <div style="display: flex; justify-content: space-around;"> <div>1 <input type="checkbox"/></div> <div>2 <input type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7 <input type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div> </div> </div>	
SUSPECTS USED: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Computer Equip </div> <div style="width: 45%;"> <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable / Unknown </div> </div>		TYPE OF CRIMINAL ACTIVITY: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (D) Distributing / Selling </div> <div style="width: 45%;"> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (P) Possessing / Concealing </div> </div>	
LOCATION CODE: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 45%;"> <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 </div> </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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: 45%;"> <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>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ </div> <div style="width: 45%;"> METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force </div> </div>		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input 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: 45%;"> <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 05/31/2023 16:58:28	REPORTING OFFICER DARRELL SIMS [REDACTED]	ORIGINAL APPROVING SUPERVISOR ZEBBIE BURNETT - [REDACTED]	<input type="checkbox"/> MVR in use
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INCIDENT NUMBER 2023-060910

Report Contains Juvenile Information
Redact Before Release

Report generated: 5/31/2023 12:56 PM

VICTIM

VICTIM #
1NAME (Last, First, Middle) or BUSINESS
[REDACTED]ADDRESS:
[REDACTED]HOME PHONE:
[REDACTED]

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 17

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS: (by Suspect Number)

(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?

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

VICTIM INJURY:

<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 checked="" type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (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 _____

INCIDENT NUMBER 2023-060910

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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		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 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)		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 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: 5-13-201						
ARRESTING OFFICERS						
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____		<input type="checkbox"/> MVR
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____		<input type="checkbox"/> MVR
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____		<input type="checkbox"/> MVR
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____		<input type="checkbox"/> MVR

Suspect information continued on next page.

SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

AKA:

COMPLEXION:

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

HAIR LENGTH:

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

HAIR STYLE:

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

BUILD:

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

HAIR COLOR:

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

EYE COLOR:

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

FACIAL HAIR:

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

DEMEANOR:

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

SCAR / MARK:

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

TATTOO:

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

TATTOO LOC:

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

CLOTHING DESCRIPTION:

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

ADDED DESCRIPTION:

n/a

NARRATIVE

ON TODAYS DATE, I WAS INFORMED BY A SUPERVISOR TO CREATE A REPORT FOR A BATTERY 1ST DEGREE. ON 05/29/2023 A HOMICIDE OCCURRED AT THE SAME TIME AS THIS INCIDENT. COMMUNICATIONS LINKED THE INCIDENTS, BUT IT WAS DETERMINED DURING THE HOMICIDE INVESTIGATION THEY WERE SEPARATE. THIS INCIDENT OCCURRED AT THE INTERSECTION OF STAGECOACH AND COLONEL GLENN. THE VICTIM WAS THEN TRANSPORTED VIA POV TO AN AREA HOSPITAL. DETECTIVES RESPONDED TO THE HOSPITAL AND TOOK A RECORDED STATEMENT FROM THE VICTIM. THE VICTIM WAS STRUCK ONE TIME BY AN APPARENT BULLET IN THE ANUS. THE SUSPECT IS UNKNOWN AT THIS TIME.

INCIDENT NUMBER 2023-060910

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

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

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

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/31/2023 10:07 PM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2023-061075</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">2X55</div>	CALL DATE <div style="text-align: center; font-weight: bold;">05/31/2023</div>	CALL TIME <div style="text-align: center; font-weight: bold;">17:26:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">SHOOTP</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">5/31/2023 5:26:13 PM</div>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">4407 W 12TH ST</div>			DISTRICT <div style="text-align: center; font-weight: bold;">54</div>	

OFFENSE			
INCIDENT OFFENSE TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 BATTERY 1ST DEGREE 2 3 4 </div> <div style="width: 45%;"> 5 6 7 8 </div> </div>			OFFENSE STATUS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Attempted Completed </div> <div style="width: 45%;"> 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"/> </div> </div>
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(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 <div style="text-align: center;">05/31/2023 23:13:36</div>	REPORTING OFFICER <div style="text-align: center;">BRANDON LIKINS</div>	ORIGINAL APPROVING SUPERVISOR <div style="text-align: center;">KALVIN SNOW</div>	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS HAMMONDS,MONTREL		
ADDRESS: 4800 TERRA VISTA CR 607 LITTLE ROCK AR			
HOME PHONE: 5014006691		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 06/05/1992
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: 31 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 (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 _____			

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 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____ 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 (A -- automatic)
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: 5-13-201				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #1

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

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 2023-061075

☐ JUVENILE INFORMATION

Report generated: 5/31/2023 10:07 PM

VEHICLE #1

STATUS: OTHER

HOLD AUTHORITY:

YEAR:
2008MAKE:
HYUNMODEL:
SANTA FESTYLE:
4T

VIN:

LICENSE NO. (TYPE):
644ZGG PCLIC YEAR:
2023

OWNER'S NAME (Last, First):

ADDRESS:

STATE:

AR

COLOR:
BLK

DISPOSITION OF RECOVERY:

☐ (I) Impounded ☐ (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
5	59	1.00	UNKNOWN UNKNOW GLD UNKNOWN .380 CALIBER SHELL CASING	0	1		0.00	

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

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

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

FOR BURGLARIES: Point of Entry: _____ Tools Apparently Used: _____	Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce
--	--

NARRATIVE

RESPONDED FOR A SHOOTING JUST OCCURRED.

UPON ARRIVAL, OFFICERS MADE CONTACT WITH HAMMOND (VIC), WHO WAS SITTING IN THE DRIVER SEAT OF VEH1. HAMMOND HAD A BANDAGE ON HIS LEFT HAND AND BLOOD COULD BE OBSERVED ON THE BANDAGE.

HAMMOND TOLD OFFICERS HE WAS WALKING INTO PIC PAC LIQUOR WHEN HE HEARD ONE GUNSHOT. HE SAID HE THEN NOTICED HE WAS STRUCK IN THE LEFT HAND. HE SAID HE BELIEVED A VEHICLE FIRED THE SHOT WHILE DRIVING BY ON WEST 12TH STREET.

CRIME SCENE TAPE WAS PLACED AROUND THE PARKING LOT OF THE STORE. MEMS RESPONDED AND TREATED HAMMOND ON SCENE. HE REFUSED TO BE TAKEN TO A HOSPITAL. 12TH STREET SUPERVISORS AND MAJOR CRIMES DETECTIVES RESPONDED. NO EVIDENCE WAS LOCATED IN THE ROADWAY. A SHELL CASING WAS LOCATED IN THE PARKING LOT. IT WAS COLLECTED AND STORED AT THE 12TH STREET SUBSTATION AS EVIDENCE.

BWC IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

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

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT				Report generated: 5/30/2023 10:23 PM	
INCIDENT NUMBER 2023-060670			UNIT ASSIGNED D813	CALL DATE 05/30/2023	CALL TIME 21:22:00	TYPE OF CALL ROBBIN	
INCIDENT DATE 5/31/2023 2:24:50 AM			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 11400 W MARKHAM ST				DISTRICT 62

OFFENSE

INCIDENT OFFENSE TYPE		OFFENSE STATUS			
1. ROBBERY (INDIVIDUAL) _____ 2. _____ 3. _____ 4. _____	5 6 7 8	Attempted Completed	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"/>		
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		
LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 33%;"> <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 </div> <div style="width: 33%;"> <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 </div> </div>					
<div style="display: flex;"> <div style="width: 50%;"> WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input 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>					
<div style="display: flex;"> <div style="width: 50%;"> (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force </div> <div style="width: 50%;"> METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force </div> </div>					
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other					

ENTRY DATE 05/31/2023 02:24:50	REPORTING OFFICER ERIC AGUILAR MARTINEZ - [REDACTED]	ORIGINAL APPROVING SUPERVISOR BRYAN BROWN - [REDACTED]	<input type="checkbox"/> MVR in use
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INCIDENT NUMBER 2023-060670

☐ JUVENILE INFORMATION

Report generated: 5/30/2023 10:23 PM

VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

PATERSON,JORDAN

ADDRESS:

3008 WATERFORD CR BRYANT AR 72022

HOME PHONE:

5016585965

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

05/26/1999

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 24

Range:

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS (by Suspect Number)

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law

(FR) Friend

Spouse

(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 (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 ☐ 8VICTIM TYPE: ☒ (I) Individual ☐ (B) Business ☐ (F) Financial Inst. ☐ (U) Unknown☐ (G) Government ☐ (R) Religious ☐ (S) Society / Public ☐ (O) Other

VICTIM INJURY:

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

CLOTHING DESCRIPTION

HAT

SHIRT

SHOES

COAT

PANTS/DRESS

INCIDENT NUMBER 2023-060670

☐ JUVENILE INFORMATION

Report generated: 5/30/2023 10:23 PM

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		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 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)
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: 5-12-102I				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #1

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

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

OTHER PERSONS - PERSON REPORTING

OTHER PERSON #

1

NAME (Last, First, Middle)

CALVIN, LASHUNDA

ADDRESS:

3008 WATERFORD CR BRYANT AR 72022

HOME PHONE:

5016538089

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

07/25/1976

RES. STATUS:

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 46

Range: -

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

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR LENGTH:

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

HAIR STYLE:

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

BUILD:

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

HAIR COLOR:

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

EYE COLOR:

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

FACIAL HAIR:

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

DEMEANOR:

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

SCAR / MARK:

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

TATTOO:

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

TATTOO LOC:

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

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	77	5.00	1 UNK BLK UNK PHONE, MONEY, CREDIT CARDS, DEBIT CARD	0	1		0.00	

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

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

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

TYPE DRUG MEASUREMENT:

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

FOR BURGLARIES:	Point of Entry: _____ Tools Apparently Used: _____	Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce
------------------------	---	---

NARRATIVE

OFFICERS MADE CONTACT WITH LASHUNDA CALVIN OVER THE PHONE. MS. CALVIN STATED SHE HAD RECEIVED A PHONE CALL FROM HER SON, JORDAN PATERSON, WHO ADVISED HER THAT HE WAS JUST ROBBED BY T-EZZY AND OTHER SUBJECTS. MS. CALVIN STATED THAT MR. PATERSON TOLD HER THAT THE SUSPECTS PRODUCED FIREARMS AND TOOK HIS MONEY, CREDIT CARDS, DEBIT CARDS, AND HIS CELL PHONE. MR. PATERSON STATED THAT THEY ALSO DEMANDED HIM TO GIVE UP HIS PIN NUMBER FOR HIS DEBIT CARDS. MR. PATERSON ALSO ADVISED THAT THE SUSPECTS TOLD HIM IF HE CALLS THE POLICE THEY WERE GOING TO SHOOT UP HIS HOUSE AND KIDNAP HIS GIRLFRIEND. MS. CALVIN ADVISED THIS HAPPENED IN THE PARKING LOT OF CULTURES CLOTHING STORE AROUND 1830 HRS. MS. CALVIN ADVISED THAT MR. PATERSON DID NOT WANT TO CALL POLICE BECAUSE HE WAS SCARED.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

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

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 5/31/2023 3:01 PM
INCIDENT NUMBER 2023-060866		UNIT ASSIGNED 1X82	CALL DATE 05/31/2023	CALL TIME 10:06:00	TYPE OF CALL DISWP
INCIDENT DATE 5/31/2023 10:06:53 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 5323 ASHER COLLEGE STATION LIQUOR			DISTRICT 80

OFFENSE			
INCIDENT OFFENSE TYPE 1. ROBBERY (INDIVIDUAL) 5. 2. RESISTING ARREST - REFUSAL TO SUBMIT TO ARREST 6. 3. USE OF FORCE 7. 4. STORED PROPERTY 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 type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
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			
LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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: 50%;"> <input type="checkbox"/> (16) Lake / Waterway <input checked="" 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 </div> <div style="width: 50%;"> <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: 50%;"> <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) NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY: <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 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 checked="" 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 05/31/2023 17:58:59	REPORTING OFFICER DMARCUS JOHNSON - [REDACTED]	ORIGINAL APPROVING SUPERVISOR ALEC TINER - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
--	--	---	--

INCIDENT NUMBER 2023-060866

☐ JUVENILE INFORMATION

Report generated: 5/31/2023 3:01 PM

VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

BRITT,R.J.

ADDRESS:

99 UNKNOWN LITTLE ROCK AR 72209

HOME PHONE:

5015635450

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

07/26/1991

RES. STATUS:

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE

Exact Age: 31

Range:

☐ (NN) Under 24 Hrs. Old☐ (NB) 1-6 Days Old☐ (BB) 7-364 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

(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☐ (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 # 2	NAME (Last, First, Middle) or BUSINESS HAYES,GARRICK																												
ADDRESS: 99 UNKNOWN LITTLE ROCK AR																													
HOME PHONE: 5015199167	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 08/08/1990																										
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: 32 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) <table border="0"> <tr> <td>(SE) Spouse</td> <td>(AQ) Acquaintance</td> </tr> <tr> <td>(CS) Common-Law Spouse</td> <td>(FR) Friend</td> </tr> <tr> <td>(PA) Parent</td> <td>(NE) Neighbor</td> </tr> <tr> <td>(SB) Sibling</td> <td>(BE) Babysitter (baby)</td> </tr> <tr> <td>(CH) Child</td> <td>(BG) Boy/Girl Friend</td> </tr> <tr> <td>(GP) Grandparents</td> <td>(CF) Child of BF / GF</td> </tr> <tr> <td>(GC) Grandchild</td> <td>(HR) Homosexual Rel.</td> </tr> <tr> <td>(IL) Inlaw</td> <td>(XS) Ex-Spouse</td> </tr> <tr> <td>(SP) Stepparent</td> <td>(EE) Employee</td> </tr> <tr> <td>(SC) Stepchild</td> <td>(ER) Employer</td> </tr> <tr> <td>(SS) Stepsibling</td> <td>(OK) Otherwise Known</td> </tr> <tr> <td>(OF) Other Family</td> <td>1 1 (RU) Relationship Unknown</td> </tr> <tr> <td>(ST) Stranger</td> <td>(VO) Victim Was Suspect</td> </tr> </table>	(SE) Spouse	(AQ) Acquaintance	(CS) Common-Law Spouse	(FR) Friend	(PA) Parent	(NE) Neighbor	(SB) Sibling	(BE) Babysitter (baby)	(CH) Child	(BG) Boy/Girl Friend	(GP) Grandparents	(CF) Child of BF / GF	(GC) Grandchild	(HR) Homosexual Rel.	(IL) Inlaw	(XS) Ex-Spouse	(SP) Stepparent	(EE) Employee	(SC) Stepchild	(ER) Employer	(SS) Stepsibling	(OK) Otherwise Known	(OF) Other Family	1 1 (RU) Relationship Unknown	(ST) Stranger	(VO) Victim Was Suspect
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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																													
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) FOOTS, THOMAS	AKA:
ARRESTEE # 1	ADDRESS: 1840 S BEECH ST PINE BLUFF AR 71601	
HOME PHONE:	WORK PHONE:	MOBILE PHONE: 8703295680
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 09/22/1991		
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
AGE: Exact Age: 31 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 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	NIC: D.L. / ID No. (STATE) HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody
ARREST LOCATION: 0 TAYLOR/ASHER RD		ARREST DATE: 05/31/2023
CHARGE: 5-12-102I 5-54-103		
ARRESTING OFFICERS OFFICER 1: KEVIN DUNCAN - <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR		

Suspect information continued on next page.

SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

FOOTS, THOMAS

AKA:

COMPLEXION:

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

HAIR LENGTH:

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

HAIR STYLE:

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

BUILD:

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

HAIR COLOR:

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

EYE COLOR:

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

FACIAL HAIR:

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

DEMEANOR:

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

SCAR / MARK:

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

TATTOO:

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

TATTOO LOC:

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

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	19	1.00	UNK UNK BLK ALCOHOL ALCOHOL	0	30		0.00	
0	06	1.00	UNK UNK BLK UNDERWEAR, COPY OF APPEARANCE AGREEMENT, PREPAID D UNDERWEAR CLOTHING	733749	1		0.00	
0	06	1.00	UNK UNK BLK UNDERWEAR UNDERWEAR	0	1		0.00	

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

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

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

TYPE DRUG MEASUREMENT:

Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants

Weight (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound

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

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

NARRATIVE

OFFICERS RESPONDED TO THE ABOVE LISTED ADDRESS IN REFERENCE TO A DISTURBANCE WITH A WEAPON. UPON ARRIVAL OFFICERS MADE CONTACT WITH R.J. BRITT (V-1) AND GARRICK HAYES(V-2). BOTH BRITT AND HAYES ADVISED OFFICERS A BLACK MALE ATTEMPTED TO TAKE MERCHANDISE OFF OF THEIR ALCOHOL DELIVERY TRUCK WHILE THEY WERE MAKING A DELIVERY.

BRITT AND HAYES STATED THE SUBJECT STARTED TO FIGHT AND THROW PUNCHES AT BOTH OF THEM WHEN CONFRONTED. MR. BRITT AND HAYES STATED THE SUSPECT FLED ON FOOT EASTBOUND ON ASHER.

OFFICER DUNCAN LOCATED THE SUSPECT AT ASHER AND TAYLOR AND ATTEMPTED TO ESCORT HIM TO HIS PATROL CAR. THE SUBJECT WAS LATER IDENTIFIED AS THOMAS FOOTTS (S-1). MR. FOOTTS TRIED WALKING AWAY FROM OFFICER DUNCAN SO MR. FOOTTS WAS ASSISTED TO THE GROUND. MR. FOOTTS WAS HANDCUFFED AND PLACED IN THE BACKSEAT OF THE PATROL CAR WITHOUT ANY FURTHER INCIDENT.

MAJOR CRIMES DETECTIVES AND 1L37 WERE NOTIFIED AND RESPONDED. MR. FOOTTS WAS TRANSPORTED TO THE 12 STREET D.O. AND QUESTIONED BY DETECTIVES. MR. FOOTTS WAS CHARGED WITH ROBBERY AND REFUSING TO SUBMIT TO AN ARREST AND BOOKED INTO PCRJ. MVR 18C438 IN USE

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

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

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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