

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |                              |   |                              |                                |                                     |
|---|------------------------------|---|------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |                              | INCIDENT  |                              |                                | Report generated: 3/14/2024 2:00 AM |
| INCIDENT NUMBER<br><b>2024-031546</b>         | UNIT ASSIGNED<br><b>1X50</b> | CALL DATE<br><b>03/13/2024</b>  | CALL TIME<br><b>10:41:00</b> | TYPE OF CALL<br><b>BATTERY</b> |                                     |
| INCIDENT DATE<br><b>3/13/2024 10:41:12 AM</b> |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>4507 W 29TH ST</b> |                              |                                | DISTRICT<br><b>54</b>               |

| OFFENSE  |   |   |  |
|--|---|---|--|
| <b>INCIDENT OFFENSE TYPE</b><br><br>1. ROBBERY (INDIVIDUAL) <span style="float: right;">5.</span><br>2. TERRORISTIC THREATENING 1ST DEGREE <span style="float: right;">6.</span><br>3. <span style="float: right;">7.</span><br>4. <span style="float: right;">8.</span>   |   |   | <b>OFFENSE STATUS</b><br><br>Attempted<br>Completed 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/><br><br>Attempted<br>Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> |
| <b>SUSPECTS USED:</b><br><br><input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown   | <b>TYPE OF CRIMINAL ACTIVITY:</b><br><br><input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |   | <b>GANG RELATED INFO:</b><br><br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown   |
| <b>LOCATION CODE:</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal<br/> <input type="checkbox"/> (02) Bank / Savings &amp; Loan<br/> <input type="checkbox"/> (03) Bar / Night Club<br/> <input type="checkbox"/> (04) Church / Synagogue / Temple<br/> <input type="checkbox"/> (05) Commercial / Office Building<br/> <input type="checkbox"/> (06) Construction Site<br/> <input type="checkbox"/> (07) Convenience Store<br/> <input type="checkbox"/> (08) Department / Discount Store<br/> <input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br/> <input type="checkbox"/> (10) Field / Woods<br/> <input type="checkbox"/> (11) Government / Public Building<br/> <input type="checkbox"/> (12) Grocery / Supermarket<br/> <input type="checkbox"/> (13) Highway / Road / Alley<br/> <input type="checkbox"/> (14) Hotel / Motel / Etc<br/> <input type="checkbox"/> (15) Jail / Penitentiary         </div> <div style="width: 33%;"> <input type="checkbox"/> (16) Lake / Waterway<br/> <input type="checkbox"/> (17) Liquor Store<br/> <input type="checkbox"/> (18) Parking Lot / Garage<br/> <input type="checkbox"/> (19) Rental / Storage Facility<br/> <input checked="" type="checkbox"/> (20) Residence / House<br/> <input type="checkbox"/> (21) Restaurant<br/> <input type="checkbox"/> (22) School / College<br/> <input type="checkbox"/> (23) Service / Gas Station<br/> <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br/> <input type="checkbox"/> (25) Other / Unknown<br/> <input type="checkbox"/> (37) Abandoned/Condemned Structure<br/> <input type="checkbox"/> (38) Amusement Park<br/> <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br/> <input type="checkbox"/> (40) ATM Separate from Bank<br/> <input type="checkbox"/> (41) Auto Dealership New / Used<br/> <input type="checkbox"/> (42) Camp / Campground         </div> <div style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility<br/> <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br/> <input type="checkbox"/> (46) Farm Facility<br/> <input type="checkbox"/> (47) Gambling / Casino / Racetrack<br/> <input type="checkbox"/> (48) Industrial Site<br/> <input type="checkbox"/> (49) Military Installation<br/> <input type="checkbox"/> (50) Park / Playground<br/> <input type="checkbox"/> (51) Rest Area<br/> <input type="checkbox"/> (52) School - College / University<br/> <input type="checkbox"/> (53) School - Elementary / Secondary<br/> <input type="checkbox"/> (54) Shelter - Mission / Homeless<br/> <input type="checkbox"/> (55) Shopping Mall<br/> <input type="checkbox"/> (56) Tribal Lands<br/> <input type="checkbox"/> (57) Community Center         </div> </div> |   |   |  |
| <b>(FOR BURGLARY ONLY)</b><br><br>NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force   |   | <b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic)<br><br><input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |   |   |  |

|  |   |   |  |
|--|---|---|--|
| ENTRY DATE<br><b>03/13/2024 19:35:06</b> | REPORTING OFFICER<br><b>KELLY MORRIS - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>SEAN RAGAN - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

| VICTIM  |   |   |   |
|---|---|---|---|
| VICTIM #<br>1   | NAME (Last, First, Middle) or BUSINESS<br>ARCHER,WALTER   |   |   |
| ADDRESS:<br>4909 W 27TH ST LITTLE ROCK AR 72204   |   |   |   |
| HOME PHONE:<br>1111111111   |   | WORK PHONE:   | MOBILE PHONE:   |
| OTHER PHONE:  |   |   |   |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>09/09/1961   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:  |   |
| AGE:<br>Exact Age: 62<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   |   | NIC:<br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling 1 (OK) Otherwise Known</div><div>(OF) Other Family (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div> |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |   |   |   |
| VICTIM INJURY:<br><div><div><input type="checkbox"/> (N) None</div><div><input checked="" type="checkbox"/> (M) Apparent Minor Injury</div><div><input type="checkbox"/> (B) Apparent Broken Bones</div></div> <div><div><input type="checkbox"/> (I) Possible Internal Injury</div><div><input type="checkbox"/> (T) Loss of Teeth</div><div><input type="checkbox"/> (L) Severe Laceration</div></div> <div><div><input type="checkbox"/> (O) Other Major Injury</div><div><input type="checkbox"/> (U) Unconsciousness</div></div>   |   |   |   |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |   |   |
| CLOTHING DESCRIPTION<br>HAT SHIRT SHOES<br>COAT PANTS/DRESS   |   |   |   |

|  |  |   |             |   |  |                         |  |  |  |
|--|--|---|-------------|---|--|-------------------------|--|--|--|
| SUSPECT #1   |  |   |             |   |  |                         |  |  |  |
| SUSPECT #<br>1   |  | NAME (Last, First, Middle)<br><br>,UNKNOWN  |             |   |  |                         |  | AKA:   |  |
| ARRESTEE #   |  | ADDRESS:<br><br>UNKNOWN AR  |             |   |  |                         |  |  |  |
| HOME PHONE:  |  |   | WORK PHONE: |   |  | MOBILE PHONE:           |  | OTHER PHONE:   |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.   |             | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |  |                         |  | DATE OF BIRTH  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |             | OCCUPATION / EMPLOYER:  |  |                         |  |  |  |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |             | NIC:  |  | HEIGHT:<br>Ft 5<br>In 5 |  | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A -- automatic c) |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8  |  | DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |             | D.L. / ID No. (STATE)   |  | WEIGHT:<br>Lbs 150      |  |  |  |
| ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |  | ARREST LOCATION:  |             |   |  | ARREST DATE:            |  |  |  |
| CHARGE: 5-12-102I  |  |   |             |   |  |                         |  |  |  |
| ARRESTING OFFICERS<br>OFFICER 1: _____ <input type="checkbox"/> MVR      OFFICER 5: _____ <input type="checkbox"/> MVR<br>OFFICER 2: _____ <input type="checkbox"/> MVR      OFFICER 6: _____ <input type="checkbox"/> MVR<br>OFFICER 3: _____ <input type="checkbox"/> MVR      OFFICER 7: _____ <input type="checkbox"/> MVR<br>OFFICER 4: _____ <input type="checkbox"/> MVR      OFFICER 8: _____ <input type="checkbox"/> MVR |  |   |             |   |  |                         |  |  |  |

Suspect information continued on next page.

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

ADDED DESCRIPTION:

n/a

|   |  |                   |   |                          |                                   |                |
|---|--|-------------------|---|--------------------------|-----------------------------------|----------------|
| VEHICLE #1                                      |  |                   |   |                          |                                   |                |
| STATUS: SUBJECT                                 |  |                   |   | HOLD AUTHORITY:          |                                   |                |
| YEAR:<br>2010                                   | MAKE:<br>UNK   | MODEL:<br>UNKNOWN | STYLE:<br>4D                              | VIN:<br>1111111111111111 | LICENSE NO. (TYPE):<br>UNKNOWN PC | LIC YEAR:<br>0 |
| OWNER'S NAME (Last, First):<br>UNKNOWN, UNKNOWN |  |                   | ADDRESS:<br>1 UNKNOWN ST UNKNOWN AR 72201 |                          |                                   | STATE:<br>AR   |
| COLOR:<br>RED                                   | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                   | NIC:                                      |                          | INSURANCE POLICY #:               |                |

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | NONE US CUR GRN<br>CASH CASH           | 0        | 140   |                  | 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  
(LT) Liter

(GL) Gallon  
(FO) Fluid Ounce

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**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION ON A BATTERY. COMMUNICATIONS ADVISED A NEIGHBOR CALLED IN STATED A YOUNGER B/M WAS HITTING AN OLDER B/M BEHIND THEIR HOUSE. COMMUNICATIONS ALSO ADVISED THE CALLER STATED THE OLDER MAN GRABBED A BRICK TO PROTECT HIMSELF. UPON ARRIVAL, OFFICERS MADE CONTACT WITH VIC#1(ARCHER) AND HE WAS BLEEDING FROM THE MOUTH. ARCHER STATED HE DID NOT NEED MEMS. HE STATED SUSP#1 IS AN ACQUAINTANCE AND HE HAS LET "SPAZ" STAY AT HIS HOUSE FROM TIME TO TIME. HE STATED HE ONLY KNOWS SUSP#1 BY HIS STREET NAME. ARCHER STATED ABOUT 1-2 MONTHS AGO SPAZ BROUGHT A STOLEN GENERATOR TO HIS HOUSE. ARCHER TOLD HIM HE NEEDED TO GET THAT OUT OF HIS HOUSE. ARCHER STATED SOME FEMALE THAT CAME OVER WITH ANOTHER MALE TOOK THE GENERATOR WHEN SPAZ WAS NOT THERE AND SOLD IT. ARCHER STATED SPAZ EXPECTS HIM TO PAY FOR IT NOW. ARCHER STATED TODAY THERE WAS A KNOCK AT HIS DOOR AND WHEN HE OPENED THE DOOR IT WAS SPAZ. HE STATED SPAZ DEMANDED MONEY FROM HIM AND HE SAID NO. THEY THEN BEGAN TO TUSSLE OUTSIDE AFTER SPAZ PUNCHED ARCHER IN THE FACE. ARCHER ADVISED SPAZ HAD A BLACK AUTOMATIC PISTOL IN HIS WAISTBAND AND SAID "IF I DON'T GET MY MONEY BACK I'LL SHOOT YOU." ARCHER STATED SPAZ ONLY SHOWED THE GUN AND DID NOT POINT IT AT HIM. ARCHER STATED SPAZ ATTACKED HIM AGAIN WITH HIS FISTS AND TOOK HIS WALLET OUT OF HIS POCKET AND TOOK HIS MONEY. ARCHER STATED SPAZ LEFT IN VEH#1 GOING EAST BOUND ON 29TH STREET. ARCHER DOES NOT HAVE A PHONE OR AN EMERGENCY CONTACT NUMBER FOR THE REPORT. THE RESIDENT AT 4500 W. 29TH DOES HAVE A RING CAMERA BUT THE DAUGHTER DID NOT KNOW HOW TO WORK IT AND STATED HER MOM WOULD HAVE TO PULL VIDEO. A BROADCAST WAS MADE AND OFFICERS CIRCULATED THE AREA WITH NEGATIVE RESULTS. ARCHER STATED SPAZ STAYS NEAR 22ND AND PINE IN A BROWN HOUSE. 21C671 IS MVR EQUIPPED AND IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

☐ (A) Criminal attacked police officer, that officer killed criminal

☐ (C) Criminal attacked a civilian

☐ (F) Criminal resisted arrest

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

☐ (D) Criminal attempted flight from a crime

☐ (G) Unable to determine / not enough information

☐ (E) Criminal killed in commission of a crime

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NO

DRIVE-BY? ☐ YES ☒ NO

GANG RELATED? ☐ YES ☒ NO

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

|  |   |   |  |
|--|---|---|--|
| RACIAL (Anti-)   | RELIGIOUS (Anti-)                                   | ETHNICITY / NATIONAL ORIGIN (Anti-)               | SEXUAL (Anti-)   |
| <input type="checkbox"/> (11) White                            | <input type="checkbox"/> (21) Jewish                | <input type="checkbox"/> (32) Hispanic            | <input type="checkbox"/> (41) Male Homosexual (Gay)        |
| <input type="checkbox"/> (12) Black                            | <input type="checkbox"/> (22) Catholic              | <input type="checkbox"/> (33) Other Ethnicity     | <input type="checkbox"/> (42) Female Homosexual (Lesbian)  |
| <input type="checkbox"/> (13) American Indian / Alaskan Native | <input type="checkbox"/> (23) Protestant            | DISABILITY (Anti-)                                | <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) |
| <input type="checkbox"/> (14) Asian / Pacific Islander         | <input type="checkbox"/> (24) Islamic (Muslim)      | <input type="checkbox"/> (51) Physical Disability | <input type="checkbox"/> (44) Heterosexual                 |
| <input type="checkbox"/> (15) Multi-Racial Group               | <input type="checkbox"/> (25) Other Religion        | <input type="checkbox"/> (52) Mental Disability   | <input type="checkbox"/> (45) Bisexual                     |
|  | <input type="checkbox"/> (26) Multi-Religious Group |   |  |
|  | <input type="checkbox"/> (27) Atheist/Agnostic      |   |  |