

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			Report generated: 7/8/2024 11:16 PM
INCIDENT NUMBER <b>2024-091766</b>	UNIT ASSIGNED <b>2X83</b>	CALL DATE <b>07/08/2024</b>	CALL TIME <b>19:44:00</b>	TYPE OF CALL <b>ROBBIN</b>
INCIDENT DATE <b>7/8/2024 7:44:24 PM</b>	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>7201 DAHLIA DR</b>			DISTRICT <b>83</b>

<b>OFFENSE</b>				
<b>INCIDENT OFFENSE TYPE</b> 1. ROBBERY (INDIVIDUAL) 5 2. THEFT OF PROPERTY MISD 6 3. 7 4. 8			<b>OFFENSE STATUS</b> Attempted 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed	
<b>SUSPECTS USED:</b> <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown			<b>TYPE OF CRIMINAL ACTIVITY:</b> <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	<b>GANG RELATED INFO:</b> <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
<b>LOCATION CODE:</b> <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input checked="" type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground				
<b>(FOR BURGLARY ONLY)</b>		<b>METHOD OF ENTRY:</b> 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)				
<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"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None				
<b>NARCAN USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE 07/09/2024 03:13:28	REPORTING OFFICER JUAN TELLO - [REDACTED]	ORIGINAL APPROVING SUPERVISOR MATTHEW BLASINGAME - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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**VICTIM**

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>ROBERSON,STEVEN</b>																																																																																																										
ADDRESS: <b>218 N 11TH ST APT 19 ARKADELPHIA AR 71923</b>																																																																																																											
HOME PHONE: 5017321851	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:																																																																																																								
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander	DATE OF BIRTH <b>01/17/2003</b>																																																																																																								
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No	OCCUPATION / EMPLOYER:																																																																																																									
AGE: Exact Age: <b>21</b> Range: <input type="text"/> - <input type="text"/> <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)																																																																																																									
<table> <tr><td><input checked="" type="checkbox"/> 1</td><td><input checked="" type="checkbox"/> 2</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 7</td><td><input type="checkbox"/> 8</td></tr> <tr><td colspan="4">VICTIM TYPE:</td><td><input checked="" type="checkbox"/> (I) Individual</td><td><input type="checkbox"/> (B) Business</td><td><input type="checkbox"/> (F) Financial Inst.</td><td><input type="checkbox"/> (U) Unknown</td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (G) Government</td><td><input type="checkbox"/> (R) Religious</td><td><input type="checkbox"/> (S) Society / Public</td><td><input type="checkbox"/> (O) Other</td></tr> <tr><td colspan="4">VICTIM INJURY:</td><td><input checked="" type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td><td></td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td><td></td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td><td></td></tr> <tr><td colspan="4">AGGRAVATED ASSAULT / HOMICIDE:</td><td><input checked="" type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td><td></td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td><td><input type="checkbox"/> (07) Mercy Killings</td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr> <tr><td colspan="4"></td><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td><td></td></tr> <tr><td colspan="4">CLOTHING DESCRIPTION</td><td>HAT <input type="text"/></td><td>SHIRT <input type="text"/></td><td>SHOES <input type="text"/></td><td></td></tr> <tr><td colspan="4"></td><td>COAT <input type="text"/></td><td>PANTS/DRESS <input type="text"/></td><td></td><td></td></tr> </table>				<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 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 checked="" type="checkbox"/> (01) Argument	<input type="checkbox"/> (02) Assault on Law Enf Officer	<input type="checkbox"/> (03) Drug Deal						<input type="checkbox"/> (04) Gangland	<input type="checkbox"/> (05) Juvenile Gang	<input type="checkbox"/> (06) Lover's Quarrel	<input type="checkbox"/> (07) Mercy Killings					<input type="checkbox"/> (08) Other Felony Involved	<input type="checkbox"/> (09) Other Circumstances	<input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (20) Criminal Killed by Private Citizen					<input type="checkbox"/> (21) Criminal Killed by Police 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 <input type="text"/>	SHIRT <input type="text"/>	SHOES <input type="text"/>						COAT <input type="text"/>	PANTS/DRESS <input type="text"/>		
<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																																																																																																				
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**SUSPECT #1**

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

Suspect information continued on next page.

**SUSPECT #1**

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

**ADDED DESCRIPTION:**

n/a

**SUSPECT #2**

SUSPECT # 2	NAME (Last, First, Middle) <b>,UNK</b>			AKA:
ARRESTEE #	ADDRESS: <b>UNK AR</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic	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	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 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:  (A-- automatic) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited	<input type="checkbox"/> (T) Taken Into Custody	
ARREST LOCATION:			ARREST DATE:	
CHARGE:				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

**SUSPECT #2**

SUSPECT # 2	NAME (Last, First, Middle) <b>,UNK</b>		AKA:				
<b>COMPLEXION:</b> <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		<b>HAIR STYLE:</b> <input checked="" type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<b>HAIR COLOR:</b> <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	<b>FACIAL HAIR:</b> <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee	<b>DEMEANOR:</b> <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	<b>SCAR / MARK:</b> <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	<b>TATTOO:</b> <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
<b>HAIR LENGTH:</b> <input checked="" type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		<b>BUILD:</b> <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	<b>EYE COLOR:</b> <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			
				<b>TATTOO LOC:</b> <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back			

**ADDED DESCRIPTION:**

n/a

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	07	1.00	UNK SONY WHT PLAYSTATIO GAMING CONSOLE	0	200		0.00	
7	20	1.00	UNK UNK GRN UNK U.S CURRENCY	0	200		0.00	

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

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

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

FOR BURGLARIES: Point of Entry: \_\_\_\_\_

#### TYPE DRUG MEASUREMENT:

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

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

**NARRATIVE**

OFFICERS TOOK A WALK IN REPORT AT THE SOUTHWEST SUBSTATION. OFFICERS MADE CONTACT WITH MR. ROBERSON. MR. ROBERSON ADVISED HE WAS NEXT TO OTTENHEIMER PARK WAITING FOR A BLACK MALE WHO GOES BY ANTONIO HATTON ON FACEBOOK MARKETPLACE. MR. ROBERSON ADVISED HE WAS GOING TO BUY A SONY PLAYSTATION FIVE FOR TWO HUNDRED DOLLARS. MR. ROBERSON ADVISED HE OBSERVE TWO BLACK MALE SUBJECTS APPROACHING NEXT TO HIS VEHICLE. MR. ROBERSON ADVISED ONE BLACK MALES WHO HAD DREADS AND DARK CLOTHING APPROACHED HIM AND OPENED HIS BACKPACK AND SHOWED MR. ROBERSON THE PLAYSTATION FIVE. MR. ROBERSON ADVISED HE HANDED THE BLACK MALE SUBJECT THE TWO HUNDRED DOLLARS. MR. ROBERSON ADVISED THE OTHER MALE SUBJECT PUSHED HIM GRABBED THE PLAYSTATION BACK FROM HIM. MR. ROBERSON ADVISED HE PUSHED HIM BACK AND FURTHER ADVISED THE OTHER BLACK MALE SUBJECT PULLED OUT A PURPLE MULTI COLOR PISTOL TOWARDS HIM AND RAN OFF ON FOOT WITH THE OTHER BLACK MALE SUBJECT LAST SEEN GOING EAST BOUND ON AZALEA DRIVE. MR. ROBERSON ADVISED HE DID NOT SUSTAIN ANY INJURIES. MR. ROBERSON ADVISED THE BLACK MALE WHO POINTED THE FIREARM AT HIM WAS DESCRIBED AS A BLACK MALE APPROXIMATELY SIXTEEN YEARS OF AGE AND WAS WEARING A BLACK AND GRAY HOODIE WITH DARK JEANS. MR. ROBERSON ADVISED HE WAS UNABLE TO PROVIDE ANY FURTHER INFORMATION DUE TO EVERYTHING HAPPENING SO FAST. A SUPERVISOR WAS NOTIFIED AND MADE AWARE OF THE SITUATION. MR. ROBERSON WAS PROVIDED WITH A REPORT NUMBER AND WAS MADE AWARE OF THE SITUATION. OFFICERS PERFORMED AN AGGRAVATED ROBBERY OF AN INDIVIDUAL BROADCAST. NO FURTHER POLICE ACTION WAS TAKEN. MVR/BWC IN USE.

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