

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	<b>INCIDENT</b>			Report generated: 10/7/2024 1:25 PM
INCIDENT NUMBER <b>2024-137183</b>	UNIT ASSIGNED <b>1X40</b>	CALL DATE <b>10/07/2024</b>	CALL TIME <b>08:58:00</b>	TYPE OF CALL <b>CRMISC</b>
INCIDENT DATE <b>10/7/2024 8:58:05 AM</b>	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6608 HEATHER LN			DISTRICT <b>42</b>

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

ENTRY DATE 10/07/2024 16:39:30	REPORTING OFFICER NICHOLAS KINSEY - [REDACTED]	ORIGINAL APPROVING SUPERVISOR BRIAN HEALY - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
-----------------------------------	---	---	--

**VICTIM**

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>JONES, KENNETH</b>																																																																																										
ADDRESS: <b>6608 HEATHER LN LITTLE ROCK AR 72202</b>																																																																																											
HOME PHONE: <b>7228714</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:																																																																																								
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>01/29/1964</b>																																																																																								
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: <b>60</b> Range: <input type="checkbox"/> - <input type="checkbox"/> <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 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 colspan="4"><input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown</td></tr> <tr><td colspan="4"></td><td colspan="4"><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other</td></tr> <tr><td colspan="4">VICTIM INJURY:</td><td colspan="4"><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones</td></tr> <tr><td colspan="4"></td><td colspan="4"><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration</td></tr> <tr><td colspan="4"></td><td colspan="4"><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness</td></tr> <tr><td colspan="4">AGGRAVATED ASSAULT / HOMICIDE:</td><td colspan="2"><input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal</td><td colspan="2"><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings</td></tr> <tr><td colspan="4"></td><td colspan="2"><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</td><td colspan="2"><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</td></tr> <tr><td colspan="4"></td><td colspan="2"><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings</td><td colspan="2"></td></tr> <tr><td colspan="4">CLOTHING DESCRIPTION</td><td colspan="2">HAT _____ SHIRT _____</td><td colspan="2">SHOES _____</td></tr> <tr><td colspan="4"></td><td colspan="2">COAT _____ PANTS/DRESS _____</td><td colspan="2"></td></tr> </table>				<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 _____			
<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)  ,			AKA:
ARRESTEE #	ADDRESS:  1 UNK ST UNK AR 72202			
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 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: _____	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 checked="" 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
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	(A -- automatic)
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 DATE: _____
ARREST LOCATION: _____		CHARGE: 5-13-310		
<b>ARRESTING OFFICERS</b> 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:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:
<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"/> (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) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee	<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"/> (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 checked="" type="checkbox"/> (12) Unknown
HAIR LENGTH:	BUILD:	EYE COLOR:			TATTOO:
<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 type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown	<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			<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
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

**VEHICLE #1**STATUS: **SUSPECT**

HOLD AUTHORITY:

YEAR: 2017	MAKE: CHRM	MODEL: PACIFICA	STYLE: VN	VIN: [REDACTED]	LICENSE NO. (TYPE): DB268245 PC	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]		ADDRESS: [REDACTED]			STATE: AR	
COLOR: WHI	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	29	1.00	NA NA + NA BULLET HOLE ENTRY INTO RESIDENCE	0	1		0.00	
TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown								
PROPERTY DESCRIPTION:		(10) Drugs/Narcotics (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:	(D) Heroin (A) Crack Cocaine (B) Cocaine (C) Hashish	(H) Other Narcotics (E) Marijuana (F) Morphine (G) Opium	(L) Amphetamines/ Methamphetamines (I) LSD (J) PCP (K) Other Hallucino.	(O) Other Depressants (P) Other Drugs (M) Other Stimulants (N) Barbituates	(U) Unknown Type	TYPE DRUG MEASUREMENT: Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants		
FOR BURGLARIES: Point of Entry: _____						Capacity (ML) Milliliter (LT) Liter (GL) Gallon (FO) Fluid Ounce		
Tools Apparently Used:								

**NARRATIVE**

OFFICERS RESPONDED TO A CRIMINAL MISCHIEF REPORT AT THE LISTED ADDRESS AND MADE CONTACT WITH VICTIM KENNETH JONES. JONES ADVISED HE CALLED TO REPORT A SHOTS FIRED LAST NIGHT AT APPROXIMATELY 2300 HOURS (SEE INC 2024-137017). JONES ADVISED HE LOCATED A BULLET HOLE IN THE FRONT SIDING OF HIS RESIDENCE THIS MORNING. JONES SHOWED OFFICERS VIDEO OF A WHITE CHRYSLER DRIVING BY THE RESIDENCE WITH THE PASSENGER WINDOW DOWN AS TWO SHOTS WERE FIRED. JONES SHOWED OFFICERS MORE VIDEO OF THE RESIDENCE SHAKING DUE TO THE IMPACT OF THE ROUND HITTING THE HOUSE. OFFICERS SEARCHED FOR SHELL CASINGS WITH NEGATIVE RESULTS. JONES STATED THE SUSPECT VEHICLE WAS ACROSS THE STREET (AR TEMP TAG DB268245). OFFICERS OBSERVED THE LISTED OWNER, ALONZO MCGOWAN, OUTSIDE OF THE VEHICLE PLAYING LOUD MUSIC. SGT. HEALY WAS ADVISED AND GUN CRIMES DETECTIVES WERE CONTACTED. PHOTOGRAPHS WERE TAKEN OF THE BULLET ENTRY INTO THE RESIDENCE. JONES ADVISED THE VEHICLE AND OCCUPANTS WERE CONTACTED LAST NIGHT BY MIDNIGHT OFFICERS. OFFICERS WERE UNABLE TO REMOVE THE BULLET FROM THE EXTERIOR WALL AT THIS TIME. MVR 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 checked="" type="checkbox"/> YES <input 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"/> (25) Other Religion	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (26) Multi-Religious Group	<input type="checkbox"/> (27) Atheist/Agnostic	<input type="checkbox"/> (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	<b>INCIDENT</b>			Report generated: 10/7/2024 2:38 PM	
INCIDENT NUMBER <b>2024-137204</b>	UNIT ASSIGNED <b>1Y63</b>	CALL DATE <b>10/07/2024</b>	CALL TIME <b>10:36:00</b>	TYPE OF CALL <b>SHOOTP</b>	
INCIDENT DATE <b>10/7/2024 10:36:49 AM</b>	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>9601 BAPTIST HEALTH DR</b>			DISTRICT <b>63</b>	

<b>OFFENSE</b>					
INCIDENT OFFENSE TYPE  1. BATTERY 1ST DEGREE 2. 3. 4.				OFFENSE STATUS  Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>  Attempted 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:  <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		  <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input checked="" type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground			  <input type="checkbox"/> (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
(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)  A <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison A <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives A <input checked="" type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device A <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills A <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"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (99) None
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other					

ENTRY DATE <b>10/07/2024 17:40:36</b>	REPORTING OFFICER <b>WALTER RIDICK - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>ADAM GODWIN - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
--	--	--	--

**VICTIM**

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>BROWN,HEROD</b>					
ADDRESS: <b>9 FALCON CT APT 6 LITTLE ROCK AR 72205</b>						
HOME PHONE: <b>5014485860</b>	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 <b>02/10/1997</b>			
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: <b>27</b> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)				
		(SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (XS) Ex-Spouse (SP) Stepparent _____ (EE) Employee (SC) Stepchild _____ (ER) Employer (SS) Stepsibling _____ (OK) Otherwise Known (OF) Other Family _____ 1 (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect				
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 checked="" 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 checked="" 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) <b>,UNKNOWN</b>			AKA:
ARRESTEE #	ADDRESS: <b>UNKNOWN UNKNOWN AR</b>			
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: _____	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
DISPOSITION OF JUVENILE <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	(A -- automatic)
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 DATE:	
ARREST LOCATION:				
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) <b>,UNKNOWN</b>					AKA:
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<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"/> (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"/> (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"/> (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 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
HAIR LENGTH:	BUILD:	EYE COLOR:				TATTOO LOC:
<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 type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown	<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				<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
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>CLOTHING DESCRIPTION:</b> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>HAT</b> _____</div> <div style="width: 45%;"> <b>COAT</b> _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SHIRT</b> _____</div> <div style="width: 45%;"> <b>PANTS/DRESS</b> _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SHOES</b> _____</div> <div style="width: 45%;"></div> </div>						

**ADDED DESCRIPTION:**

n/a

**OTHER PERSONS - CONTACT**

OTHER PERSON # 2	NAME (Last, First, Middle) <b>WEATHERSBY, MARQUIA</b>																
ADDRESS: <b>2005 S MARTIN ST LITTLE ROCK AR 72204</b>																	
HOME PHONE: <b>5019019142</b>	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 type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (I) American Indian	DATE OF BIRTH <b>10/28/1997</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 <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:															
AGE: Exact Age: <b>26</b> Range: <b>_____</b> - <b>_____</b> <input type="checkbox"/> (NN) Under 24 Hrs Old <input type="checkbox"/> (NB) 1-6 Days Old	NIC:  <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	HEIGHT: Ft <b>_____</b> In <b>_____</b>  D.L. / ID No. (STATE)	WEIGHT: Lbs <b>_____</b>														
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 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	HAIR COLOR: <input type="checkbox"/> (01) Black <input type="checkbox"/> (02) Blonde <input type="checkbox"/> (03) Brown <input type="checkbox"/> (04) Grey <input type="checkbox"/> (05) Red <input type="checkbox"/> (06) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Unknown <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other	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) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input 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 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 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 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 type="checkbox"/> (7) Unknown	<table border="1"> <tr> <td colspan="2">CLOTHING DESCRIPTION</td> </tr> <tr> <td>HAT</td> <td>_____</td> </tr> <tr> <td>COAT</td> <td>_____</td> </tr> <tr> <td>SHIRT</td> <td>_____</td> </tr> <tr> <td>PANTS/DRESS</td> <td>_____</td> </tr> <tr> <td>SHOES</td> <td>_____</td> </tr> </table>			CLOTHING DESCRIPTION		HAT	_____	COAT	_____	SHIRT	_____	PANTS/DRESS	_____	SHOES	_____
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														

**VEHICLE #1**

STATUS: SUBJECT

HOLD AUTHORITY:

YEAR: 2016	MAKE: HOND	MODEL: CRV	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): ARV76G PC	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]		ADDRESS: [REDACTED]			STATE: AR	
COLOR: GRY	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

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

FOR BURGLARIES: Point of Entry:

#### Tools Apparently Used:

**NARRATIVE**

OFFICERS RESPONDED TO THE LOCATION FOR A SHOOTING REPORT. OFFICERS WHILE RESPONDING WERE NOTIFIED OF A VEHICLE AT A NEARBY APARTMENT COMPLEX, 9201 KANIS RD, THAT HAD A GUN LAYING IN IT WITH THE DOOR OPEN THAT COULD HAVE BEEN RELATED. OFFICERS ARRIVED AT BAPTIST HOSPITAL AND SPOKE WITH MR. WEATHERSBY WHO ADVISED THAT HIS FRIEND, MR. BROWN, HAD BEEN SHOT AND HE DROVE HIM TO THE HOSPITAL. MR. WEATHERSBY STATED HE HEARD THE GUNSHOT BUT DID NOT SEE ANYTHING. OFFICERS SPOKE WITH MR. BROWN WHO ADVISED THAT HE WAS AT THE CANOPY APARTMENTS, LOCATED AT 9201 KANIS ROAD. HE STATED HE WAS BRINGING HIS RIFLE FROM HIS VEHICLE INTO THE APARTMENT BUT HE DID NOT WANT TO CARRY IT OUT IN THE OPEN THROUGH THE COMPLEX. MR. BROWN ADVISED THAT HE PLACED THE GUN INSIDE HIS RIGHT PANTS LEG AND SOMEHOW THE RIFLE ACCIDENTALLY DISCHARGED AND THE ROUND STRUCK HIM IN HIS RIGHT KNEE. OFFICERS RESPONDED TO THE APARTMENTS AND SECURED THE SCENE. MAJOR CRIMES DETECTIVES AND CSSU WERE NOTIFIED. DETECTIVES RESPONDED AND INTERVIEWED EVERYONE AND ALL PARTIES WERE RELEASED. OFFICERS AT THE APARTMENTS COLLECTED THE RIFLE AND 20 ROUNDS OF .300 BLACKOUT AMMUNITION AND STORED THEM AT THE NORTHWEST STATION. OFFICERS ALSO COLLECTED 28 GRAMS OF MARIJUANA THAT WAS IN PLAIN VIEW IN THE VEHICLE AND STORED IT AS WELL. CHARGES ARE PENDING AT THIS TIME.

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"/> (25) Other Religion	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (26) Multi-Religious Group	<input type="checkbox"/> (27) Atheist/Agnostic	<input type="checkbox"/> (45) Bisexual

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION	<b>INCIDENT</b>			Report generated: 10/8/2024 12:37 AM
INCIDENT NUMBER	UNIT ASSIGNED	CALL DATE	CALL TIME	TYPE OF CALL
2024-137378	2Y62	10/07/2024	17:16:00	THEFT
INCIDENT DATE	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 8801 GEYER SPRINGS RD TEN BOX			DISTRICT 82

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

ENTRY DATE	REPORTING OFFICER	ORIGINAL APPROVING SUPERVISOR	MVR in use
10/08/2024 03:11:31	JUAN TELLO	CALEB MONROE	<input checked="" type="checkbox"/>

JUVENILE INFORMATION  
Redact Before Release

## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>TEN BOX</b>		
ADDRESS: <b>8801 GEYER SPRINGS RD LITTLE ROCK AR 72209</b>			
HOME PHONE: <b>5015650255</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" 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 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: _____ Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> 1 <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other		VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness	
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

Redact Before Release

## VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS <b>HALL, PATRICK</b>		
ADDRESS: <b>6320 BUTLER RD 1C LITTLE ROCK AR 72209</b>			
HOME PHONE: <b>5014872249</b>	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 <b>12/10/1977</b>
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: <b>46</b> Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
		(SE) Spouse	<input type="checkbox"/> (AQ) Acquaintance
		(CS) Common-Law Spouse	<input type="checkbox"/> (FR) Friend
		(PA) Parent	<input type="checkbox"/> (NE) Neighbor
		(SB) Sibling	<input type="checkbox"/> (BE) Babysitter (baby)
		(CH) Child	<input type="checkbox"/> (BG) Boy/Girl Friend
		(GP) Grandparents	<input type="checkbox"/> (CF) Child of BF / GF
		(GC) Grandchild	<input type="checkbox"/> (HR) Homosexual Rel.
		(IL) Inlaw	<input type="checkbox"/> (XS) Ex-Spouse
		(SP) Stepparent	<input type="checkbox"/> (EE) Employee
		(SC) Stepchild	<input type="checkbox"/> (ER) Employer
		(SS) Stepsibling	<input type="checkbox"/> (OK) Otherwise Known
		(OF) Other Family	<input type="checkbox"/> 11 <input type="checkbox"/> (RU) Relationship Unknown
		(ST) Stranger	<input type="checkbox"/> (VO) Victim Was Suspect
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"/> (04) Gangland <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (33) Other Negligent Weapon Handling	<input checked="" type="checkbox"/> (01) Argument <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (34) Other Negligent Killings	<input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (32) Hunting Accident
CLOTHING DESCRIPTION			
HAT	SHIRT	SHOES	
COAT	PANTS/DRESS		

Redact Before Release

## SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) <b>SETTLES, ARIYANA KEISHAY</b>			AKA:
ARRESTEE #	ADDRESS: <b>3401 FAIR PARK BL B207 LITTLE ROCK AR 72204</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>02/24/2024</b>	
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: _____ Range: _____ - _____	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	ARREST DATE:	
ARREST LOCATION:				
CHARGE: 5-12-103B 5-13-202				
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.

Redact Before Release

## SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) <b>SETTLES, ARIYANA KEISHAY</b>		AKA:			
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<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	<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 checked="" type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) 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) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <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	<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
HAIR LENGTH:	BUILD:	EYE COLOR:	CLOTHING DESCRIPTION:			TATTOO LOC:
<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 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	HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<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

Redact Before Release

## 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 <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: _____ - _____	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
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody	ARREST LOCATION: _____	
CHARGE:		ARREST DATE: _____		
<b>ARRESTING OFFICERS</b> 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.

Redact Before Release

## SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) <b>,UNK</b>		AKA:	
COMPLEXION:		HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:
<input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown		<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"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<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) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee
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 checked="" type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		<input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	<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) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown <input 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 checked="" type="checkbox"/> (10) None <input checked="" type="checkbox"/> (11) 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

Redact Before Release

## SUSPECT #3

SUSPECT # 3	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 <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: _____ - _____	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"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	WEIGHT: Lbs _____
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input 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.

Redact Before Release

## SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) <b>,UNK</b>		AKA:	
COMPLEXION:		HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:
<input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown		<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"/> (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 checked="" type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee
HAIR LENGTH:		EYE COLOR:	Demeanor:	SCAR / MARK:
<input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		<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) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other	<input type="checkbox"/> (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
BUILD:		CLOTHING DESCRIPTION:		
<input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown		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

Redact Before Release

## OTHER PERSONS - WITNESS

OTHER PERSON # 1	NAME (Last, First, Middle) <b>FULLYLOVE,ZANDRIA</b>					
ADDRESS: <b>302 E ROODEVELT RD LITTLE ROCK AR 72206</b>						
HOME PHONE: <b>5015046303</b>		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:		
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>01/23/1992</b>			
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: <b>32</b> Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft <input type="checkbox"/> In <input type="checkbox"/>	WEIGHT: Lbs <input type="checkbox"/>			
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 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 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 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) Sandy <input type="checkbox"/> (07) Other <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input 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 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 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 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 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

Redact Before Release

## OTHER PERSONS - WITNESS

OTHER PERSON # 2	NAME (Last, First, Middle) <b>JENKINS, LAWRENCE EDWARD</b>																
ADDRESS: UNK LITTEL ROCK AR 72209																	
HOME PHONE: 8708726756	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 09/10/1969														
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: 55 Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____	WEIGHT: Lbs _____														
COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (01) Afro <input type="checkbox"/> (2) Medium <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (3) Dark <input type="checkbox"/> (03) Straight <input type="checkbox"/> (4) Acne <input type="checkbox"/> (04) Curly <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (05) Braided <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (7) Other <input type="checkbox"/> (07) Military <input type="checkbox"/> (8) Unknown <input type="checkbox"/> (08) Processed HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (10) Other <input type="checkbox"/> (2) Medium <input type="checkbox"/> (11) Unknown	HAIR STYLE: <input type="checkbox"/> (1) Afro <input type="checkbox"/> (01) Wavy <input type="checkbox"/> (2) Wavy <input type="checkbox"/> (02) Straight <input type="checkbox"/> (3) Straight <input type="checkbox"/> (03) Curly <input type="checkbox"/> (4) Curly <input type="checkbox"/> (04) Braided <input type="checkbox"/> (5) Braided <input type="checkbox"/> (05) Ponytail <input type="checkbox"/> (6) Ponytail <input type="checkbox"/> (06) Military <input type="checkbox"/> (7) Military <input type="checkbox"/> (07) Processed <input type="checkbox"/> (8) Processed <input type="checkbox"/> (08) Wig/Toupee BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (01) Heavy <input type="checkbox"/> (2) Medium <input type="checkbox"/> (02) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (03) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (04) Muscular <input type="checkbox"/> (5) Unknown <input type="checkbox"/> (05) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (3) Brown <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (4) Grey <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (5) Red <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (7) Other <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (8) Unknown <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (9) Wig/Toupee <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (10) Unknown <input type="checkbox"/> (11) Unknown <input type="checkbox"/> (11) Unknown	FACIAL HAIR: <input type="checkbox"/> (1) Clean Shaven <input type="checkbox"/> (01) Angry <input type="checkbox"/> (2) Unshaven <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (3) Full Beard <input type="checkbox"/> (03) Calm <input type="checkbox"/> (4) Must. (hvy) <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (5) Must. (thin) <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (6) Brows (hvy) <input type="checkbox"/> (06) Polite <input type="checkbox"/> (7) Brows (thin) <input type="checkbox"/> (07) Professional <input type="checkbox"/> (8) Side Burns <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (9) Goatee <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Other <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Unknown <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown <input type="checkbox"/> (12) Unknown	DEMEANOR: <input type="checkbox"/> (1) Angry <input type="checkbox"/> (01) Hand (lft) <input type="checkbox"/> (2) Apologetic <input type="checkbox"/> (02) Hand (rt) <input type="checkbox"/> (3) Calm <input type="checkbox"/> (03) Arm (rt) <input type="checkbox"/> (4) Irrational <input type="checkbox"/> (04) Arm (lft) <input type="checkbox"/> (5) Nervous <input type="checkbox"/> (05) Arm (lft) <input type="checkbox"/> (6) Polite <input type="checkbox"/> (06) Body <input type="checkbox"/> (7) Professional <input type="checkbox"/> (07) Leg (rt) <input type="checkbox"/> (8) Stupor <input type="checkbox"/> (08) Leg (lft) <input type="checkbox"/> (9) Violent <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (1) Head <input type="checkbox"/> (01) Neck <input type="checkbox"/> (2) Neck <input type="checkbox"/> (02) Hand (rt) <input type="checkbox"/> (3) Hand (rt) <input type="checkbox"/> (03) Hand (lft) <input type="checkbox"/> (4) Hand (lft) <input type="checkbox"/> (04) Arm (rt) <input type="checkbox"/> (5) Arm (rt) <input type="checkbox"/> (05) Arm (lft) <input type="checkbox"/> (6) Arm (lft) <input type="checkbox"/> (06) Body <input type="checkbox"/> (7) Body <input type="checkbox"/> (07) Leg (rt) <input type="checkbox"/> (8) Leg (rt) <input type="checkbox"/> (08) Leg (lft) <input type="checkbox"/> (9) None <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown <input type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (01) Neck <input type="checkbox"/> (2) Initials <input type="checkbox"/> (02) Hand (rt) <input type="checkbox"/> (3) Names <input type="checkbox"/> (03) Hand (lft) <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (04) Arm (rt) <input type="checkbox"/> (5) Words <input type="checkbox"/> (05) Arm (lft) <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (06) Body <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (07) Leg (rt) <input type="checkbox"/> (8) None <input type="checkbox"/> (08) Leg (lft) <input type="checkbox"/> (9) Unknown <input type="checkbox"/> (09) Other TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (01) Neck <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (02) Hand (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (03) Hand (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (04) Arm (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (05) Arm (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (06) Body <input type="checkbox"/> (07) Face <input type="checkbox"/> (07) Leg (rt) <input type="checkbox"/> (08) Neck <input type="checkbox"/> (08) Leg (lft) <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (09) Other <input type="checkbox"/> (10) Chest <input type="checkbox"/> (10) Neck <input type="checkbox"/> (11) Back <input type="checkbox"/> (11) Head											
<table border="1"> <tr> <td colspan="2">CLOTHING DESCRIPTION</td> </tr> <tr> <td>HAT</td> <td>_____</td> </tr> <tr> <td>COAT</td> <td>_____</td> </tr> <tr> <td>SHIRT</td> <td>_____</td> </tr> <tr> <td>PANTS/DRESS</td> <td>_____</td> </tr> <tr> <td>SHOES</td> <td>_____</td> </tr> </table>						CLOTHING DESCRIPTION		HAT	_____	COAT	_____	SHIRT	_____	PANTS/DRESS	_____	SHOES	_____
CLOTHING DESCRIPTION																	
HAT	_____																
COAT	_____																
SHIRT	_____																
PANTS/DRESS	_____																
SHOES	_____																

Redact Before Release

## OTHER PERSONS - WITNESS

OTHER PERSON # 3	NAME (Last, First, Middle) <b>EVANS,AMY</b>						
ADDRESS: 6320 BUTLER RD C1 LITTLE ROCK AR 72209							
HOME PHONE: 5014716565		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:			
SEX <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 08/14/1984			
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 <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:				
AGE: Exact Age: 40 Range: _____ - _____		NIC: <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	D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____			
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 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 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 type="checkbox"/> (8) Unknown <input type="checkbox"/> (9) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) 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 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 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 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 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 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 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 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							

## VEHICLE #1

STATUS: OTHER

HOLD AUTHORITY:

YEAR: 2011	MAKE: FORD	MODEL: ESCAPE	STYLE: HB	VIN: [REDACTED]	LICENSE NO. (TYPE): ASE04U PC	LIC YEAR: 2024
OWNER'S NAME (Last, First): [REDACTED]		ADDRESS: [REDACTED]			STATE: AR	
COLOR: BLU	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner			NIC:	INSURANCE POLICY #:	

Redact Before Release

PROPERTY						DRUG INFORMATION		
PLOSS	PDES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	16	1.00	UNK UNK WHT UNK TOLIET PAPER	0	10		0.00	
7	08	1.00	UNK UNK WHT UNK PACK OF WATER BOTTLES	0	7		0.00	
7	77	1.00	UNK UNK WHT UNK LAUNDRY BIN	0	20		0.00	
7	77	1.00	UNK UNK WHT UNK MISCELLANEOUS ITEMS	0	100		0.00	
7	77	1.00	UNK UNK WHT UHNK SHOPPING CART	0	40		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)
-----------------------	---	---	---

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

## TYPE DRUG MEASUREMENT:

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

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
Tools Apparently Used: \_\_\_\_\_Capacity  
(ML) Milliliter (GL) Gallon  
(LT) Liter (FO) Fluid Ounce

Redact Before Release

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION IN REFERENCE TO A THEFT CALL. PRIOR TO ARRIVAL, OFFICERS WERE ADVISED THE VICTIM, PATRICK BROWN WAS BLEEDING FROM THE HEAD. OFFICERS RESPONDED CODE 3. UPON ARRIVAL, OFFICERS MADE CONTACT WITH STAFF MEMBER OF THE BUSINESS, ZANDRIA FULLYLOVE. MS. FULLYLOVE ADVISED MR. BROWN WAS INVOLVED IN A PHYSICAL ALTERCATION AND THE SUSPECTS THAT CAUSED INJURY TO MR. BROWN FLED THE SCENE IN VEHICLE 1 LAST SEEN GOING NORTHBOUND ON GEYER SPRINGS ROAD. MS. FULLYLOVE PROVIDED A PICTURE OF THE LICENSE PLATE OF VEHICLE 1 TO OFFICERS VIA PHONE. OFFICERS OBSERVED SHATTER GLASS ON THE GROUND OF THE PARKING LOT WHICH MS. FULLYLOVE ADVISED IT WAS INVOLVED IN THE INCIDENT THAT OCCURRED. OFFICERS IMMEDIATELY PERFORMED A BROADCAST OF VEHICLE 1 AND LAST DIRECTION IT WAS TRAVELING. OFFICERS ALSO MADE CONTACT WITH THE MANAGER OF THE BUSINESS, AMY EVANS. MS. EVANS ADVISED HER HUSBAND, MR. BROWN WHO IS A SECURITY OF THE BUSINESS WAS INVOLVED IN A PHYSICAL ALTERCATION. MS. EVANS GUIDED OFFICERS TO MR. BROWN LOCATION WAS INSIDE THE EMPLOYEE BREAK ROOM INSIDE THE BUSINESS.

OFFICERS MADE CONTACT WITH MR. BROWN. OFFICERS OBSERVED A LARGE CUT ON MR. BROWN'S HEAD AND OTHER MINOR CUTS ON HIS FACIAL STRUCTURE. FIRE AND RESCUE ARRIVED, AND MEDICALLY TREATED MR. BROWN. MR. BROWN ADVISED HE DOES NOT WANT TO GO TO THE HOSPITAL. MR. BROWN ADVISED HE WAS ADVISED BY ONE OF HIS COWORKERS THAT THREE INDIVIDUALS WERE STEALING THE LISTING PROPERTY. MR. BROWN ADVISED HE CONFRONTED A BLACK MALE WEARING A BLACK SHIRT AND BLACK SWEATPANTS, AND TWO WHO WERE BOTH WEARING A BLACK TOP AND BLACK SHORTS WHO WERE STEALING THE LISTED PROPERTY IN A SHOPPING CART. MR. BROWN ADVISED HE CONFRONTED THE THREE SUBJECTS IN THE PARKING LOT. MR. BROWN ADVISED WHEN HE CONFRONTED THE THREE SUBJECTS THEY GOT UPSET AND GOT INTO A PHYSICAL ALTERCATION WITH THEM. MR. BROWN ADVISED THE BLACK MALE SUBJECT HAD HIM IN A HEADLOCK. MR. BROWN FURTHER ADVISED ONE OF THE BLACK FEMALE SUBJECTS WENT TO THE TRUCK OF VEHICLE 1 TO RETRIEVE A MASON JAR. MR. BROWN ADVISED WHILE HE WAS STILL IN A PHYSICAL ALTERCATION WITH THE OTHER TWO SUBJECTS ONE OF THE BLACK FEMALE SUBJECTS CAME UP TOWARDS HIM AND SMASHED THE MASON DRIVE ON TOP OF HIS HEAD CAUSING INJURY. MR. BROWN FURTHER ADVISED HE GOT HIS OWN KNIFE AND SLASHED THE LEFT REAR TIRE OF VEHICLE 1.

OFFICERS MADE CONTACT AND TOOK STATEMENTS FROM MS. EVANS AND LAWRENCE JENKINS DUE TO THEM BEING WITNESS OF THE INCIDENT. MS. EVANS AND MR. JENKINS BOTH ADVISED THEY OBSERVED MR. BROWN IN A PHYSICAL ALTERCATION. BOTH MR. JENKINS AND MR. THEY ATTEMPTED TO ASSIST MR. BROWN. BOTH MR. JENKINS AND MS. EVANS ADVISED THEY OBSERVED ONE OF THE BLACK FEMALES HAVING A KNIFE ATTEMPTING TO HIT MR. BROWN WITH A KNIFE. MR. JENKINS ADVISED HE GRABBED THE HAND OF ONE OF THE BLACK FEMALE SUBJECTS TO PREVENT THEM FROM UTILIZING THE KINFE. MR. BROWN ADVISED HE NEVER SAW A KNIFE. OFFICERS WERE ABLE TO FIND THE INFORMATION OF THE REGISTER OWNER OF VEHICLE 1. OFFICERS SHOWED A PHOTOGRAPH OF THE REGISTER OWNER, ARIYANA SETTLES TO MR. BROWN FORM ATLAS. MR. BROWN CONFIRMED THAT MS. SETTLES WAS THE FEMALE SUBJECT WHO BASHED HIS HEAD WITH THE MASON JAR. OFFICERS PERFORMED AN ADDITIONAL BROADCAST THAT THE REGISTER OWNER, ARIYANA SETTLES IS ONE OF THE SUSPECTS OF THE INCIDENT THAT OCCURRED AND LIVES ON 3401 FAIR PAR BLVD, APT B207. DOWNTOWN UNITS RESPONDED TO THE REGISTER ADDRESS OF THE VEHICLE AND WERE UNABLE TO LOCATE VEHICLE 1 OR MS. SETTLES

A SUPERVISOR AND A DETECTIVE ARRIVED ON SCENE. A DETECTIVE INTERVIEWED ALL PARTIES WHO WERE ON SCENE. A REPORT NUMBER WAS PROVIDED TO MR. HALL AND MS. EVANS. NO FURTHER POLICE ACTION WAS TAKEN. MVR/BWC IN USE.

Redact Before Release

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"/> (25) Other Religion	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (26) Multi-Religious Group	<input type="checkbox"/> (27) Atheist/Agnostic	<input type="checkbox"/> (45) Bisexual