

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |  |                                |                              |                                      |
|---|--|--|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                |                              | Report generated: 3/23/2025 10:31 PM |
| INCIDENT NUMBER<br><b>2025-034979</b>         |  | UNIT ASSIGNED<br><b>2X90</b>   | CALL DATE<br><b>03/23/2025</b> | CALL TIME<br><b>13:41:00</b> | TYPE OF CALL<br><b>DIS</b>           |
| INCIDENT DATE<br><b>3/23/2025 1:41:10 PM</b>  |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br>10220 SIBLEY HOLE RD |                                |                              | DISTRICT<br><b>92</b>                |

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

|  |  |   |  |
|--|--|---|--|
| ENTRY DATE<br><b>03/24/2025 01:21:16</b> | REPORTING OFFICER<br><b>CHRISTOPHER HENDERSON</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>JONATHAN ELIZANDRO</b> - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

**VICTIM**

|                      |  |
|----------------------|--|
| VICTIM #<br><b>1</b> | NAME (Last, First, Middle) or BUSINESS<br><b>GANTT,CHARLES</b> |
|----------------------|--|

ADDRESS: **10220 SIBLEY HOLE RD LITTLE ROCK AR 72209**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>9999999999</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |   |   |                                    |
|--|---|---|------------------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>01/26/1985</b> |
|--|---|---|------------------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |  |  |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
|--|--|--|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|------------------------------------|---------------|-------------------------|
| AGE:<br>Exact Age: <u>40</u><br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE)<br><b>[REDACTED]</b> | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><br><table style="width:100%; border:none;"> <tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr> <tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr> <tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr> <tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr> <tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr> <tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr> <tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr> <tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr> <tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr> <tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr> <tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr> <tr><td>(OF) Other Family</td><td><u>1</u> (RU) Relationship Unknown</td></tr> <tr><td>(ST) Stranger</td><td>(VO) Victim Was Suspect</td></tr> </table> | (SE) Spouse | (AQ) Acquaintance | (CS) Common-Law Spouse | (FR) Friend | (PA) Parent | (NE) Neighbor | (SB) Sibling | (BE) Babysitter (baby) | (CH) Child | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | <u>1</u> (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (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  | <u>1</u> (RU) Relationship Unknown                     |  |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |
| (ST) Stranger  | (VO) Victim Was Suspect                                |  |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                                    |               |                         |

THIS VICTIM RELATED TO WHICH OFFENSES?  
 1  2  3  4  5  6  7  8

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

VICTIM INJURY:  
 (N) None  (M) Apparent Minor Injury  (B) Apparent Broken Bones  
 (I) Possible Internal Injury  (T) Loss of Teeth  (L) Severe Laceration  
 (O) Other Major Injury  (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:  (01) Argument  (02) Assault on Law Enf Officer  (03) Drug Deal  
 (04) Gangland  (05) Juvenile Gang  (06) Lover's Quarrel  (07) Mercy Killings  
 (08) Other Felony Involved  (09) Other Circumstances  (10) Unknown Circumstances  (20) Criminal Killed by Private Citizen  
 (21) Criminal Killed by Police Officer  (30) Child Playing w/ Weapon  (31) Gun-Cleaning Accident  (32) Hunting Accident  
 (33) Other Negligent Weapon Handling  (34) Other Negligent Killings

CLOTHING DESCRIPTION  
HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_  
COAT \_\_\_\_\_ PANTS/DRESS \_\_\_\_\_

| <b>SUSPECT #1</b>  |                                    |   |  |   |              |  |
|--|------------------------------------|---|--|---|--------------|--|
| SUSPECT #<br><b>1</b>  | NAME (Last, First, Middle)<br><br> |   |  |   | AKA:<br><br> |  |
| ARRESTEE #   | ADDRESS:<br><br><b>AR</b>          |   |  |   |              |  |
| HOME PHONE:  |                                    | WORK PHONE:   |  | MOBILE PHONE:   |              |  |
| OTHER PHONE:   |                                    |   |  |   |              |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |                                    | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.  |  | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |              |  |
| DATE OF BIRTH  |                                    |   |  |   |              |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |                                    | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |  | OCCUPATION / EMPLOYER:  |              |  |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |                                    | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |  | NIC:  |              |  |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   |                                    | D.L. / ID No. (STATE)   |  | HEIGHT:<br>Ft _____<br>In _____   |              |  |
| WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |                                    | WEIGHT:<br>Lbs _____  |  | (A -- automatic c)  |              |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8  |                                    |   | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody |   |              |  |
| ARREST LOCATION:   |                                    |   | ARREST DATE:   |   |              |  |
| CHARGE: 99-02  |                                    |   |  |   |              |  |
| ARRESTING OFFICERS   |                                    |   |  |   |              |  |
| OFFICER 1: _____   |                                    | <input type="checkbox"/> MVR  |  | OFFICER 5: _____  |              |  |
| OFFICER 2: _____   |                                    | <input type="checkbox"/> MVR  |  | OFFICER 6: _____  |              |  |
| OFFICER 3: _____   |                                    | <input type="checkbox"/> MVR  |  | OFFICER 7: _____  |              |  |
| OFFICER 4: _____   |                                    | <input type="checkbox"/> MVR  |  | OFFICER 8: _____  |              |  |
|  |                                    | <input type="checkbox"/> MVR  |  | <input type="checkbox"/> MVR  |              |  |

Suspect information continued on next page.

### SUSPECT #1

|                       |  |      |
|-----------------------|--|------|
| SUSPECT #<br><b>1</b> | NAME (Last, First, Middle)<br><br><b>,</b> | AKA: |
|-----------------------|--|------|

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

**ADDED DESCRIPTION:**

n/a

| PROPERTY |       |      |  |          |        | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|--------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)               | PROP TAG | VALUE  | TYPE             | QUANTITY | MEASURE |
| 0        | 77    | 0.00 | E41; BLACK SMITH AND WESSON .380 PISTOL AND MAGAZINE | 0        | 0.0000 |                  | 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

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

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

**TYPE DRUG MEASUREMENT:**

|                                  |  |
|----------------------------------|--|
| <b>Units</b>                     | <b>Weight</b>                                    |
| (DU) Dosage Unit<br>(Pills, etc) | (GM) Gram (OZ) Ounce<br>(KG) Kilogram (LB) Pound |
| (NP) Number of Plants            |  |

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
Tools Apparently Used: \_\_\_\_\_

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

**NARRATIVE**

ON SUNDAY, MARCH 23RD, 2025, AT APPROXIMATELY 1341 HOURS, OFFICERS RESPONDED TO A DISTURBANCE CALL FOR SERVICE AT THE LISTED ADDRESS. WHILE OFFICERS WERE IN ROUTE, COMMUNICATIONS ADVISING RECEIVING ANOTHER EMERGENCY CALL STATING THAT A SUBJECT HAD BEEN SHOT AT THE LOCATION. UPON ARRIVAL, OFFICERS LOCATED CHARLES GANTT JR. (B/M; 01/26/1985) SUFFERING FROM AN APPARENT GUNSHOT WOUND. MEMS AND RESCUE RESPONDED, HOWEVER, MR. GANTT JR. WAS PRONOUNCED DECEASED ON SCENE. HOMICIDE DETECTIVES AND CSSU WERE NOTIFIED AND RESPONDED. HOMICIDE DETECTIVES BEGAN A PRELIMINARY INVESTIGATION AND CANVASSED THE AREA FOR WITNESSES AND SURVEILLANCE. THE PULASKI COUNTY CORONER'S OFFICE RESPONDED AND TOOK POSSESSION OF MR. GANTT JR. FOR AN AUTOPSY. THE SCENE WAS PROCESSED BY CSSU. THE NEXT OF KIN WAS NOTIFIED. THE INVESTIGATION IS ON-GOING.

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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