

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 4/11/2025 7:33 AM
INCIDENT NUMBER <b>2025-043077</b>		UNIT ASSIGNED <b>3X83</b>	CALL DATE <b>04/11/2025</b>	CALL TIME <b>00:51:00</b>	TYPE OF CALL <b>SHOOTP</b>
INCIDENT DATE <b>4/11/2025 12:51:43 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 4731 BASELINE RD			DISTRICT <b>83</b>

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. BATTERY 1ST DEGREE	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:		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:	WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)		
<input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park <input checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (50) Park / Playground <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		
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			
WEAPON FORCE (continued):		<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 / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc)	

ENTRY DATE <b>04/11/2025 07:30:38</b>	REPORTING OFFICER <b>VANCE CRAWFORD - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>ANDREW HUTCHISON - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
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**VICTIM**

VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS <b>MELENDEZ, JOSHU</b>
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ADDRESS:  
**3200 BASELINE RD LITTLE ROCK AR 72209**

HOME PHONE: <b>9999999</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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>02/24/1974</b>
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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:
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AGE: Exact Age: <u>51</u> 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) <b>[REDACTED]</b>	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <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) _____																											
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(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 # <b>1</b>	NAME (Last, First, Middle) <b>,UNKNOWN</b>		AKA:	
ARRESTEE #	ADDRESS: <b>AR</b>			
HOME PHONE:		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 checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
DATE OF BIRTH				
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs <b>180</b>
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		HEIGHT: Ft <b>5</b> In <b>4</b>
ARREST LOCATION:		ARREST DATE:		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
CHARGE: <b>5-13-201</b>				
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		

(A -- automatic)

Suspect information continued on next page.

**SUSPECT #1**

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

**ADDED DESCRIPTION:**

n/a

**VEHICLE #1**

STATUS: **SUSPECT**

HOLD AUTHORITY:

YEAR: <b>2024</b>	MAKE: <b>CHEV</b>	MODEL: <b>SILVERADO</b>	STYLE: <b>PK</b>	VIN: [REDACTED]	LICENSE NO. (TYPE): <b>UNK PC</b>	LIC YEAR: <b>0</b>
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: <b>AR</b>
COLOR: <b>SIL</b>	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

**NARRATIVE**

MR. MELENDEZ RANG THE BELL AT THE SOUTHWEST SUBSTATION AT APPROXIMATELY 0050 HOURS AND STATED HE WAS IN AN ARGUMENT WITH 3 UNKNOWN HISPANIC FEMALES NEAR 4731 BASELINE ROAD BEFORE THE SHOOTING. HE STATED SHORTLY AFTER ARGUING WITH THE FEMALES, A HISPANIC MALE ARRIVED AND PICKED THE FEMALES UP WHILE DRIVING A NEWER MODEL GRAY CHEVROLET SILVERADO THAT WAS LIFTED. MR. MELENDEZ STATED THE HISPANIC MALE DROVE BY HIM AND BEGAN SHOOTING AT HIM. HE STATED HE WAS STRUCK IN THE RIGHT HAND AND WALKED FROM 4731 BASELINE TO THE SUBSTATION. A BROADCAST OF THE SUSPECT DESCRIPTION AND SUSPECT VEHICLE WAS MADE. OFFICERS ATTEMPTED TO LOCATE A CRIME SCENE, BUT WERE UNABLE TO LOCATE ONE NEAR THE AREA THE VICTIM STATED IT HAPPENED NEAR. MEMS RESPONDED TO THE SOUTHWEST SUBSTATION AND TRANSPORTED THE VICTIM TO UAMS FOR TREATMENT. MAJOR CRIMES WAS NOTIFIED. BWC WAS IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal     | <input type="checkbox"/> (C) Criminal attacked a civilian             | <input type="checkbox"/> (F) Criminal resisted arrest                     |
| <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer | <input type="checkbox"/> (D) Criminal attempted flight from a crime   | <input type="checkbox"/> (G) Unable to determine / not enough information |
|   | <input type="checkbox"/> (E) Criminal killed in commission of a crime |   |

RELATED CASE NUMBER(S)

CAR JACKING?  YES  NO

DRIVE-BY?  YES  NO

GANG RELATED?  YES  NO

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

RACIAL (Anti-)

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

RELIGIOUS (Anti-)

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

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

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

SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 4/12/2025 5:13 AM
INCIDENT NUMBER <b>2025-043545</b>		UNIT ASSIGNED <b>3X50</b>	CALL DATE <b>04/11/2025</b>	CALL TIME <b>23:15:00</b>	TYPE OF CALL <b>SHOOTP</b>
INCIDENT DATE <b>4/11/2025 11:15:10 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 5612 PATTERSON RD			DISTRICT <b>80</b>

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. INJURED ON DUTY 2. DAMAGE TO CIVILIAN PROPERTY 3. BATTERY 1ST DEGREE 4. 5. 6. 7. 8.			Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" 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:	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:	WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)		
<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 checked="" 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"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc)		
(FOR BURGLARY ONLY)	METHOD OF ENTRY:		
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			

ENTRY DATE <b>04/12/2025 07:40:38</b>	REPORTING OFFICER <b>DIANA PLUNKETT</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>ANDREW HUTCHISON</b> - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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**VICTIM**

VICTIM #  
1

NAME (Last, First, Middle) or BUSINESS

**THOMAS, DIJAUN**

ADDRESS:

6 QUAIL CREEK CT LITTLE ROCK AR 72206

HOME PHONE:  
5016469536

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX:  (M) Male  
 (F) Female  (U) Unk

ETHNICITY:  (H) Hispanic  
 (N) Non-Hispanic  (U) Unk.

RACE:  (W) White  (B) Black  (I) American Indian  
 (A) Asian / Pacific Islander  (U) Unknown

DATE OF BIRTH  
06/13/1994

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

MENTALLY AFFLICTED?  
 (Y) Yes  (N) No  (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: \_\_\_\_\_

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

- \_\_\_\_\_ (SE) Spouse \_\_\_\_\_ (AQ) Acquaintance
- \_\_\_\_\_ (CS) Common-Law Spouse \_\_\_\_\_ (FR) Friend
- \_\_\_\_\_ (PA) Parent \_\_\_\_\_ (NE) Neighbor
- \_\_\_\_\_ (SB) Sibling \_\_\_\_\_ (BE) Babysitter (baby)
- \_\_\_\_\_ (CH) Child \_\_\_\_\_ (BG) Boy/Girl Friend
- \_\_\_\_\_ (GP) Grandparents \_\_\_\_\_ (CF) Child of BF / GF
- \_\_\_\_\_ (GC) Grandchild \_\_\_\_\_ (HR) Homosexual Rel
- \_\_\_\_\_ (IL) Inlaw \_\_\_\_\_ (XS) Ex-Spouse
- \_\_\_\_\_ (SP) Stepparent \_\_\_\_\_ (EE) Employee
- \_\_\_\_\_ (SC) Stepchild \_\_\_\_\_ (ER) Employer
- \_\_\_\_\_ (SS) Stepsibling \_\_\_\_\_ (OK) Otherwise Known
- \_\_\_\_\_ (OF) Other Family \_\_\_\_\_ 1 (RU) Relationship Unknown
- \_\_\_\_\_ (ST) Stranger \_\_\_\_\_ (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

1  2  3  4  5  6  7  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:

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

CLOTHING DESCRIPTION

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

**VICTIM**

VICTIM #  
2

NAME (Last, First, Middle) or BUSINESS

**,UNKNOWN**

ADDRESS:

UNKNOWN AR

HOME PHONE:  
0000000000

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX:  (M) Male  
 (F) Female  (U) Unk.

ETHNICITY:  (H) Hispanic  
 (N) Non-Hispanic  (U) Unk.

RACE:  (W) White  (B) Black  (I) American Indian  
 (A) Asian / Pacific Islander  (U) Unknown

DATE OF BIRTH

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

MENTALLY AFFLICTED?  
 (Y) Yes  (N) No  (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: \_\_\_\_\_

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

- \_\_\_\_\_ (SE) Spouse \_\_\_\_\_ (AQ) Acquaintance
- \_\_\_\_\_ (CS) Common-Law Spouse \_\_\_\_\_ (FR) Friend
- \_\_\_\_\_ (PA) Parent \_\_\_\_\_ (NE) Neighbor
- \_\_\_\_\_ (SB) Sibling \_\_\_\_\_ (BE) Babysitter (baby)
- \_\_\_\_\_ (CH) Child \_\_\_\_\_ (BG) Boy/Girl Friend
- \_\_\_\_\_ (GP) Grandparents \_\_\_\_\_ (CF) Child of BF / GF
- \_\_\_\_\_ (GC) Grandchild \_\_\_\_\_ (HR) Homosexual Rel.
- \_\_\_\_\_ (IL) Inlaw \_\_\_\_\_ (XS) Ex-Spouse
- \_\_\_\_\_ (SP) Stepparent \_\_\_\_\_ (EE) Employee
- \_\_\_\_\_ (SC) Stepchild \_\_\_\_\_ (ER) Employer
- \_\_\_\_\_ (SS) Stepsibling \_\_\_\_\_ (OK) Otherwise Known
- \_\_\_\_\_ (OF) Other Family 1 1 \_\_\_\_\_ (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 \_\_\_\_\_

**SUSPECT #1**

SUSPECT # 1	NAME (Last, First, Middle) <b>UNKNOWN,</b>			AKA:
ARRESTEE #	ADDRESS: <b>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 type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input 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: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic c)
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 checked="" 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: 99-16                      99-26                      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 # <b>1</b>	NAME (Last, First, Middle) <b>UNKNOWN,</b>	AKA:
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<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	<b>HAIR STYLE:</b> <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	<b>HAIR COLOR:</b> <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	<b>FACIAL HAIR:</b> <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	<b>DEMEANOR:</b> <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	<b>SCAR / MARK:</b> <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	<b>TATTOO:</b> <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown
<b>HAIR LENGTH:</b> <input 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	<b>BUILD:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input checked="" type="checkbox"/> (5) Unknown	<b>EYE COLOR:</b> <input type="checkbox"/> (1) Blue <input 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	<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<b>TATTOO LOC:</b> <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back

**ADDED DESCRIPTION:**

n/a

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	77	1.00	NONE UNKNOWN + DOOR GLASS DOOR SHATTERED	0	300		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> (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards		(10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/ Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money		(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business		(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)	
<b>DRUG TYPE:</b> (A) Crack Cocaine (B) Cocaine (C) Hashish (D) Heroin (E) Marijuana (F) Morphine (G) Opium (H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino. (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates (O) Other Depressants (P) Other Drugs (U) Unknown Type				<b>TYPE DRUG MEASUREMENT:</b> Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants Weight (GM) Gram (OZ) Ounce (KG) Kilogram (LB) Pound Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce			
<b>FOR BURGLARIES:</b> Point of Entry: _____ Tools Apparently Used: _____							

**NARRATIVE**

OFFICERS RESPONDED TO 1 SAINT VINCENT CIR IN REFERENCE TO A SHOOTING VICTIM. OFFICERS MADE CONTACT WITH VIC1 WHO ADVISED HE WAS SMOKING A CIGARRETE WHEN AN UNKNOWN ASSAILANT SHOT HIM TWICE ONCE IN THE LEFT ARM AND ON THE OUTSIDE OF THE LEFT THIGH. VIC1 ADVISED HE DID NOT SEE THE ASSAILANT AND FLED. VIC1 STATED HE ASKED FOR HELP FROM AN UNKNOWN INDIVIDUAL WHO DROVE HIM TO THE HOSPITAL. OFFICERS WERE ABLE TO LOCATE THE CRIME SCENE AT 5612 PATTERSON. OFFICERS SECURED THE CRIME SCENE AND NOTICED A BLOOD TRAIL LEADING INTO ONE OF THE SUITES. IN SEARCH OF INJURED OR DECEASED PERSONS, OFFICER SCOGGIN BREACHED THE GLASS DOOR SHATTERING IT. WHILE MAKING ENTRY OFFICER SCOGGIN LACERATED HIS RIGHT ARM ON THE BROKEN GLASS. OFFICERS NOTIFIED THE ON-DUTY SERGEANT OF THE DAMAGE TO CIVILLIAN PROPERTY AND THE INJURY ON DUTY. OFFICER SCOGGIN RECEIVED MEDICAL ATTENTION AT BAPTIST AND WAS RELEASED. PARADIGM WAS NOTIFIED PER POLICY AND NURSE JOHN PROVIDED CASE #515196. DETECTIVES WERE CALLED TO THE SCENE AND THE CRIME SCENE WAS PROCESSED. DETECTIVES INTERVIEWED VIC1 AT THE HOSPITAL AND HIS CLOTHING WAS PLACED IN THE CRIME SCENE LOCKER. THE INVESTIGATION IS ONGOING. MVR/BWC IN USE.

INCIDENT NUMBER 2025-043545

JUVENILE INFORMATION

Report generated: 4/12/2025 5:13 AM

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 4/12/2025 11:58 PM	
INCIDENT NUMBER <b>2025-043942</b>		UNIT ASSIGNED <b>2X51</b>	CALL DATE <b>04/12/2025</b>	CALL TIME <b>21:31:00</b>	TYPE OF CALL <b>ASTMED</b>
INCIDENT DATE <b>4/12/2025 9:31:26 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6901 E WAKEFIELD DR			DISTRICT <b>81</b>

Report Contains Juvenile Information  
Redact Before Release

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. BATTERY 1ST DEGREE	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:	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"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park <input checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground			
(FOR BURGLARY ONLY)		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)	
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 / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc)	
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			

ENTRY DATE <b>04/13/2025 04:13:46</b>	REPORTING OFFICER <b>BLAZE VINYARD</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>ANDREW HUTCHISON</b> [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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JUVENILE INFORMATION

Redact Before Release

VICTIM

VICTIM # 1 NAME (Last, First, Middle) or BUSINESS [Redacted]

ADDRESS: [Redacted]

HOME PHONE: [Redacted] WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (M) Male (F) Female (U) Unk ETHNICITY: (H) Hispanic (N) Non-Hispanic (U) Unk RACE: (W) White (B) Black (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH [Redacted]

RES STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk OCCUPATION / EMPLOYER:

AGE: Exact Age: 16 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boy/Girl Friend (GP) Grandparents (CF) Child of BF / GF (GC) Grandchild (HR) Homosexual Rel. (IL) Inlaw (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family 1 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

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

INCIDENT NUMBER 2025-043942

Report Contains Juvenile Information  
Redact Before Release

Report generated: 4/12/2025 11:58 PM

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle)		AKA:	
ARRESTEE #	ADDRESS:  AR			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown		DATE OF BIRTH
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:		ARREST DATE:		
CHARGE: 5-13-201				
ARRESTING OFFICERS				
OFFICER 1: _____	<input type="checkbox"/> MVR	OFFICER 5: _____	<input type="checkbox"/> MVR	
OFFICER 2: _____	<input type="checkbox"/> MVR	OFFICER 6: _____	<input type="checkbox"/> MVR	
OFFICER 3: _____	<input type="checkbox"/> MVR	OFFICER 7: _____	<input type="checkbox"/> MVR	
OFFICER 4: _____	<input type="checkbox"/> MVR	OFFICER 8: _____	<input type="checkbox"/> MVR	

Suspect information continued on next page.

SUSPECT #1

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

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

ADDED DESCRIPTION:

n/a

### OTHER PERSONS - CONTACT

OTHER PERSON # <b>1</b>	NAME (Last, First, Middle) <b>MARTIN, CHANIQUA</b>
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ADDRESS:  
**6600 LANCASTER RD LITTLE ROCK AR 72209**

HOME PHONE: <b>5012729086</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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>07/15/1990</b>
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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>34</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 _____ In _____  WEIGHT: Lbs _____
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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) 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  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					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">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</td> <td style="padding: 5px;">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</td> <td style="padding: 5px;">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</td> </tr> </table>						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			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">CLOTHING DESCRIPTION</td> </tr> <tr> <td style="padding: 5px;">HAT _____</td> </tr> <tr> <td style="padding: 5px;">COAT _____</td> </tr> <tr> <td style="padding: 5px;">SHIRT _____</td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS _____</td> </tr> <tr> <td style="padding: 5px;">SHOES _____</td> </tr> </table>						CLOTHING DESCRIPTION	HAT _____	COAT _____	SHIRT _____	PANTS/DRESS _____	SHOES _____
CLOTHING DESCRIPTION											
HAT _____											
COAT _____											
SHIRT _____											
PANTS/DRESS _____											
SHOES _____											

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION REGARDING A GUNSHOT VICTIM. JUVENILE 1 ADVISED HE WAS SHOT IN THE BACK OF HIS RIGHT THIGH WHEN HE WAS WALKING DOWN THE STREET. JUVENILE 1 ADVISED HE WAS NOT SURE WHERE IT HAPPENED BECAUSE HE RAN AND "BLACKED OUT". OFFICERS PATTED JUVENILE 1 DOWN FOR WEAPONS AND LOCATED A PAIR OF WHITE BASEBALL GLOVES AND A BLUE AND BLACK SCREW DRIVER IN THE FRONT HOODIE POCKET OF HIS PERSON. MEMS WAS ADVISED AND RESPONDED TO THE SCENE. JUVENILE 1 WAS TRANSPORTED TO CHILDRENS HOSPITAL TO BE ASSESSED. MAJOR CRIMES WAS NOTIFIED AS WELL AS A SUPERVISOR. OFFICERS CANVASED THE AREA IN AN ATTEMPT TO LOCATE A CRIME SCENE. SEVERAL SUBJECTS ON HARROW ADVISED THAT SHOTS WERE HEARD TOWARDS WEST WAKEFIELD AND HARROW. OFFICERS MADE CONTACT WITH A SUBJECT 6902 WEST WAKEFIELD WHO ADVISED SHE HAD VIDEO OF THE OF THE SHOTS BEING FIRED AT JUVENILE 1. OFFICERS LOCATED A SINGLE CASING IN THE STREET JUST NORTH OF 6902 WEST WAKEFIELD. OFFICERS WERE ADVISED BY THE JUVENILE AT THE HOSPITAL THAT HE WAS ATTEMPTING TO BREAK INTO A VEHICLE (A BLACK KIA OR MAZDA) WHEN HE BEGAN BEING SHOT AT AND FLED. OFFICERS WERE UNABLE TO LOCATE A VEHICLE OR SUSPECT OF THE SHOOTING AT THE TIME. OFFICERS STORED JUVENILE 1'S BAG, SCREWDRIVER, AND GLOVES WERE STORED AT THE SOUTHWEST PROPERTY ROOM.

MVR AND BWC IN USE. 21C652

INCIDENT NUMBER 2025-043942

Report Contains Juvenile Information

Report generated: 4/12/2025 11:58 PM

JUVENILE INFORMATION

Redact Before Release

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 4/13/2025 9:25 PM	
INCIDENT NUMBER <b>2025-044240</b>		UNIT ASSIGNED <b>2X92</b>	CALL DATE <b>04/13/2025</b>	CALL TIME <b>15:46:00</b>	TYPE OF CALL <b>ROBBIN</b>	
INCIDENT DATE <b>4/13/2025 3:46:20 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 11201 BASS PRO PKY OUTLETS OF LITTLE ROCK			DISTRICT <b>92</b>	

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. AGGRAVATED ROBBERY (INDIVIDUAL) <span style="float: right;">5.</span> 2. THEFT OF PROPERTY FELONY <span style="float: right;">6.</span> 3. <span style="float: right;">7.</span> 4. <span style="float: right;">8.</span>			Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" 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:	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:	WEAPON FORCE: <small>(on 11-15, an "A" denotes Automatic or Semi-Automatic)</small>		
<input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (03) Bar / Night Club <input checked="" type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (50) Park / Playground <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		
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 checked="" type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc)		

ENTRY DATE <b>04/13/2025 21:20:28</b>	REPORTING OFFICER <b>RILEY GOAD</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>ALICIA MEEKER</b> - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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**VICTIM**

VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS <b>MCINTIRE,DENNIS</b>
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ADDRESS:  
**2611 MEADOW LN BENTON AR 72015**

HOME PHONE: <b>6614787008</b>	WORK PHONE: <b>6614787008</b>	MOBILE PHONE:	OTHER PHONE:
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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 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>02/05/2007</b>
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RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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:
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AGE: Exact Age: <u>18</u> Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)  <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> (SE) Spouse</td> <td><input type="checkbox"/> (AQ) Acquaintance</td> </tr> <tr> <td><input type="checkbox"/> (CS) Common-Law Spouse</td> <td><input type="checkbox"/> (FR) Friend</td> </tr> <tr> <td><input type="checkbox"/> (PA) Parent</td> <td><input type="checkbox"/> (NE) Neighbor</td> </tr> <tr> <td><input type="checkbox"/> (SB) Sibling</td> <td><input type="checkbox"/> (BE) Babysitter (baby)</td> </tr> <tr> <td><input type="checkbox"/> (CH) Child</td> <td><input type="checkbox"/> (BG) Boy/Girl Friend</td> </tr> <tr> <td><input type="checkbox"/> (GP) Grandparents</td> <td><input type="checkbox"/> (CF) Child of BF / GF</td> </tr> <tr> <td><input type="checkbox"/> (GC) Grandchild</td> <td><input type="checkbox"/> (HR) Homosexual Rel.</td> </tr> <tr> <td><input type="checkbox"/> (IL) Inlaw</td> <td><input type="checkbox"/> (XS) Ex-Spouse</td> </tr> <tr> <td><input type="checkbox"/> (SP) Stepparent</td> <td><input type="checkbox"/> (EE) Employee</td> </tr> <tr> <td><input type="checkbox"/> (SC) Stepchild</td> <td><input type="checkbox"/> (ER) Employer</td> </tr> <tr> <td><input type="checkbox"/> (SS) Stepsibling</td> <td><input type="checkbox"/> (OK) Otherwise Known</td> </tr> <tr> <td><input type="checkbox"/> (OF) Other Family</td> <td><input type="checkbox"/> 1 (RU) Relationship Unknown</td> </tr> <tr> <td><input type="checkbox"/> (ST) Stranger</td> <td><input type="checkbox"/> (VO) Victim Was Suspect</td> </tr> </table>	<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 (RU) Relationship Unknown	<input type="checkbox"/> (ST) Stranger	<input type="checkbox"/> (VO) Victim Was Suspect
<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																											
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<input type="checkbox"/> (SS) Stepsibling	<input type="checkbox"/> (OK) Otherwise Known																											
<input type="checkbox"/> (OF) Other Family	<input type="checkbox"/> 1 (RU) Relationship Unknown																											
<input type="checkbox"/> (ST) Stranger	<input type="checkbox"/> (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 WHITE SHOES WHITE  
COAT \_\_\_\_\_ PANTS/DRESS BLUE SHORTS



**SUSPECT #1**

SUSPECT # 1	NAME (Last, First, Middle)  <b>,UNKNOWN</b>			AKA:
ARRESTEE #	ADDRESS:  1 UNKNOWN ST LITTLE ROCK AR 72209			
HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH	
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft 6 In 0	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs 160	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:		ARREST DATE:		
CHARGE: 5-12-103I				
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**

<b>SUSPECT #</b> 1	<b>NAME (Last, First, Middle)</b>  <b>,UNKNOWN</b>	<b>AKA:</b>
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<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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  <b>HAIR LENGTH:</b> <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	<b>HAIR STYLE:</b> <input checked="" type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown  <b>BUILD:</b> <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	<b>HAIR COLOR:</b> <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  <b>EYE COLOR:</b> <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	<b>FACIAL HAIR:</b> <input type="checkbox"/> (01) Clean Shaven <input checked="" 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	<b>DEMEANOR:</b> <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	<b>SCAR / MARK:</b> <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	<b>TATTOO:</b> <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown  <b>TATTOO LOC:</b> <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
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**CLOTHING DESCRIPTION:**

HAT \_\_\_\_\_

COAT \_\_\_\_\_

SHIRT \_\_\_\_\_

PANTS/DRESS \_\_\_\_\_

SHOES \_\_\_\_\_

**ADDED DESCRIPTION:**

n/a

**SUSPECT #2**

SUSPECT # <b>2</b>	NAME (Last, First, Middle) <b>,UNKNOWN</b>	AKA:
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ARRESTEE #	ADDRESS: <b>1 UNKNOWN ST LITTLE ROCK AR 72209</b>
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HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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
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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:
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AGE: Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <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 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
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ARREST LOCATION:	ARREST DATE:
------------------	--------------

CHARGE:

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

Suspect information continued on next page.

**SUSPECT #2**

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

**ADDED DESCRIPTION:**

n/a

INCIDENT NUMBER 2025-044240

JUVENILE INFORMATION

Report generated: 4/13/2025 9:25 PM

### VEHICLE #1

STATUS: SUSPECT

HOLD AUTHORITY:

YEAR: 0	MAKE: HYUN	MODEL: UNKNOWN	STYLE: HB	VIN: [REDACTED]	LICENSE NO. (TYPE): UNKNOWN PC	LIC YEAR: 0
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: 1 [REDACTED]			STATE: AR
COLOR: RED	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
7	06	1.00	N/A BALENC BLK TRACK LED BLACK BALenciAGA SHOES	0	1100		0.00	
7	06	1.00	N/A ALEXAN BLK SHOES ALEXANDER MCQUEEN SHOES	0	400		0.00	
7	06	1.00	N/A RICK O BLK SHOES BLACK AND WHITE RICK OWENS SHOES	0	1100		0.00	
7	06	1.00	N/A BATHIN BRN BAPES BROWN AND WHITE BATHING APE SHOES	0	400		0.00	
7	06	1.00	N/A NIKE BLU TRAVIS SCO BLUE AND WHITE TRAVIS SCOTT JORDANS	0	200		0.00	
7	20	230.00	N/A U.S. C GRN CASH 230 US CURRENCY	0	230		0.00	
7	99	2.00	N/A LATENT WHT LATENT PRI LATENT PRINT CARDS	0	1		0.00	

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

PROPERTY DESCRIPTION:

- (01) Aircraft
- (02) Alcohol
- (03) Automobiles
- (04) Bicycles
- (05) Buses
- (06) Clothes/Furs
- (07) Computer Hardware/Software
- (08) Consumable Goods
- (09) Credit Cards/Debit Cards

- (10) Drugs/Narcotics
- (11) Drug/Narcotic Equipment
- (12) Farm Equipment
- (13) Firearms
- (14) Gambling Equipment
- (15) Heavy Equipment Construction/Industry
- (16) Household Good
- (17) Jewelry/Precious Metal
- (18) Livestock
- (19) Merchandise
- (20) Money

- (21) Negotiable Instruments
- (22) Nonnegotiable Instruments
- (23) Office-Type Equipment
- (24) Other Motor Vehicles
- (25) Purses/Handbags/Wallets
- (26) Radios/TVs/VCR
- (27) Recordings-Audio/Visual
- (28) Recreational Vehicles
- (29) Structures-Single Occupancy
- (30) Structures-Other Dwellings
- (31) Structures-Commercial/Business

- (32) Structures-Industrial/Manufacture
- (33) Structures-Public/Community
- (34) Structures-Storage
- (35) Structures-Other
- (36) Tools-Power/Hand/Lawnmower
- (37) Trucks
- (38) Vehicle Parts/Accessories
- (39) Watercraft
- (77) Other
- (88) Pending Inventory (of Property)

DRUG TYPE:

- (A) Crack Cocaine
- (B) Cocaine
- (C) Hashish

- (D) Heroin
- (E) Marijuana
- (F) Morphine
- (G) Opium

- (H) Other Narcotics
- (I) LSD
- (J) PCP
- (K) Other Hallucino.

- (L) Amphetamines/Methamphetamines
- (M) Other Stimulants
- (N) Barbituates

- (O) Other Depressants
- (P) Other Drugs
- (U) Unknown Type

TYPE DRUG MEASUREMENT:

- Units (DU) Dosage Unit (Pills, etc)
- Weight (GM) Gram (OZ) Ounce (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 APRIL 13, 2025, I RESPONDED TO 11201 BASS PRO PARKWAY FOR REPORT OF A ROBBERY. UPON ARRIVAL, I MADE CONTACT WITH MCINTIRE. MCINTIRE ADVISED HE WAS CONTACTED ON FACEBOOK MESSENGER BY A SUBJECT NAMED TRE' WHO WAS INTERESTED IN BUYING FIVE PAIRS OF SHOES WHICH MCINTIRE HAD FOR SALE. MCINTIRE AGREED TO MEET TRE' AT THE AFOREMENTIONED LOCATION AROUND 1430 HOURS.

MCINTIRE ADVISED TRE' ARRIVED AS THE PASSENGER IN A RED HYUNDAI HATCHBACK CAR. TRE' WALKED TO THE PASSENGER SIDE OF MCINTIRE'S VEHICLE, TALKED ABOUT THE SHOES FOR A MOMENT, AND GOT IN HIS VEHICLE. MCINTIRE ADVISED HE AND TRE' AGREED TRE' WOULD PAY HIM \$1000 FOR ALL OF THE SHOES. MCINTIRE ADVISED HE REACHED MONEY OUT OF HIS OWN POCKET, FOR AN UNKNOWN REASON, AND TRE' TOOK THE MONEY FROM HIM. TRE' THEN DISPLAYED A BLACK HAND GUN WITH AN EXTENDED MAGAZINE IN HIS WAISTBAND, LOOKED AT MCINTIRE, AND STATED ALL OF THIS IS MINE NOW.

TRE' TOOK MCINTIRE'S PHONE AND DELETED THE PHONE CONVERSATION THE TWO OF THEM HAD AND THREW HIS PHONE UNDER THE PASSENGER SEAT. TRE' THEN TOOK THE MONEY AND SHOES AND LEFT IN THE RED HYUNDAI.

MCINTIRE ADVISED THE DRIVER OF THE RED HYUNDAI WAS A BLACK MALE BUT THAT IS ALL OF THE DESCRIPTION HE COULD PROVIDE.

PER SERGEANT ONCKEN, I CONTACTED 3-11 DETECTIVES TO REQUEST FOR THE CRIME SCENE SEARCH UNIT TO RESPOND TO PROCESS THE CRIME SCENE. DETECTIVE MADISON ADVISED ME SERGENT H. THOMAS INFORMED HIM THE CRIME SCENE SEARCH UNIT WOULD NOT RESPOND AND I NEEDED TO PROCESS THE SCENE MYSELF.

I DUSTED THE VICTIMS PHONE FOR FINGERPRINTS. I WAS ABLE TO LIFT PRINTS OFF OF THE FRONT AND THE BACK OF THE PHONE. I DUSTED THE INSIDE OF THE VICTIMS VEHICLE FOR PRINTS AS WELL WITH NEGATIVE RESULTS. I STORED THE LATENT PRINTS UNDER THIS INCIDENT NUMBER AT THE SOUTHWEST SUBSTATION.

I ASKED MCINTIRE IF HE WAS ABLE TO RELOCATE TRE'S FACEBOOK PROFILE AFTER THE INCIDENT AND HE SAID HE WAS UNABLE.

MVR AND BWC IN USE 23C769.

INCIDENT NUMBER 2025-044240

JUVENILE INFORMATION

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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