

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|---|--|---|--------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 5/13/2025 2:24 PM |
| INCIDENT NUMBER 2025-057653 | | UNIT ASSIGNED 1X41 | CALL DATE 05/13/2025 | CALL TIME 11:48:00 | TYPE OF CALL SHOOTP |
| INCIDENT DATE 5/13/2025 11:48:06 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2812 S COMMERCE ST | | | DISTRICT 41 |

| OFFENSE | | | |
|--|--|--|---|
| INCIDENT OFFENSE TYPE | | | OFFENSE STATUS |
| 1. BATTERY 1ST DEGREE 2. 3. 4. | | | Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> |
| SUSPECTS USED: | | TYPE OF CRIMINAL ACTIVITY: | |
| <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 | |
| | | GANG RELATED INFO: | |
| | | <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown | |
| LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 50%;"> <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 checked="" 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 </div> <div style="width: 50%;"> <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 </div> <div style="width: 50%;"> <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 </div> </div> | | | |
| (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 05/13/2025 18:53:35 | REPORTING OFFICER NASHIA JAMES | ORIGINAL APPROVING SUPERVISOR WESLEY BUTLER - | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|-----------------------------|---------------|-------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS WOLLE,JUSTIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: UNKNOWN AR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 0000000 | | WORK PHONE: | MOBILE PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PHONE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input 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 04/13/1982 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 43 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 border="0"><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>1 (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 | 1 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse | (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CS) Common-Law Spouse | (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PA) Parent | (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SB) Sibling | (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CH) Child | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|-------------|---|--|---------------------------------|------|--|--------------|--|
| 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 c) | | |
| 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 | | DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | | WEIGHT: Lbs _____ | | | | |
| 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 # 1 | NAME (Last, First, Middle) , | | AKA: | | | |
|----------------|-------------------------------------|--|------|--|--|--|

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

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

REIFSNYDER,CASSY

ADDRESS:

AR

HOME PHONE:

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

08/17/1984

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 40

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

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

HAIR STYLE:

- ☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/Toupee
☐ (10) Other
☐ (11) Unknown

HAIR LENGTH:

- ☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

BUILD:

- ☐ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular
☐ (5) Unknown

HAIR COLOR:

- ☐ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Grey
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

EYE COLOR:

- ☐ (1) Blue
☐ (2) Brown
☐ (3) Grey
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

FACIAL HAIR:

- ☐ (01) Clean Shaven
☐ (02) Unshaven
☐ (03) Full Beard
☐ (04) Must. (hvy)
☐ (05) Must. (thin)
☐ (06) Brows (hvy)
☐ (07) Brows (thin)
☐ (08) Side Burns
☐ (09) Goatee
☐ (10) Other
☐ (11) Unknown

DEMEANOR:

- ☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk / High
☐ (11) Other
☐ (12) Unknown

SCAR / MARK:

- ☐ (01) Head
☐ (02) Neck
☐ (03) Hand (rt)
☐ (04) Hand (lft)
☐ (05) Arm (rt)
☐ (06) Arm (lft)
☐ (07) Body
☐ (08) Leg (rt)
☐ (09) Leg (lft)
☐ (10) Other
☐ (11) None
☐ (12) Unknown

TATTOO:

- ☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☐ (9) Unknown

TATTOO LOC:

- ☐ (01) Arm (lft)
☐ (02) Arm (rt)
☐ (03) Leg (lft)
☐ (04) Leg (rt)
☐ (05) Hand (lft)
☐ (06) Hand (rt)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION FOR A POSSIBLE SHOOTING. UPON ARRIVAL, OFFICERS MADE CONTACT WITH CASSY REIFSNYDER (CONTACT 1). REIFSNYDER ADVISED THAT THERE WAS A MALE, WHO HAD POSSIBLY BEEN SHOT AND SHE HAD WRAPPED HIS LEG UP WITH A SCARF. REIFSNYDER SHOWED THE OFFICERS WHERE THE MAN WAS.

OFFICERS MADE CONTACT WITH THE MALE SUBJECT, WHO WAS IDENTIFIED AS JUSTIN WOLLE (VICTIM 1). WOLLE ADVISED THAT HE HAD BEEN SHOT BUT HE WAS UNSURE OF WHO THE SUSPECT WAS AND THE LOCATION OF THE SHOOTING. THE SCENE WAS SECURED FOR MEMS. MEMS TRANSPORTED WOLLE TO UAMS. THE DO WAS CONTACTED AND RESPONDED. THE INJURIES WERE NOT LIFE-THREATENING.

MVR/BWC WAS IN USE.

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 ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NOHATE/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