

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 6/14/2025 1:53 AM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-072296</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">Z44</div>	CALL DATE <div style="text-align: center; font-weight: bold;">06/13/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">19:14:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">ROBBIN</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">6/13/2025 7:14:19 PM</div>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">1100 FAIR PARK BLVD</div>			DISTRICT	

OFFENSE

INCIDENT OFFENSE TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1. POSSESSION OF DRUGS FELONY 2. ROBBERY (INDIVIDUAL) 3. DRUG PARAPHERNALIA 4. TAMPERING WITH PHYSICAL EVIDENCE FELONY </div> <div style="width: 48%;"> 5. THEFT OF PROPERTY MISD 6. FLEEING MISD 7. DAMAGE TO CIVILIAN PROPERTY 8. </div> </div>				OFFENSE STATUS <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Attempted Completed <div style="display: flex; justify-content: space-around;"> <div>1 <input type="checkbox"/></div> <div>2 <input checked="" type="checkbox"/></div> <div>3 <input checked="" type="checkbox"/></div> <div>4 <input checked="" type="checkbox"/></div> </div> </div> <div style="width: 48%;"> Attempted Completed <div style="display: flex; justify-content: space-around;"> <div>5 <input checked="" type="checkbox"/></div> <div>6 <input checked="" type="checkbox"/></div> <div>7 <input checked="" type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div> </div> </div>			
SUSPECTS USED: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Computer Equip </div> <div style="width: 48%;"> <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable / Unknown </div> </div>		TYPE OF CRIMINAL ACTIVITY: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (D) Distributing / Selling </div> <div style="width: 48%;"> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (U) Using / Consuming <input checked="" type="checkbox"/> (P) Possessing / Concealing </div> </div>		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: 33%;"> <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: 33%;"> <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 checked="" 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 </div> <div style="width: 33%;"> <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 </div> </div>							
(FOR BURGLARY ONLY) METHOD OF ENTRY: NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force							
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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) </div> <div style="width: 33%;"> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input checked="" type="checkbox"/> (99) None </div> </div>							
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other							

ENTRY DATE 06/14/2025 05:25:58	REPORTING OFFICER AUSTIN KURCZ -	ORIGINAL APPROVING SUPERVISOR BRIAN HEALY -	<input checked="" type="checkbox"/> MVR in use
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VICTIM																													
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS SOCIETY																												
ADDRESS: LITTLE ROCK 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																										
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COAT _____	PANTS/DRESS _____																												

VICTIM

VICTIM #

2

NAME (Last, First, Middle) or BUSINESS

BAKER,AVERY

ADDRESS:

1400 FAIRPARK BL LITTLE ROCK AR 72204

HOME PHONE:

5013524290

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

11/08/2004

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 20

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 ☐ 8VICTIM 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) UnconsciousnessAGGRAVATED 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 _____

VICTIM																													
VICTIM # 3	NAME (Last, First, Middle) or BUSINESS RAULS,JOHN																												
ADDRESS: 1100 FAIRPARK BL LITTLE ROCK AR 72204																													
HOME PHONE: 5017722029		WORK PHONE:	MOBILE PHONE:																										
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AGGRAVATED ASSAULT / HOMICIDE: <table><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td></tr><tr><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table>				<input type="checkbox"/> (01) Argument	<input type="checkbox"/> (02) Assault on Law Enf Officer	<input type="checkbox"/> (03) Drug Deal	<input type="checkbox"/> (04) Gangland	<input type="checkbox"/> (05) Juvenile Gang	<input type="checkbox"/> (06) Lover's Quarrel	<input type="checkbox"/> (07) Mercy Killings	<input type="checkbox"/> (08) Other Felony Involved	<input type="checkbox"/> (09) Other Circumstances	<input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (20) Criminal Killed by Private Citizen	<input type="checkbox"/> (21) Criminal Killed by Police Officer	<input type="checkbox"/> (30) Child Playing w/ Weapon	<input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (32) Hunting Accident	<input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (34) Other Negligent Killings									
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<input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (34) Other Negligent Killings																												
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

SUSPECT #1									
SUSPECT # 1		NAME (Last, First, Middle) WILLIAMS,EDWARD						AKA:	
ARRESTEE # 1		ADDRESS: 1100 FAIRPARK BL 41 LITTLE ROCK AR 72204							
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 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 04/26/1995		
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: 30 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 checked="" 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	
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 checked="" type="checkbox"/> (T) Taken Into Custody					
ARREST LOCATION: 1100 FAIRPARK BL				ARREST DATE: 06/13/2025					
CHARGE: 5-64-401F 5-12-102I 5-64-403									
ARRESTING OFFICERS OFFICER 1: AUSTIN KURCZ -- <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <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:

WILLIAMS, EDWARD

COMPLEXION:

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

HAIR LENGTH:

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

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 _____

ADDED DESCRIPTION:

n/a

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) ,LRPD			AKA:	
ARRESTEE # 1	ADDRESS: LRPD 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 checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:	
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (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:	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		HEIGHT: Ft _____ In _____	
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		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	
ARREST LOCATION:		ARREST DATE:		(A -- automatic)	
CHARGE:					
ARRESTING OFFICERS					
OFFICER 1: _____		<input type="checkbox"/> MVR		OFFICER 5: _____	
OFFICER 2: _____		<input type="checkbox"/> MVR		OFFICER 6: _____	
OFFICER 3: _____		<input type="checkbox"/> MVR		OFFICER 7: _____	
OFFICER 4: _____		<input type="checkbox"/> MVR		OFFICER 8: _____	
		<input type="checkbox"/> MVR			

Suspect information continued on next page.

SUSPECT #2

SUSPECT #

NAME (Last, First, Middle)

AKA:

2

,LRPD

COMPLEXION:

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

HAIR LENGTH:

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

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 _____

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

OTHER PERSON #
1

NAME (Last, First, Middle)

BILELLO,ERICA

ADDRESS:

612 N FILMORE ST LITTLE ROCK AR 72205

HOME PHONE:

5012588879

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

05/04/1981

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 44

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 LENGTH:

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

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

PROPERTY

DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	14.00	UNK UNK + UNK \$280	0	280		0.00	
6	10	1.00	UNK UNK + UNK COCAINE	0	1	A	5.10	GM
6	10	1.00	UNK UNK + UNK FENTYNAL	0	1	H	18.40	GM
6	10	1.00	UNK UNK + UNK METH	0	1	L	17.14	GM
6	10	1.00	UNK UNK + UNK MARIJUANA	0	1	E	16.60	GM
6	10	12.00	UNK UNK + UNK BUPRENORPHINE	0	1	P	12.00	DU
6	10	9.00	UNK UNK + UNK CLONAZAPAN	0	1	P	9.00	DU
6	10	17.00	UNK UNK + UNK OXYCODONE	0	1	P	17.00	DU
6	11	4.00	UNK UNK + UNK PIPE, SCALE, AND TWO STRAWS	0	1		0.00	
4	77	1.00	UNK UNK + UNK DOOR FRAME	0	100		0.00	
4	20	1.00	UNK UNK + UNK \$280	0	280		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) (NP) Number of Plants
Weight (GM) Gram (OZ) Ounce (KG) Kilogram (LB) Pound

FOR BURGLARIES: Point of Entry: _____

Tools Apparently Used: _____

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

NARRATIVE

WHILE TRAVELING NORTH ON TAYLOR ST FROM 16 TH ST I OBSERVED A DISTURBANCE. I SEEN A WHITE MALE AND A BLACK MALE ARGUING. THE BLACK MALE WAS WALKING CLOSER TO THE WHITE MALE BEFORE THEY BOTH WENT OUT OF SIGHT BEHIND A BUSH. I DROVE CLOSER AND THAT IS WHEN THE BLACK MALE TOOK OFF RUNNING HEADED NORTH ON TAYLOR ST CROSSING OVER 12TH ST. I WAS UNSURE OF WHAT WAS GOING ON SO I DROVE BY WITH MY WINDOW DOWN AND THE WHITE MALE RAN UP TO ME ADVISING ME THAT THE SUBJECT STOLE HIS MONEY.

I DROVE AFTER THE SUSPECT WHO RAN TO THE APARTMENTS AT 1100 FAIR PARK BLVD. HE STOPPED AT THE STAIRS THEN REALIZED I WAS STILL FOLLOWING THEN TOOK OFF AGAIN. HE WAS PURSUED ALL THE WAY UP TO APARTMENT 41 WHERE HE RAN INSIDE AND SHUT THE DOOR. I FOLLOWED JUST AFTER HIM KICKING THE DOOR IN AND FOLLOWING AFTER. A BACKING OFFICER ARRIVED AND WE TOOK HIM INTO CUSTODY.

VICTIM WAS IDENTIFIED AS AVERY BAKER AND HE ADVISED THE SUSPECT (EDWARD WILLIAMS) REACHED INTO HIS POCKET DEMANDING MONEY AND TOOK \$280 IN ALL \$20 BILLS. HE ADVISED THIS OCCURRED AT 1400 FAIR PARK BUT HE FOLLOWED AFTER HIM TO 14TH AND TAYLOR WHICH IS WHEN I ARRIVED AND THE SUSPECT FLED. HE ADVISED HE WAS ON THE PHONE WITH HIS MOTHER ERICA BILELLO DURING THE WHOLE INCIDENT.

VICTIM ADVISED HE WANTED TO PRESS CHARGES SO DETECTIVES WERE NOTIFIED.

MR. WILLIAMS WAS SHOWN TO HAVE A SEARCH WAIVER ON FILE SO THE ROOM HE FLED INTO WAS SEARCHED. HE AS WELL AS SEVERAL OTHER TENANTS ADVISED THAT WAS HIS APARTMENT. INSIDE THE ROOM VARIOUS AMOUNTS OF NARCOTICS, DRUG PARAPHERNALIA, AND THE STOLEN \$280 IN ALL 20'S WAS LOCATED.

NARCOTICS DETECTIVES AS WELL AS MAJOR CRIMES DETECTIVES RESPONDED TO 12TH ST. THE SUSPECT WAS TRANSPORTED TO 12TH ST AND THE VICTIM DROVE HIMSELF.

THE APARTMENT OWNER JOHN RAULS WAS NOTIFIED OF THE DAMAGED DOOR AND ADVISED HE WOULD COME FIX IT THE NEXT DAY. WE SECURED THE DOOR TO THE BEST OF OUR ABILITIES. THE DOOR WAS SHUT AND WOULD HAVE TO BE FORCED OPEN FOR ANYONE TO GET INSIDE.

MR. BAKER'S MONEY WAS RETURNED TO HIM AND HE WAS TRANSPORTED HOME.

MR. WILLIAMS WAS TRANSPORTED TO PCRJ FOR TRAFFICKING FENTANYL, ROBBERY, POSSESSION OF SCHEDULE II WITH PURPOSE (METH, COCAINE, OXYCODONE), POSSESSION OF SCHEDULE III WITH PURPOSE (BUPRENORPHINE), POSSESSION OF SCHEDULE IV WITH PURPOSE (CLONAZEPAM), POSSESSION OF SCHEDULE VI WITH PURPOSE (MARIJUANA), POSSESSION OF DRUG PARAPHERNALIA, PROXIMITY TO CERTAIN FACILITIES, MAINTAINING PREMISES, TAMPERING WITH PHYSICAL EVIDENCE, THEFT OF PROPERTY, AND FLEEING ON FOOT.

ALL EVIDENCE WAS STORED AT 12TH ST PROPERTY ROOM.

MVR AND BWC 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 ☒ 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		INCIDENT			Report generated: 6/14/2025 9:02 AM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-072464</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">3Y81</div>	CALL DATE <div style="text-align: center; font-weight: bold;">06/14/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">02:49:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">ROBBIN</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">6/14/2025 2:49:12 AM</div>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">3300 S UNIVERSITY</div>			DISTRICT <div style="text-align: center; font-weight: bold;">93</div>	

OFFENSE

INCIDENT OFFENSE TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1. AGGRAVATED ROBBERY (INDIVIDUAL) 2. THEFT OF PROPERTY FELONY 3. CRIMINAL MISCHIEF 1ST DEGREE FELONY 4. </div> <div style="width: 50%;"> 5. 6. 7. 8. </div> </div>				OFFENSE STATUS <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Attempted Completed </div> <div style="width: 50%;"> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> </div> </div>			
SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing			GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown		
LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 checked="" type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary </div> <div style="width: 33%;"> <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 </div> <div style="width: 33%;"> <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 </div> </div>							
(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (11) Firearm (Unknown) <input checked="" 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) </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None </div> </div>			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other							

ENTRY DATE <div style="text-align: center;">06/14/2025 13:13:58</div>	REPORTING OFFICER <div style="text-align: center;">CESAR JIMENEZ FIERROS</div>	ORIGINAL APPROVING SUPERVISOR <div style="text-align: center;">JORDAN WHITE</div>	<input checked="" type="checkbox"/> MVR in use
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VICTIM																													
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS BUFFINGTON,DOMINIC																												
ADDRESS: 6900 W 42ND ST LITTLE ROCK AR 72204																													
HOME PHONE: 9032930095		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 12/08/1988																										
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: 36 Range: _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table><tr><td>_____ (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
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_____ (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 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																													
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 type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																													
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

SUSPECT #1									
SUSPECT # 1		NAME (Last, First, Middle) AKA:							
ARRESTEE #		ADDRESS: 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 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)	
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: 5-12-103I									
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

SUSPECT #

NAME (Last, First, Middle)

AKA:

1

,

COMPLEXION:

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

HAIR LENGTH:

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

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 _____

ADDED DESCRIPTION:

n/a

VEHICLE #1						
STATUS: OTHER				HOLD AUTHORITY:		
YEAR: 2018	MAKE: CHEV	MODEL: EQUINOX	STYLE: 4D	VIN:	LICENSE NO. (TYPE): 388599 PC	LIC YEAR: 2026
OWNER'S NAME (Last, First):			ADDRESS:			STATE:
COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	03	1.00	EQUINOX CHEVROLET EQUINOX	0	2500		0.00	
7	09	1.00	NA NA + NA 7-9 CREDIT/DEBIT CARDS	0	1		0.00	
7	77	1.00	NA NA + NA WALLET WITH DRIVERS LICENSE	0	25		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)							
<table style="width: 100%;"> <tr> <td style="width: 25%;"> DRUG TYPE: (A) Crack Cocaine (B) Cocaine (C) Hashish </td> <td style="width: 25%;"> (D) Heroin (E) Marijuana (F) Morphine (G) Opium </td> <td style="width: 25%;"> (H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino. </td> <td style="width: 25%;"> (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates </td> <td style="width: 20%;"> (O) Other Depressants (P) Other Drugs (U) Unknown Type </td> </tr> </table>			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: <table style="width: 100%;"> <tr> <td style="width: 50%;"> Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants </td> <td style="width: 50%;"> Weight (GM) Gram (OZ) Ounce (KG) Kilogram (LB) Pound </td> </tr> </table>	Units (DU) Dosage Unit (Pills, etc) (NP) Number of Plants	Weight (GM) Gram (OZ) Ounce (KG) Kilogram (LB) Pound
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FOR BURGLARIES: Point of Entry: _____ Tools Apparently Used: _____			Capacity (ML) Milliliter (GL) Gallon (LT) Liter (FO) Fluid Ounce							

NARRATIVE

ON 6/14/2025 OFFICERS RESPONDED TO THE LISTED LOCATION FOR WHAT WAS DISPATCHED AS A ROBBERY OF AN INDIVIDUAL. OFFICERS ARRIVED ON SCENE AND MADE CONTACT WITH THE CALLER MR. BUFFINGTON.

MR. BUFFINGTON STATED HE WAS AT THE PARKING LOT OF BURGER KING LOCATED ON SOUTH UNIVERSITY AVENUE. MR. BUFFINGTON STATED A BLACK MALE SUBJECT WALKED UP TO HIS CAR FROM THE PASSENGER SIDE DOOR. MR. BUFFINGTON STATED THE BLACK MALE OPENED HIS DOOR AND HAD PULLED A GUN OUT. MR. BUFFINGTON STATED THE BLACK MALE SUBJECT STATED TO GIVE HIM HIS WALLET. MR. BUFFINGTON STATED TO THE BLACK MALE SUBJECT HE DIDN'T HAVE TO DO THIS.

MR. BUFFINGTON STATED THE BLACK MALE SUBJECT WAS POINTING THE GUN AT HIM THE ENTIRE TIME. MR. BUFFINGTON STATED THE BLACK MALE SUBJECT HAD FIRED A SHOT INSIDE THE VEHICLE AND HITTING THE CENTER CONSUL, THEN POINTING THE GUN BACK AT MR. BUFFINGTON. MR. BUFFINGTON STATED ONCE THE BLACK MALE SUBJECT SHOT THE GUN, HE GAVE HIM HIS WALLET. MR. BUFFINGTON STATED THE BLACK MALE SUBJECT LEFT IN AN UNKNOWN DIRECTION OF TRAVEL. MR. BUFFINGTON STATED HE THEN DROVE DOWN TO THE WAFFLE HOUSE LOCATION TO MAKE A REPORT.

MR. BUFFINGTON STATED HE HAD APPROXIMATELY 7-9 CREDIT/DEBIT CARDS AND HIS DRIVER'S LICENSE. MR. BUFFINGTON STATED HE DID NOT KNOW THE CREDIT/DEBIT CARDS NUMBER AND WOULD CALL BACK WHEN HE FINDS THE INFORMATION.

OFFICERS OBSERVED THE SHELL CASING INSIDE THE VEHICLE AND REQUESTED FOR MR. BUFFINGTON TO RETRIEVE THE CASING. OFFICERS OBSERVED THE DAMAGE DONE TO THE CENTER CONSUL FROM THE SHOT FIRED. OFFICERS NOTIFIED A MAJOR CRIMES DETECTIVE AND MR. BUFFINGTON RESPONDED TO THE 12TH STREET STATION TO TALK TO DETECTIVES. OFFICERS DID A BROADCAST OF THE SUBJECT AND CIRCULATED THE AREA. OFFICERS STORED THE SHELL CASING AT THE SOUTHWEST SUBSTATION. OFFICERS PROVIDED MR. BUFFINGTON WITH AN INCIDENT REPORT CARD. MVR/BWC 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 ☒ 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		<h1 style="text-align: center;">INCIDENT</h1>			Report generated: 6/15/2025 11:34 AM	
INCIDENT NUMBER 2025-072953		UNIT ASSIGNED 3X61	CALL DATE 06/15/2025	CALL TIME 04:32:00	TYPE OF CALL SHOOTP	
INCIDENT DATE 6/15/2025 4:32:56 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 7 CLOIE CIR			DISTRICT 61	

OFFENSE

INCIDENT OFFENSE TYPE		OFFENSE STATUS			
1. AGGRAVATED ROBBERY (INDIVIDUAL) 2. AGGRAVATED ASSAULT 3. BATTERY 1ST DEGREE 4. CRIMINAL MISCHIEF 1ST DEGREE FELONY	5. 6. 7. 8.	Attempted Completed	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing			GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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: 33%;"> <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 checked="" 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 </div> <div style="width: 33%;"> <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 </div> </div>					
<div style="display: flex;"> <div style="flex: 1;"> (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force </div> <div style="flex: 1; border: 1px solid black; padding: 5px;"> WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" 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) </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None </div> </div> </div> </div>					
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other					

ENTRY DATE 06/15/2025 10:44:25	REPORTING OFFICER AGHOGHO ONIOVOS	ORIGINAL APPROVING SUPERVISOR KOURTNEY HARDIN	<input type="checkbox"/> MVR in use
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VICTIM																													
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS DOKES,DE JON																												
ADDRESS: 7 CLOIE CR LITTLE ROCK AR 72204																													
HOME PHONE: 5014145297		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 08/07/1993																										
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: 31 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><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>_____ (RU) Relationship Unknown</td></tr><tr><td>1 _____ (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	_____ (RU) Relationship Unknown	1 _____ (ST) Stranger	_____ (VO) Victim Was Suspect
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CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

VICTIM																													
VICTIM # 2	NAME (Last, First, Middle) or BUSINESS WORSHAM,MORRIKA																												
ADDRESS: 7 CLOIE CR LITTLE ROCK AR 72204																													
HOME PHONE: 5017478823		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 09/15/1997																										
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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THIS VICTIM RELATED TO WHICH OFFENSES? <input 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																													
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: <table><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>				<input type="checkbox"/> (N) None	<input type="checkbox"/> (M) Apparent Minor Injury	<input type="checkbox"/> (B) Apparent Broken Bones	<input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> (L) Severe Laceration	<input type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (U) Unconsciousness																		
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<input type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (U) Unconsciousness																												
AGGRAVATED ASSAULT / HOMICIDE: <table><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table>				<input type="checkbox"/> (01) Argument	<input type="checkbox"/> (02) Assault on Law Enf Officer	<input type="checkbox"/> (03) Drug Deal	<input type="checkbox"/> (04) Gangland	<input type="checkbox"/> (05) Juvenile Gang	<input type="checkbox"/> (06) Lover's Quarrel	<input type="checkbox"/> (07) Mercy Killings	<input type="checkbox"/> (08) Other Felony Involved	<input type="checkbox"/> (09) Other Circumstances	<input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (20) Criminal Killed by Private Citizen	<input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (32) Hunting Accident	<input type="checkbox"/> (21) Criminal Killed by Police Officer	<input type="checkbox"/> (30) Child Playing w/ Weapon	<input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (34) Other Negligent Killings									
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<input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (34) Other Negligent Killings																												
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

SUSPECT #1										
SUSPECT # 1		NAME (Last, First, Middle) ,						AKA:		
ARRESTEE #		ADDRESS: 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 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)		
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		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: 5-12-103I 5-13-204 5-13-201										
ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <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	,	

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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown
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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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____	TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
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ADDED DESCRIPTION:

n/a

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

Suspect information continued on next page.

SUSPECT #2

SUSPECT #	NAME (Last, First, Middle)	AKA:
2	,	

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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown
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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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____	TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
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ADDED DESCRIPTION:

n/a

VEHICLE #1

STATUS: SUBJECT				HOLD AUTHORITY:			
YEAR: 2017	MAKE: AUDI	MODEL: A7	STYLE: 4D	VIN:	LICENSE NO. (TYPE): 37884 PC	LIC YEAR: 2025	
OWNER'S NAME (Last, First): UNKNOWN, UNKNOWN			ADDRESS: 0 UNKNOWN UNKNOWN AR 00000			STATE: AR	
COLOR: WHI	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:		

VEHICLE #2						
STATUS: SUBJECT				HOLD AUTHORITY:		
YEAR: 2019	MAKE: JEEP	MODEL: CHEROKEE	STYLE: SV	VIN:	LICENSE NO. (TYPE): NONE PC	LIC YEAR: 2025
OWNER'S NAME (Last, First): -			ADDRESS:			STATE:
COLOR: GRY	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	03	1.00	A / FRONT SIDE DRIVER DOOR STRUCK BY GUNFIRE	0	500		0.00	
4	03	1.00	CHEROKEE STRUCK BY GUNFIRE	0	500		0.00	
4	77	1.00	NONE NONE + NONE HOUSE STRUCK BY GUNFIRE	0	500		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)																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">DRUG TYPE:</td> <td style="width: 15%;">(D) Heroin</td> <td style="width: 15%;">(H) Other Narcotics</td> <td style="width: 15%;">(L) Amphetamines/ Methamphetamines</td> <td style="width: 15%;">(O) Other Depressants</td> </tr> <tr> <td>(A) Crack Cocaine</td> <td>(E) Marijuana</td> <td>(I) LSD</td> <td>(M) Other Stimulants</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(B) Cocaine</td> <td>(F) Morphine</td> <td>(J) PCP</td> <td>(N) Barbituates</td> <td>(U) Unknown Type</td> </tr> <tr> <td>(C) Hashish</td> <td>(G) Opium</td> <td>(K) Other Hallucino.</td> <td></td> <td></td> </tr> </table>			DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants	(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs	(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type	(C) Hashish	(G) Opium	(K) Other Hallucino.			TYPE DRUG MEASUREMENT: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Units</td> <td style="width: 50%;">Weight</td> </tr> <tr> <td>(DU) Dosage Unit</td> <td>(GM) Gram (OZ) Ounce</td> </tr> <tr> <td>(Pills, etc)</td> <td>(KG) Kilogram (LB) Pound</td> </tr> <tr> <td>(NP) Number of Plants</td> <td></td> </tr> </table>	Units	Weight	(DU) Dosage Unit	(GM) Gram (OZ) Ounce	(Pills, etc)	(KG) Kilogram (LB) Pound	(NP) Number of Plants	
DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants																											
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs																											
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type																											
(C) Hashish	(G) Opium	(K) Other Hallucino.																													
Units	Weight																														
(DU) Dosage Unit	(GM) Gram (OZ) Ounce																														
(Pills, etc)	(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

OFFICERS RESPONDED TO A SHOOTING THAT JUST OCCURRED CALL AT THE LISTED LOCATION. COMMUNICATIONS ADVISED THAT THE COMPLAINANT JUST ARRIVED AT THEIR RESIDENCE AND SOMEONE STARTED TO SHOOT AT THEM. THE COMPLAINANT ADVISED HER BOYFRIEND WAS SHOT IN THE HIP. THE COMPLAINANT ADVISED THEY WERE TWO OR THREE SUSPECTS. 3L35 WAS NOTIFIED AND RESPONDED TO THE LOCATION. OFFICERS MADE CONTACT WITH MR. DOKES, WHO ADVISED HE WAS GRAZED BY A BULLET ON HIS LEFT HIP. MR. DOKES ADVISED HE WAS AT CLUB TABU EARLIER AND LEFT THE LOCATION TO COME HOME. MR. DOKES ADVISED HE OBSERVED SOMEONE DUCKING NEAR VEHICLE TWO IN THE DRIVEWAY. MR. DOKES STATED A MALE DRESSED IN ALL BLACK WITH A SKI MASK STARTED SHOOTING AT HIM. MR. DOKES ADVISED HE SHOT BACK AT THE SUSPECTS. MR. DOKES ADVISED HE BELIEVES HE STRUCK ONE OF THE SUSPECTS. MR. DOKES ADVISED THE SUSPECTS FLED ON FOOT FROM THE LOCATION. MR. DOKES ADVISED HIS GIRLFRIEND, MS. WORSHAM, WAS WITH HIM DURING THE INCIDENT. MS. WORSHAM ADVISED ONE OF THE SUSPECTS POINTED A GUN AT HER AND SHE GOT ON THE GROUND. MR. DOKES ADVISED HIS HOUSE, VEHICLE ONE AND TWO WERE ALL STRUCK BY GUNFIRE. MEMS WAS NOTIFIED AND RESPONDED TO THE LOCATION. MR. DOKES INJURY WAS TREATED BY MEMS ON SCENE. MR. DOKES AND MS. WORSHAM WERE TRANSPORTED TO THE 12TH STREET SUBSTATION TO BE INTERVIEW BY MAJOR CRIMES DETECTIVES. VEHICLE ONE WAS TOWED TO THE CRIME SCENE BAY BY EAST END TOWING. CSSU WAS NOTIFIED AND RESPONDED TO THE LOCATION TO PROCESS THE CRIME SCENE. 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 ☒ 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		<h1 style="text-align: center;">INCIDENT</h1>			Report generated: 6/15/2025 9:34 PM	
INCIDENT NUMBER 2025-073081		UNIT ASSIGNED 2X63	CALL DATE 06/15/2025	CALL TIME 14:33:00	TYPE OF CALL DISWP	
INCIDENT DATE 6/15/2025 2:33:24 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6801 W 12TH ST 8A WINNERS CORNER				DISTRICT 61

OFFENSE

OFFENSE			
INCIDENT OFFENSE TYPE 1. AGGRAVATED ROBBERY (INDIVIDUAL) 2. BREAKING OR ENTERING VEHICLE 3. THEFT OF PROPERTY FELONY 4.		OFFENSE STATUS <div style="display: flex; justify-content: space-between;"> <div> Attempted Completed </div> <div> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> </div> </div>	
SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		TYPE OF CRIMINAL ACTIVITY: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (D) Distributing / Selling </div> <div> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (P) Possessing / Concealing </div> </div>	
LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input 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	
(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> (11) Firearm (Unknown) <input checked="" 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) </div> <div> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None </div> </div>	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 06/15/2025 21:05:49	REPORTING OFFICER THOMAS SHOOK	ORIGINAL APPROVING SUPERVISOR TRENTON MELLINGER	<input checked="" type="checkbox"/> MVR in use
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VICTIM																													
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS PARKER-HICKS,KANDICE																												
ADDRESS: 6801 W 12TH ST 8A LITTLE ROCK AR																													
HOME PHONE: 5014543079		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 12/12/1979																										
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: 45 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><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>(RU) Relationship Unknown</td></tr><tr><td>1 2 (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	(RU) Relationship Unknown	1 2 (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																												
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(SC) Stepchild	(ER) Employer																												
(SS) Stepsibling	(OK) Otherwise Known																												
(OF) Other Family	(RU) Relationship Unknown																												
1 2 (ST) Stranger	(VO) Victim Was Suspect																												
THIS VICTIM RELATED 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																													
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 checked="" type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																													
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

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 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft 5 In 7 WEIGHT: Lbs _____ 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)
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: 5-12-1031			
ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <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	,	

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 checked="" 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 checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown
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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 checked="" type="checkbox"/> (6) Unknown	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____
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TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back

ADDED DESCRIPTION:

n/a

SUSPECT #2

SUSPECT # 2	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 5 In 7	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 type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:		ARREST DATE:		
CHARGE: 5-39-202V				
ARRESTING OFFICERS				
OFFICER 1: _____ <input type="checkbox"/> MVR		OFFICER 5: _____ <input type="checkbox"/> MVR		
OFFICER 2: _____ <input type="checkbox"/> MVR		OFFICER 6: _____ <input type="checkbox"/> MVR		
OFFICER 3: _____ <input type="checkbox"/> MVR		OFFICER 7: _____ <input type="checkbox"/> MVR		
OFFICER 4: _____ <input type="checkbox"/> MVR		OFFICER 8: _____ <input type="checkbox"/> MVR		

Suspect information continued on next page.

SUSPECT #2

SUSPECT #	NAME (Last, First, Middle)	AKA:
2	,	

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 checked="" 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 checked="" type="checkbox"/> (11) Unknown	HAIR COLOR: <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	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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown
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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 checked="" type="checkbox"/> (6) Unknown	BUILD: <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	EYE COLOR: <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	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____	TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
--	--	--	--	---

ADDED DESCRIPTION:

n/a

OTHER PERSONS - WITNESS

OTHER PERSON # 1	NAME (Last, First, Middle) ROBINSON,ASHLEE																										
ADDRESS: 6801 W 12TH ST 8A LITTLE ROCK AR 72206																											
HOME PHONE: 5015192727		WORK PHONE:		MOBILE PHONE:		OTHER PHONE:																					
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		DATE OF BIRTH 09/16/1992																					
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: 32 Range: _____ - _____ <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 _____																						
<table border="0"><tr><td>COMPLEXION:</td><td>HAIR STYLE:</td><td>HAIR COLOR:</td><td>FACAIL HAIR:</td><td>DEMEANOR:</td><td>SCAR / MARK:</td><td>TATTOO:</td></tr><tr><td><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</td><td><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</td><td><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</td><td><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</td><td><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</td><td><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</td><td><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</td></tr><tr><td>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>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>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><td colspan="3">CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____</td><td></td></tr></table>							COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACAIL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:	<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) 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	<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	<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	HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACAIL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:																					
<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) 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	<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	<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																					
HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____																								

OTHER PERSONS - WITNESS

OTHER PERSON #

2

NAME (Last, First, Middle)

SAMPSON,AMBER

ADDRESS:

6801 W 12TH ST 8A LITTLE ROCK AR 72206

HOME PHONE:

5014534429

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

09/17/1986

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 38

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 COLOR:

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

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

EYE COLOR:

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

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

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

OTHER PERSONS - CONTACT

OTHER PERSON #

3

NAME (Last, First, Middle)

SCHICHTL, KARLY

ADDRESS:

6801 W 12TH ST 8A LITTLE ROCK AR 72206

HOME PHONE:

5013393925

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

11/08/1990

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 34

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 COLOR:

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

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

VEHICLE #1						
STATUS: SUBJECT				HOLD AUTHORITY:		
YEAR: 2019	MAKE: MERZ	MODEL: CLA	STYLE: 4D	VIN: ,	LICENSE NO. (TYPE): 228YGA PC	LIC YEAR: 2026
OWNER'S NAME (Last, First):			ADDRESS:			STATE: ,
COLOR: RED	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

VEHICLE #2						
STATUS: SUBJECT				HOLD AUTHORITY:		
YEAR: 2020	MAKE: HOND	MODEL: ACCORD	STYLE: 4D	VIN:	LICENSE NO. (TYPE): SK1DSM PC	LIC YEAR: 2026
OWNER'S NAME (Last, First):			ADDRESS:			STATE:
COLOR: WHI	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

VEHICLE #3						
STATUS: SUBJECT				HOLD AUTHORITY:		
YEAR: 2020	MAKE: TOYT	MODEL: COROLLA	STYLE: 4D	VIN:	LICENSE NO. (TYPE): BBA85R PC	LIC YEAR: 2025
OWNER'S NAME (Last, First):			ADDRESS:			STATE:
COLOR: BLK	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	65	1.00	DRIVERS LI AR DL	0	1		0.00	
7	25	1.00	UNKNOWN UNKNOW BRN UNKOWN BROWN AND PINK COACH WALLET WITH STRAWBERRY DESIGNS	0	1		0.00	
7	65	1.00	UNKNOWN UNITED BLU SS CARD SOCIAL SECURITY CARD	0	1		0.00	
7	09	1.00	UNKOWN CAPITA BLK CC CARD CREDIT CARD	0	1		0.00	
7	09	2.00	UNKNOWN AR FED BLK DEBIT CARD DEBIT CARDS	0	1		0.00	
7	48	1.00	UNKNOWN BLUE C BLU INSURANCE INSURANCE CARD	0	1		0.00	
7	09	1.00	UNKNOWN APPLE BLK DEBIT CARD DEBIT CARD	0	1		0.00	
7	65	1.00	UNKNOWN ARKANS WHT STATE ID AR ID FOR JOURNEY HICKS	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)
(NP) Number of Plants

Weight
(GM) Gram (OZ) Ounce
(KG) Kilogram (LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

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

NARRATIVE

OFFICER RESPONDED TO A DISTURBANCE WITH A WEAPON AT THE LISTED ADDRESS. OFFICER MADE CONTACT WITH THE CALLER, MS. ROBINSON. MS. ROBINSON STATED SHE OBSERVED TWO B/MS, SUS1&2, ATTEMPTED TO GET INSIDE VEH2&3 PARKED OUTSIDE OF THE BUSINESS.

OFFICER MADE CONTACT WITH THE VICTIM, MS. HICKS. MS. HICKS ADVISED SHE ALSO WATCHED SUS1&2 ATTEMPT TO GET INTO VEH 2&3 WITH MS. ROBINSON. MS. HICKS ADVISED SUS2 WAS ABLE TO GET INTO HER VEHICLE, VEH1, WHILE SUS1 WAS LOOKING OUT. MS. HICKS STATED SHE AND MS. ROBINSON KNOCKED ON THE LARGE BUSINESS WINDOW AND WERE YELLING AT SUS1&2. MS. HICKS STATED SUS1 SHOWED THEM HE HAD A SILVER AND BLACK HANDGUN IN HIS WAISTBAND WHILE SUS2 TOOK HER WALLET WITH THE LISTED PROPERTY FROM VEH1. MS. HICKS STATED BOTH SUSPECTS RAN WEST ON 12TH STREET ON FOOT.

OFFICER MADE CONTACT WITH MS. SAMPSON WHO ADVISED SHE WITNESSED THE EVENTS LIVE ON CAMERA FROM THE BACK OF THE BUSINESS AND LOCKED THE STORE'S DOORS REMOTELY.

OFFICERS MADE CONTACT WITH THE MANAGER, MS. SCHICHTL, WHO ADVISED SHE WOULD SAVE THE FOOTAGE FOR LRPD AND NOTIFY THE SHOPPING MALL'S SECURITY.

OFFICER NOTIFIED SGT. MELLINGER, SGT. ARNOLD, AND MAJOR CRIMES. OFFICER MADE A ROBBERY/B&E BROADCAST AND CIRCULATED THE AREA WITH NEGATIVE RESULTS. MS. ROBINSON AND MS. SAMPSON ADVISED THEY WERE THE OWNERS/DRIVERS OF VEH2&3. ALL VEHICLE OWNERS/DRIVERS ALLOWED CSSU TO LIFT LATENT PRINTS FROM ALL THREE VEHICLES. OFFICER ADVISED ALL SUBJECTS TO CALL BACK IF EITHER SUSPECT RETURNED.

MVR AND BWC 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 ☒ 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		INCIDENT			Report generated: 6/15/2025 1:29 PM
INCIDENT NUMBER 2025-072909	UNIT ASSIGNED	CALL DATE 06/15/2025	CALL TIME 01:52:00	TYPE OF CALL VEH	
INCIDENT DATE 6/15/2025 1:52:46 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 612 E ROOSEVELT RD GAS MAX			DISTRICT 40

OFFENSE			
INCIDENT OFFENSE TYPE 1. AGGRAVATED ROBBERY (INDIVIDUAL) 5. 2. THEFT MOTOR VEHICLE 6. 3. 7. 4. 8.			OFFENSE STATUS 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: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing	
GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown			
LOCATION CODE: <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 checked="" 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 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) NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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) </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input checked="" type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None </div> </div>			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 06/15/2025 07:41:45	REPORTING OFFICER RYAN MOHEB -	ORIGINAL APPROVING SUPERVISOR JUSTIN SIMS	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

HIGHFILL JR,ROBERT

ADDRESS:

1620 MIDDLE RD APT 1707 CONWAY AR 72032

HOME PHONE:

5012423785

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

05/09/1995

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 30

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 ☐ 8VICTIM 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) UnconsciousnessAGGRAVATED 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) MARSHALL,KEITH LAMAR		AKA:	
ARRESTEE #	ADDRESS: 5573 SPRINGVALE RD NORTH LITTLE ROCK AR 72116			
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 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 11/14/1986
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:	
AGE: Exact Age: <u>38</u> 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 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	NIC: D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____	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)
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 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <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

MARSHALL,KEITH LAMAR

COMPLEXION:

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

HAIR LENGTH:

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

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 _____

ADDED DESCRIPTION:

n/a

OTHER PERSONS - CONTACT

OTHER PERSON # 1	NAME (Last, First, Middle) HUNT,COURTNEY					
ADDRESS: 11 PARKRIDGE DR SHERWOOD AR 72120						
HOME PHONE:		WORK PHONE:	MOBILE PHONE:			
OTHER PHONE:						
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" 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 08/11/1992			
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:				
AGE: Exact Age: 32 Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____			
COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (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	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 checked="" type="checkbox"/> (11) 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	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 checked="" type="checkbox"/> (8) 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 checked="" type="checkbox"/> (7) 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 checked="" 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 checked="" 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
CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

VEHICLE #1						
STATUS: STOLEN				HOLD AUTHORITY:		
YEAR: 2015	MAKE: TOYT	MODEL: CAMRY	STYLE: 4D	VIN:	LICENSE NO. (TYPE): DJR3 ED	LIC YEAR: 2026
OWNER'S NAME (Last, First):			ADDRESS:			STATE:
COLOR: BLK	DISPOSITION OF RECOVERY: <input checked="" 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	09	2.00	UNK UNK + UNK UNKNOWN DEBIT CARD AND LYFT DEBIT CARD	0	2		0.00	
7	38	1.00	CAMRY STOLEN BLACK 2015 TOYOTA CAMRY	0	8000		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)
(NP) Number of Plants
Weight
(GM) Gram (OZ) Ounce
(KG) Kilogram (LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

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

NARRATIVE

ON 6/15/2025 AT APPROXIMATELY 0152 HOURS, OFFICERS WERE DISPATCHED TO THE AREA OF 601 E. 9TH STREET AT MACARTHUR PARK IN REFERENCE TO A ROBBERY CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE VICTIM, ROBERT HIGHFILL.

ROBERT HIGHFILL SAID HE WAS WORKING AS A LYFT DRIVER WHEN THE INCIDENT TOOK PLACE NEAR THE AREA OF 612 E. ROOSEVELT ROAD AT GAS MAX. HE SAID HE PICKED UP A RIDER IN SHERWOOD, AR, AND THE DESTINATION WAS SUPPOSED TO BE BAPTIST HOSPITAL IN LITTLE ROCK, AR. THE RIDER WAS DESCRIBED AS AN UNKNOWN BLACK MALE, APPROXIMATELY 6'0" IN HEIGHT, SMALL BUILD, BEARD, BALD, AND WEARING A RED HOODED JACKET WHILE CARRYING A BLACK BACKPACK.

ROBERT HIGHFILL SAID AS THEY WERE ON I-30 WEST, THE MALE TOLD HIM TO TAKE THE ROOSEVELT ROAD EXIT. ONCE THEY WERE NEAR THE BOTTOM OF THE OFF-RAMP, THE MALE POKED HIM WITH WHAT HE BELIEVED WAS A FIREARM INTO HIS LEFT RIBCAGE. THE MALE THEN TOLD HIM TO GET OUT, THAT THE WOMAN WHO CALLED IN THE RIDE HAD "FUCKED" HIM, AND HE PROCEEDED TO PUSH HIGHFILL OUT OF THE VEHICLE.

ROBERT HIGHFILL SAID THE STOLEN VEHICLE REGISTERED TO HIM AND HIS WIFE WAS A BLACK 2015 TOYOTA CAMRY DISPLAYING AR EDUCATOR TAGS DJR3 (VIN: 4T1BF1FK0FU044308). HE SAID THE VEHICLE ALSO CONTAINED HIS PHONE AND TWO OF HIS DEBIT CARDS, ONE OF WHICH WAS HIS LYFT DEBIT CARD. HE ALSO SAID THE TRUNK CONTAINED A BLUE COBALT TOOLBOX.

ROBERT HIGHFILL WAS LATER PICKED UP BY HIS WIFE AND ADVISED HIS PHONE WAS PINGING NEAR I-30 AND I-430. OFFICERS ESCORTED THEM TO THE AREA AND HIS PHONE WAS LOCATED ON I-30 WEST NEAR 10424 INTERSTATE 30 AT FRONTIER DINER. THEY WERE UNABLE TO LOCATE HIS VEHICLE.

OFFICERS LATER BROADCASTED A BE ON THE LOOKOUT (BOLO) FOR HIS VEHICLE. COMMUNICATIONS LATER ADVISED THAT ONE OF ROBERT HIGHFILL'S DEBIT CARDS WAS USED IN BRYANT, AR, WHICH WAS THE GENERAL DIRECTION OF THE VEHICLE'S LAST KNOWN DIRECTION OF TRAVEL. OFFICERS ADVISED COMMUNICATIONS TO NOTIFY BRYANT POLICE DEPARTMENT (BPD) AND SALINE COUNTY SHERIFF'S OFFICE (SCSO). OFFICERS ALSO NOTIFIED ACIC TO ENTER THE VEHICLE INTO THE SYSTEM AS STOLEN.

AT APPROXIMATELY 0410 HOURS, OFFICERS WERE ADVISED BY COMMUNICATIONS TO CONTACT ROBERT HIGHFILL SO HE COULD PROVIDE ADDITIONAL INFORMATION. HE STATED THE FEMALE WHO INITIALLY GENERATED THE RIDE WAS COURTNEY HUNT WITH AN ADDRESS OF 11 PARKRIDGE DRIVE AND ZIP CODE OF 72120. OFFICERS WERE ABLE TO LOCATE HER IN ATLAS AND OBTAIN HER DATE OF BIRTH (8/11/1992).

ROBERT HIGHFILL SAID COURTNEY HUNT POSSIBLY RECEIVED NOTIFICATIONS THAT DUE TO THE RIDE NOT BEING COMPLETED, SHE WAS STILL BEING CHARGED AND WAS GETTING UPSET, SO SHE SENT HIM SOME MESSAGES THROUGH THE LYFT APP. WHEN HE EXPLAINED TO HUNT WHAT HAPPENED, SHE EXPLAINED WHO THE RIDER WAS. SHE SAID THE RIDER WAS HER CHILD'S FATHER, KEITH LAMAR MARSHALL WHOSE DATE OF BIRTH WAS 11/14/1986. OFFICERS WERE ABLE TO CONFIRM HIS INFORMATION THROUGH ATLAS AS WELL. HE ALSO RECEIVED PHOTOS OF MARSHALL FROM HUNT AND HIGHFILL WAS ABLE TO CONFIRM THAT MARSHALL WAS THE ONE WHO STOLE HIS VEHICLE.

ROBERT HIGHFILL PROVIDED THE PHOTOS SENT TO HIM BY COURTNEY HUNT OF KEITH MARSHALL, WHICH APPEARED TO MATCH THE FEATURES OF MARSHALL. HE ALSO PROVIDED AN AUDIO RECORDING OF A PHONE CALL BETWEEN HIM AND HUNT. THE RECORDING HAD HUNT PROVIDING MARSHALL'S INFORMATION TO HIGHFILL. SHE ALSO GAVE HIGHFILL PERMISSION TO FORWARD HER INFORMATION TO THE POLICE. SHE ALSO SAID HOW MARSHALL NEEDED HELP AND APOLOGIZED TO HIGHFILL.

MVR 23C692 WAS IN USE.

*****SUPPLEMENTAL INFORMATION, 6/15/2025 AT APPROXIMATELY 0514 HOURS, OFFICER RYAN MOHEB

ON 6/15/2025 AT APPROXIMATELY 0514 HOURS, OFFICERS ATTACHED THE FOLLOWING FILES TO THIS REPORT: TWO (2) PHOTOS OF KEITH MARSHALL SENT TO ROBERT HIGHFILL BY COURTNEY HUNT; FIVE (5) SCREENSHOTS OF A LYFT MESSAGE CONVERSATION BETWEEN HUNT AND HIGHFILL; AN AUDIO RECORDING OF A PHONE CALL BETWEEN HUNT AND HIGHFILL.

*****SUPPLEMENTAL INFORMATION****LALVAREZ*** ****6/15/2025***0624HR
VEHICLE WAS ENTERED INTO ALL SYSTEMS AS STOLEN

*** SUPPLEMENTAL INFORMATION*** B HARRIS COMM 06/15/2025 AT 1300

VEHICLE WAS LOCATED BY TEXARKANA PD OFFICER MICHAEL BRYAN WITH A REPORT NUMBER OF A25-14003. VEHICLE WAS LOCATED ABANDONED IN A WALMART PARKING LOT AND TEXARKANA DOES NOT HAVE INFORMATION ON IF THE VEHICLE IS DRIVEABLE AND DID NOT KNOW IF THERE WAS ANY DAMAGE. SUSPECT IS A KEITH MARSHALL BM 11 14 1986 WHO WAS SEEN DRIVING THE VEHICLE. THE VEHICLE WAS TOWED TO BUBBA GREEN TOWING AT 415 N LAKE TEXARKANA, TX 75501 AND THEIR PHONE NUMBER IS 903 792 2957. OWNER WAS NOTIFIED VIA PHONE AND GIVEN THE INFORMATION AT 1310. OWNER WILL BE CONTACTING TOW COMPANY AS WELL AS CONTACTING TEXARKANA FOR FURTHER INFORMATION. OWNER WAS ALSO GIVEN THE DETECTIVES LINE NUMBER VIA TEXT IN CASE FEES WERE ASSESSED. OWNER WAS NOTIFIED THAT IT IS UNCLEAR IF THEY WOULD ASSIST SINCE IT IS NOT IN LITTLE ROCK; HOWEVER, HE CAN CALL THEM AND SPEAK TO THEM FOR FURTHER INFORMATION. VEHICLE 1 HAS BEEN CLEARED AS STOLEN IN ALL SYSTEMS. ALL PERTINENT INFORMATION HAS BEEN ADDED TO THE EXISTING REPORT.

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 ☒ 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