

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	<b>INCIDENT</b>				Report generated: 7/1/2025 9:57 PM
INCIDENT NUMBER <b>2025-080785</b>		UNIT ASSIGNED <b>2X81</b>	CALL DATE <b>07/01/2025</b>	CALL TIME <b>19:23:00</b>	TYPE OF CALL <b>BATTERY</b>
INCIDENT DATE <b>7/1/2025 7:23:45 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>6909 SHETLAND DR</b>			DISTRICT <b>81</b>

## OFFENSE

<b>INCIDENT OFFENSE TYPE</b>  1. ROBBERY (INDIVIDUAL) <span style="float: right;">5.</span> 2. DOMESTIC BATTERING 2ND DEGREE <span style="float: right;">6.</span> 3. <span style="float: right;">7.</span> 4. <span style="float: right;">8.</span>		<b>OFFENSE STATUS</b>  Attempted <span style="float: right;">1</span> <input type="checkbox"/> <span style="float: right;">2</span> <input type="checkbox"/> <span style="float: right;">3</span> <input type="checkbox"/> <span style="float: right;">4</span> <input type="checkbox"/> Completed <span style="float: right;">1</span> <input checked="" type="checkbox"/> <span style="float: right;">2</span> <input checked="" type="checkbox"/> <span style="float: right;">3</span> <input type="checkbox"/> <span style="float: right;">4</span> <input type="checkbox"/>  Attempted <span style="float: right;">5</span> <input type="checkbox"/> <span style="float: right;">6</span> <input type="checkbox"/> <span style="float: right;">7</span> <input type="checkbox"/> <span style="float: right;">8</span> <input type="checkbox"/> Completed <span style="float: right;">5</span> <input type="checkbox"/> <span style="float: right;">6</span> <input type="checkbox"/> <span style="float: right;">7</span> <input type="checkbox"/> <span style="float: right;">8</span> <input type="checkbox"/>	
<b>SUSPECTS USED:</b>  <input type="checkbox"/> (A) Alcohol <span style="margin-left: 100px;"><input type="checkbox"/> (D) Drugs</span> <input type="checkbox"/> (C) Computer Equip <span style="margin-left: 100px;"><input checked="" type="checkbox"/> (N) Not Applicable / Unknown</span>		<b>TYPE OF CRIMINAL ACTIVITY:</b>  <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 type="checkbox"/> (P) Possessing / Concealing             </div> </div>	
<b>LOCATION CODE:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal  <input type="checkbox"/> (02) Bank / Savings &amp; 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: 48%;"> <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>		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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: 48%;"> <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>	
<b>(FOR BURGLARY ONLY)</b>  NUMBER OF PREMISES ENTERED <span style="float: right;">_____</span> <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<b>WEAPON FORCE:</b> <span style="font-size: small;">(on 11-15, an "A" denotes Automatic or Semi-Automatic)</span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)             </div> <div style="width: 48%;"> <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>	
<b>NARCAN USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 07/02/2025 02:27:58	REPORTING OFFICER GAEL SNOW - [REDACTED]	ORIGINAL APPROVING SUPERVISOR STEPHEN HENRY - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2025-080785

☐ JUVENILE INFORMATION

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## VICTIM

VICTIM #  
1

NAME (Last, First, Middle) or BUSINESS

GRAY, BERNITA

ADDRESS:

6909 SHETLAND DR LITTLE ROCK AR 72209

HOME PHONE:  
5015688065

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) UnknownDATE OF BIRTH  
11/19/1962RES. STATUS: ☒ (R) Resident  
☐ (N) Nonresident ☐ (U) UnknownMENTALLY AFFLICTED?  
☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 62

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)
1 _____ (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
_____ (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 \_\_\_\_\_

INCIDENT NUMBER 2025-080785

☐ JUVENILE INFORMATION

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## SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) <b>JOHNSON, GARY</b>	AKA:		
ARRESTEE #	ADDRESS: <b>6909 SHETLAND DR LITTLE ROCK AR 72209</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		DATE OF BIRTH <b>01/10/1986</b>
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: <b>39</b> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION:			ARREST DATE:	
CHARGE: <b>5-12-102I</b>				
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	<b>JOHNSON,GARY</b>	

  

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

**ADDED DESCRIPTION:**

n/a



INCIDENT NUMBER 2025-080785

☐ JUVENILE INFORMATION

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## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	1.00	UNK UNK GRN CASH 40 DLLS	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	(10) Drugs/Narcotics	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture
(02) Alcohol	(11) Drug/Narcotic Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community
(03) Automobiles	(12) Farm Equipment	(23) Office-Type Equipment	(34) Structures-Storage
(04) Bicycles	(13) Firearms	(24) Other Motor Vehicles	(35) Structures-Other
(05) Buses	(14) Gambling Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower
(06) Clothes/Furs	(15) Heavy Equipment Construction/ Industry	(26) Radios/TVs/VCR	(37) Trucks
(07) Computer Hardware/ Software	(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories
(08) Consumable Goods	(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft
(09) Credit Cards/Debit Cards	(18) Livestock	(29) Structures-Single Occupancy	(77) Other
	(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)
	(20) Money	(31) Structures-Commercial/Business	

## DRUG TYPE:

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

## TYPE DRUG MEASUREMENT:

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 6909 SHETLAND DR IN REFERENCE TO A DOMESTIC BATTERY REPORT.

OFFICERS MADE CONTACT WITH THE VICTIM, MS. GRAY, WHO ADVISED HER SON, MR. JOHNSON, ASSAULTED HER AND TOOK HER MONEY ON 06/30/2025 AT APPROXIMATELY 1645 HOURS.

MS. JOHNSON ADVISED SHE DID NOT WANT TO REPORT THE ASSAULT INITIALLY BUT HER SISTER CALLED THE POLICE FOR HER.

MS. GRAY ADVISED THAT MR. JOHNSON PUNCHED HER ON THE FACE AND TOOK 40 DOLLARS FROM HER.

OFFICERS OBSERVED SEVERE SWELLING TO MS. GRAY'S LEFT EYE. MEMS RESPONDED TO THE SCENE AND ATTEMPTED TO TRANSPORT MS. GRAY TO THE HOSPITAL BUT SHE REFUSED.

OFFICERS LOCATED MR. JOHNSON AT 7004 MORGAN DRIVE AND DETAINED HIM WHILE THEY COMPLETED THEIR INVESTIGATION.

MR. JOHNSON WAS READ HIS RIGHTS AND QUESTIONS BUT HE DENIED ALL ACCUSATIONS.

A LETHALITY FORM WAS COMPLETED.

MAJOR CRIMES WAS NOTIFIED.

MR. JOHNSON WAS RELEASED WITHOUT CHARGES AT THIS TIME.

MVR AND BWC WERE IN USE.

INCIDENT NUMBER 2025-080785

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## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ 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: 7/1/2025 9:50 PM
INCIDENT NUMBER <b>2025-080748</b>	UNIT ASSIGNED <b>2X53</b>	CALL DATE <b>07/01/2025</b>	CALL TIME <b>17:43:00</b>	TYPE OF CALL <b>KIDNAP</b>	
INCIDENT DATE <b>7/1/2025 5:43:01 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1 STADIUM DR</b>			DISTRICT <b>55</b>

OFFENSE			
INCIDENT OFFENSE TYPE  1. KIDNAPPING 2. ROBBERY (INDIVIDUAL) 3. UNAUTHORIZED USE OF ANOTHER PERSONS PROPERTY TO 4. <del>FAITHFUL PERFORMANCE</del> 5. TERRORISTIC THREATENING 1ST DEGREE 6. TERRORISTIC THREATENING 2ND DEGREE 7. DOMESTIC BATTERING 3RD DEGREE 8. TRAFFIC VIOLATION			OFFENSE STATUS  Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/>  Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input checked="" 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 &amp; 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 checked="" 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 _____ <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 checked="" 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 <b>07/02/2025 01:48:30</b>	REPORTING OFFICER <b>KENNETH HARNESS - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>JORDAN RUFF - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2025-080748

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 9:50 PM

## VICTIM

VICTIM #  
1

NAME (Last, First, Middle) or BUSINESS

GATEWOOD,CRYSTAL

ADDRESS:

5201 GEYER SPRINGS RD APT 1066 LITTLE ROCK AR 72209

HOME PHONE:

5014350943

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

07/14/1991

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident ☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 33

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 1 (XS) Ex-Spouse

(SP) Stepparent (EE) Employee

(SC) Stepchild (ER) Employer

(SS) Stepsibling (OK) Otherwise Known

(OF) Other Family (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 \_\_\_\_\_

INCIDENT NUMBER 2025-080748

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 9:50 PM

## VICTIM

VICTIM #

2

NAME (Last, First, Middle) or BUSINESS

AUSTIN,DEWAYNE

ADDRESS:

8419 BASELINE RD APT 1382 LITTLE ROCK AR 72209

HOME PHONE:

5013999432

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

10/28/1991

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 33

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 1 (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 1 (XS) Ex-Spouse

(SP) Stepparent (EE) Employee

(SC) Stepchild (ER) Employer

(SS) Stepsibling (OK) Otherwise Known

(OF) Other Family (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 \_\_\_\_\_

INCIDENT NUMBER 2025-080748

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 9:50 PM

## VICTIM

VICTIM #  
3

NAME (Last, First, Middle) or BUSINESS

SOCIETY

ADDRESS:

LITTLE ROCK AR

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: ☐ (M) Male  
☐ (F) Female ☒ (U) Unk.ETHNICITY: ☐ (H) Hispanic  
☐ (N) Non-Hispanic ☒ (U) Unk.RACE: ☐ (W) White ☐ (B) Black ☐ (I) American Indian  
☐ (A) Asian / Pacific Islander ☒ (U) Unknown

DATE OF BIRTH

RES. STATUS: ☐ (R) Resident  
☐ (N) Nonresident ☒ (U) UnknownMENTALLY AFFLICTED?  
☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

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

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

NIC:

NA

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

(SE) Spouse	1	(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	1	(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:

<input type="checkbox"/> (N) None	<input type="checkbox"/> (M) Apparent Minor Injury	<input type="checkbox"/> (B) Apparent Broken Bones
<input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> (L) Severe Laceration
<input type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (U) Unconsciousness	

AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (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 _____	

INCIDENT NUMBER 2025-080748

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 9:50 PM

**SUSPECT #1**

SUSPECT # 1	NAME (Last, First, Middle) <b>WILLIAMS, RONNIE</b>		AKA:	
ARRESTEE # 1	ADDRESS: 1710 MICHAEL DR LITTLE ROCK AR 72209			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE: 5738103387
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 06/14/1983
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: 42 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 (A -- automatic)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input 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 checked="" type="checkbox"/> 8		ARREST TYPE: <input checked="" type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
ARREST LOCATION: 6320 W MARKHAM ST			ARREST DATE: 07/01/2025	
CHARGE: 5-11-102 5-12-102I 5-74-105 99-20				
ARRESTING OFFICERS				
OFFICER 1: KENNETH HARNES -		<input type="checkbox"/> MVR	OFFICER 5: _____ <input type="checkbox"/> MVR	
OFFICER 2: _____		<input type="checkbox"/> MVR	OFFICER 6: _____ <input type="checkbox"/> MVR	
OFFICER 3: _____		<input type="checkbox"/> MVR	OFFICER 7: _____ <input type="checkbox"/> MVR	
OFFICER 4: _____		<input type="checkbox"/> MVR	OFFICER 8: _____ <input type="checkbox"/> MVR	

Suspect information continued on next page.



**SUSPECT #1**

SUSPECT #	NAME (Last, First, Middle)	AKA:
1	<b>WILLIAMS, RONNIE</b>	

  

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

  

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

**ADDED DESCRIPTION:**

n/a

## VEHICLE #1

STATUS: STOLEN

HOLD AUTHORITY:

YEAR: 2017	MAKE: TOYT	MODEL: CAMRY	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): BCL83P PC	LIC YEAR: 2025
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: RED	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	03	1.00	TOYOTA RED CAMRY 4DOOR PASSENGER CAR	0	12000		0.00	
7	77	1.00	N/A N/A BLK N/A PERSON	0	20		0.00	
7	38	1.00	N/A N/A BLK N/A CAR KEYS	0	50		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**

OFFICERS RESPONDED TO THE AREA OF W. MARKHAM AND UNIVERSITY AVE FOR A REPORTED KIDNAPPING IN PROGRESS. OFFICERS WERE ADVISED THAT A MALE ATTACKED A FEMALE, CRYSTAL GATEWOOD, AT HER PLACE OF WORK, FORCED HER INTO A CAR, AND WAS DRIVING AROUND WITH HER IN THE CAR. OFFICERS WERE RECEIVING THIS INFORMATION FROM THE FEMALE'S BOYFRIEND, DEWAYNE AUSTIN, WHO WAS ON THE PHONE WITH GATEWOOD WHEN THIS HAPPENED. AUSTIN WAS ALSO PROVIDING THE GPS LOCATION OF GATEWOOD DUE TO THEM SHARING THEIR LOCATION WITH ONE ANOTHER. OFFICERS WERE ADVISED GATEWOOD AND THE MALE WERE IN A BURGUNDY TOYOTA CAMRY AND WERE IN THE SOUTH PARKING LOT OF PARK PLAZA MALL.

OFFICERS LOCATED THE VEHICLE IN THE ATM DRIVE THRU OF BANK OF AMERICA, 6320 W MARKHAM; WHICH IS IN THE SOUTH PARKING LOT OF PARK PLAZA MALL. OFFICERS FOUND A BLACK MALE, LATER IDENTIFIED AS RONNIE WILLIAMS, IN THE DRIVER'S SEAT AND GATEWOOD IN THE PASSENGER'S SEAT. WILLIAMS WAS TAKEN INTO CUSTODY AND PLACED INTO A PATROL CAR. GATEWOOD WAS MOVED AWAY FROM WILLIAMS AND ASKED ABOUT WHAT HAPPEN. GATEWOOD STATED SHE WAS TALKING WITH AUSTIN ON THE PHONE WHILE WALKING OUT TO HER CAR AFTER GETTING OFF WORK WHEN WILLIAMS APPROACHED HER IN THE PARKING LOT. GATEWOOD STATED SHE REMEMBERED TELLING AUSTIN, "WHAT THE FUCK HE DOING HERE? HE'S STALKING ME." GATEWOOD ADVISED WILLIAMS STRUCK HER IN THE FACE THREE TIMES WITH AN OPEN HAND, TOOK HER KEYS, AND TOLD HER "GET IN THE CAR OR I'LL BEAT YOUR ASS BLOODY." GATEWOOD STATED SHE GOT IN THE CAR FOR FEAR HE WOULD CONTINUE TO ATTACK HER. GATEWOOD ADVISED THEY DROVE AROUND FOR A MINUTE AND WHILE THEY WERE DRIVING AUSTIN WAS ON THE PHONE, BUT WILLIAMS KEPT HANGING THE PHONE UP ON AUSTIN. GATEWOOD STATED AT ONE POINT WILLIAMS TOOK THE PHONE AND TOLD AUSTIN, "I'M BRINGING YOUR BITCH BACK, JUST TELL ME WHERE YOU LIVE." GATEWOOD ADVISED SHE COULDN'T HEAR WHAT AUSTIN SAID, BUT WILLIAMS THEN SAID, "I'LL SHOOT YOU. TELL ME WHERE YOU LIVE OR I'LL BEAT IT OUT OF HER." GATEWOOD STATED THEY CONTINUED TO DRIVE AROUND UNTIL SHE OFFERED TO GIVE HIM \$400 TO LET HER GO. GATEWOOD ADVISED WILLIAMS AGREED AND THAT IS WHY THEY WERE AT THE ATM WHEN OFFICERS ARRIVED. GATEWOOD STATED HER FACE WAS HURTING AND HER LIPS FELT LIKE THEY WERE SWOLLEN. GATEWOOD ADVISED WILLIAMS AND HERE WERE IN A SEXUAL RELATIONSHIP FOR OVER A MONTH EARLIER THIS YEAR, BUT SHE HAD CALLED IT OFF AROUND THE FIRST OF MAY. ACIC SHOWED WILLIAMS TO HAVE SUSPENDED DRIVER'S LICENSE AS WELL.

OFFICERS TRANSPORTED WILLIAMS TO THE 12TH STREET SUBSTATION AND HAD GATEWOOD AND AUSTIN MEET THEM THERE AS WELL TO SPEAK WITH DETECTIVES. OFFICERS SPOKE WITH AUSTIN AS WELL WHO STATED ONE OF THE TIMES HE WAS ON THE PHONE WITH GATEWOOD, WILLIAMS TOOK THE PHONE AND TOLD HIM HE WAS GOING TO SHOOT HIM. WILLIAMS WAS ADVISED OF HIS MIRANDA RIGHTS BY DETECTIVES AND DECLINED TO MAKE A STATEMENT.

WILLIAMS WAS CHARGED WITH KIDNAPPING, ROBBERY, UNAUTHORIZED USE OF ANOTHER PERSON'S PROPERTY TO FACILITATE A CRIME, THEFT OF PROPERTY, TERRORISTIC THREATENING 1ST DEGREE, TERRORISTIC THREATENING 2ND DEGREE, DOMESTIC BATTERY 3RD DEGREE, AND DRIVING ON SUSPENDED DRIVER'S LICENSE. WILLIAMS WAS TRANSPORTED TO PCRJ FOR PROCESSING.

MVR AND BWC WERE IN USE.

INCIDENT NUMBER 2025-080748

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 9:50 PM

## 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: 7/1/2025 10:40 PM
INCIDENT NUMBER <b>2025-080738</b>	UNIT ASSIGNED <b>2X52</b>	CALL DATE <b>07/01/2025</b>	CALL TIME <b>17:02:00</b>	TYPE OF CALL <b>BATTERY</b>	
INCIDENT DATE <b>7/1/2025 5:02:50 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1602 S PULASKI ST</b>			DISTRICT <b>52</b>

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

ENTRY DATE <b>07/01/2025 23:01:38</b>	REPORTING OFFICER <b>MARTIN GUARDADO - [REDACTED]</b>	ORIGINAL APPROVING SUPERVISOR <b>JORDAN RUFF - [REDACTED]</b>	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2025-080738

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 10:40 PM

## VICTIM

VICTIM #  
1

NAME (Last, First, Middle) or BUSINESS

DOZIER, ANQUINETTE

ADDRESS:

1602 S PULASKI ST LITTLE ROCK AR 72202

HOME PHONE:

6606209096

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

11/27/1995

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 29

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

1 (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

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☒ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

VICTIM TYPE:

☒ (I) Individual☐ (B) Business☐ (F) Financial Inst.☐ (U) Unknown☐ (G) Government☐ (R) Religious☐ (S) Society / Public☐ (O) Other

VICTIM INJURY:

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

AGGRAVATED ASSAULT / HOMICIDE:

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

CLOTHING DESCRIPTION

HAT \_\_\_\_\_ SHIRT \_\_\_\_\_ SHOES \_\_\_\_\_

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

**SUSPECT #1**

SUSPECT # 1	NAME (Last, First, Middle) <b>FOSTER, DAVONTE</b>			AKA:
ARRESTEE #	ADDRESS: 1 UNKNOWN ST LITTLE ROCK AR 72202			
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
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 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	<b>FOSTER, DAVONTE</b>	

  

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

  

HAIR LENGTH:	BUILD:	EYE COLOR:	CLOTHING DESCRIPTION:	TATTOO LOC:
<input type="checkbox"/> (1) Long		<input type="checkbox"/> (1) Blue	HAT _____	<input type="checkbox"/> (01) Arm (lft)
<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown	COAT _____	<input type="checkbox"/> (02) Arm (rt)
<input checked="" type="checkbox"/> (3) Short	<input checked="" type="checkbox"/> (1) Light	<input type="checkbox"/> (3) Grey	SHIRT _____	<input type="checkbox"/> (03) Leg (lft)
<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (4) Green	PANTS/DRESS _____	<input type="checkbox"/> (04) Leg (rt)
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (5) Hazel	SHOES _____	<input type="checkbox"/> (05) Hand (lft)
<input type="checkbox"/> (6) Unknown	<input type="checkbox"/> (4) Muscular	<input type="checkbox"/> (6) Other		<input type="checkbox"/> (06) Hand (rt)
	<input type="checkbox"/> (5) Unknown	<input checked="" type="checkbox"/> (7) Unknown		<input type="checkbox"/> (07) Face
				<input type="checkbox"/> (08) Neck
				<input type="checkbox"/> (09) Finger(s)
				<input type="checkbox"/> (10) Chest
				<input type="checkbox"/> (11) Back

**ADDED DESCRIPTION:**

n/a

INCIDENT NUMBER 2025-080738

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 10:40 PM

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	13	1.00	UNKNOWN UNKNOW BLK UNKNOWN LONG RIFLE	0	750		0.00	
7	20	1.00	UNKNOWN UNKNOW + UNKNOWN CASH	0	1300		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	(10) Drugs/Narcotics	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture
(02) Alcohol	(11) Drug/Narcotic Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community
(03) Automobiles	(12) Farm Equipment	(23) Office-Type Equipment	(34) Structures-Storage
(04) Bicycles	(13) Firearms	(24) Other Motor Vehicles	(35) Structures-Other
(05) Buses	(14) Gambling Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower
(06) Clothes/Furs	(15) Heavy Equipment Construction/ Industry	(26) Radios/TVs/VCR	(37) Trucks
(07) Computer Hardware/ Software	(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories
(08) Consumable Goods	(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft
(09) Credit Cards/Debit Cards	(18) Livestock	(29) Structures-Single Occupancy	(77) Other
	(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)
	(20) Money	(31) Structures-Commercial/Business	

## DRUG TYPE:

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

## TYPE DRUG MEASUREMENT:

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 THE LISTED LOCATION FOR A BATTERY CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH MS. DOZIER, WHO ADVISED MR. FOSTER JUST TOOK HER RIFLE AND 1300 DOLLARS IN CASH AND HAD JUST RUN SOUTH FROM THE LISTED LOCATION. OFFICERS CIRCULATED FOR MR. FOSTER WITH NEGATIVE RESULTS. OFFICERS CIRCLED BACK AND SPOKE WITH MS. DOZIER.

MS. DOZIER. SHE ADVISED SHE WAS JUST AT HOME WHEN MR. FOSTER CAME OVER, UPSET DUE TO TODAY BEING THE DAY HER MOM PASSED AWAY SOME YEARS AGO. MS. DOZIER STATED SHE DIDN'T THINK ANYTHING OF IT AND LET HIM IN DUE TO BOTH BEING FRIENDS. MS. DOZIER ADVISED MR. FOSTER STARTED TO GET ANGRY AND WENT INTO HER CLOSET AND STARTED TO MAKE A MESS. WHILE MR. FOSTER WAS IN THE CLOSET, THE RIFLE FELL. MR. FOSTER STATED, "THIS IS MINE NOW," AND THAT'S WHEN MS. DOZIER GRABBED THE RIFLE TO GET IT BACK, AND MR. FOSTER BIT MS. DOZIER'S BREAST AREA. OFFICERS OBSERVED BITE MARKS ON THE CHEST AREA OF MS. DOZIER.

MS. DOZIER THEN ADVISED MR. FOSTER SNATCHED THE RIFLE FROM HER HANDS, CAUSING THE RIFLE TO HIT HER IN THE FACE. OFFICERS ALSO OBSERVED REDNESS AND A BLOODY NOSE ON MS. DOZIER. MS. DOZIER THEN STATED SHE FELL ON THE GROUND AND MR. FOSTER GOT ON TOP OF HER AND STARTED TO CHOKER HER. MS. DOZIER ADVISED SHE FELT LIKE SHE WAS GOING TO DIE DUE TO HER NOT BEING ABLE TO BREATHE. OFFICERS DID SEE REDNESS AND SCRATCHES ON MS. DOZIER'S NECK. MS. DOZIER ADVISED MR. FOSTER LEFT THE SCENE ON FOOT. MS. DOZIER ADVISED SHE DID NOT NEED MEDICAL ATTENTION.

MS. DOZIER ADVISED SHE SLEPT WITH MR. FOSTER YEARS AGO BUT THEY WERE JUST FRIENDS AT THE TIME. OFFICERS FILLED OUT A LETHALITY ASSESSMENT FORM AND PROVIDED MS. DOZIER WITH A LAURA'S CARD CONTAINING THE INCIDENT NUMBER. OFFICERS ALSO TOOK PHOTOS OF THE INJURIES. MS. DOZIER DID NOT HAVE THE SERIAL NUMBER FOR THE RIFLE.

INCIDENT NUMBER 2025-080738

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 10:40 PM

## 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		<b>INCIDENT</b>			Report generated: 7/1/2025 10:34 PM
INCIDENT NUMBER <b>2025-080794</b>	UNIT ASSIGNED <b>2X52</b>	CALL DATE <b>07/01/2025</b>	CALL TIME <b>19:42:00</b>	TYPE OF CALL <b>SHOOTP</b>	
INCIDENT DATE <b>7/1/2025 7:42:50 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 1 CHILDRENS WAY			DISTRICT <b>51</b>

OFFENSE			
INCIDENT OFFENSE TYPE  1. BATTERY 1ST DEGREE 2. 3. 4.			OFFENSE STATUS  Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>  Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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 &amp; 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 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 07/02/2025 03:11:36	REPORTING OFFICER MARTIN GUARDADO - [REDACTED]	ORIGINAL APPROVING SUPERVISOR JORDAN RUFF - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>SISK,BRAYLON</b>																												
ADDRESS: <b>1400 WOLFE ST LITTLE ROCK AR 72202</b>																													
HOME PHONE: <b>5013139263</b>		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>12/23/2003</b>																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
AGE: Exact Age: <u>21</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>1 (RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td>(VO) Victim Was Suspect</td></tr></table>	(SE) Spouse	(AQ) Acquaintance	(CS) Common-Law Spouse	(FR) Friend	(PA) Parent	(NE) Neighbor	(SB) Sibling	(BE) Babysitter (baby)	(CH) Child	(BG) Boy/Girl Friend	(GP) Grandparents	(CF) Child of BF / GF	(GC) Grandchild	(HR) Homosexual Rel.	(IL) Inlaw	(XS) Ex-Spouse	(SP) Stepparent	(EE) Employee	(SC) Stepchild	(ER) Employer	(SS) Stepsibling	(OK) Otherwise Known	(OF) Other Family	1 (RU) Relationship Unknown	(ST) Stranger	(VO) Victim Was Suspect
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THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																													
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other																													
VICTIM INJURY: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input checked="" 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 checked="" 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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AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><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 checked="" 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"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</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 checked="" type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (20) Criminal Killed by Private Citizen	<input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (21) Criminal Killed by Police Officer	<input type="checkbox"/> (30) Child Playing w/ Weapon	<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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CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

INCIDENT NUMBER 2025-080794

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 10:34 PM

**SUSPECT #1**

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

Suspect information continued on next page.

**SUSPECT #1**

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

  

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

**ADDED DESCRIPTION:**

n/a



**NARRATIVE**

OFFICERS RESPONDED TO THE CHILDREN'S HOSPITAL ER TRAUMA ROOM 2 FOR A SHOOTING REPORT. OFFICERS MADE CONTACT WITH MR. SISK, WHO ADVISED HE WAS WALKING ON WOLFE STREET GOING NORTH TO A STORE WHEN, OUT OF NOWHERE, HE HEARD SHOTS GO OFF, SO HE STARTED RUNNING. WHEN MR. SISK STOPPED RUNNING, HE NOTICED HE WAS SHOT ONE TIME ON HIS RIGHT LEG. MR. SISK ADVISED HE DID NOT SEE OR KNOW WHO WAS THE ONE SHOOTING. MR. SISK ADVISED THERE WAS AN UNKNOWN BLACK FEMALE WHO SAW HIM RUN AND DROVE HIM TO THE HOSPITAL. CHILDREN'S HOSPITAL SECURITY ADVISED THE LPN OF THE VEHICLE WHICH DROPPED OFF MR. SISK WAS BCG81V. OFFICERS CIRCULATED FOR A CRIME SCENE WITH NEGATIVE RESULTS. OFFICERS NOTIFIED A MAJOR CRIMES DETECTIVE WHO RESPONDED TO INTERVIEW MR. SISK. OFFICERS ADVISED MR. SISK IF HE REMEMBERS ANYTHING TO GIVE US A CALL.

INCIDENT NUMBER 2025-080794

☐ JUVENILE INFORMATION

Report generated: 7/1/2025 10:34 PM

## 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