

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 7/3/2025 8:22 PM
INCIDENT NUMBER <b>2025-081699</b>	UNIT ASSIGNED <b>2Y81</b>	CALL DATE <b>07/03/2025</b>	CALL TIME <b>15:20:00</b>	TYPE OF CALL <b>BATTERY</b>	
INCIDENT DATE <b>7/3/2025 3:20:23 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>5912 DREXEL</b>			DISTRICT <b>80</b>

OFFENSE				
<b>INCIDENT OFFENSE TYPE</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 1. ROBBERY (INDIVIDUAL)  2. AGGRAVATED ASSAULT ON AN FAMILY OR HOUSEHOLD MEMBER  3. DOMESTIC BATTERING 3RD DEGREE  4. </div> <div style="width: 50%;"> 5.  6.  7.  8. </div> </div>			<b>OFFENSE STATUS</b>  <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>	
<b>SUSPECTS USED:</b>  <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		<b>TYPE OF CRIMINAL ACTIVITY:</b>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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: 50%;"> <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>GANG RELATED INFO:</b>  <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
<b>LOCATION CODE:</b> <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 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>				
<b>(FOR BURGLARY ONLY)</b>  NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<b>WEAPON FORCE:</b> (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>		
<b>NARCAN USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE <b>07/03/2025 20:59:03</b>	REPORTING OFFICER <b>RAFAEL AGUILERA MARCELENO -</b>	ORIGINAL APPROVING SUPERVISOR <b>AARON ONCKEN -</b>	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>JACKSON,LATRICE</b>		
ADDRESS: <b>5912 DREXEL AV LITTLE ROCK AR 72209</b>			
HOME PHONE: 5014756550		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 07/19/1992
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"/> (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) <div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child 1 (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div>
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: <div><div><input type="checkbox"/> (N) None</div><div><input checked="" type="checkbox"/> (M) Apparent Minor Injury</div><div><input type="checkbox"/> (B) Apparent Broken Bones</div></div> <div><div><input type="checkbox"/> (I) Possible Internal Injury</div><div><input type="checkbox"/> (T) Loss of Teeth</div><div><input type="checkbox"/> (L) Severe Laceration</div></div> <div><div><input type="checkbox"/> (O) Other Major Injury</div><div><input type="checkbox"/> (U) Unconsciousness</div></div>			
AGGRAVATED ASSAULT / HOMICIDE: <input checked="" 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 2025-081699

☐ JUVENILE INFORMATION

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**SUSPECT #1**

SUSPECT # 1	NAME (Last, First, Middle) <b>MCDANIEL, CORDALE</b>		AKA:	
ARRESTEE #	ADDRESS: <b>00 UNKNOWN AR</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input 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>01/26/1988</b>
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: <b>37</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 _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	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 <b>(A -- automatic)</b>
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
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	MCDANIEL,CORDALE					
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light	<input type="checkbox"/> (01) Afro	<input type="checkbox"/> (1) Black	<input type="checkbox"/> (01) Clean Shaven	<input type="checkbox"/> (01) Angry	<input type="checkbox"/> (01) Head	<input type="checkbox"/> (1) Designs
<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (02) Wavy	<input type="checkbox"/> (2) Blonde	<input type="checkbox"/> (02) Unshaven	<input type="checkbox"/> (02) Apologetic	<input type="checkbox"/> (02) Neck	<input type="checkbox"/> (2) Initials
<input type="checkbox"/> (3) Dark	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Brown	<input type="checkbox"/> (03) Full Beard	<input type="checkbox"/> (03) Calm	<input type="checkbox"/> (03) Hand (rt)	<input type="checkbox"/> (3) Names
<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Grey	<input type="checkbox"/> (04) Must. (hvy)	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (04) Hand (lft)	<input type="checkbox"/> (4) Pictures
<input type="checkbox"/> (5) Freckled	<input type="checkbox"/> (05) Braided	<input type="checkbox"/> (5) Red	<input type="checkbox"/> (05) Must. (thin)	<input type="checkbox"/> (05) Nervous	<input type="checkbox"/> (05) Arm (rt)	<input type="checkbox"/> (5) Words
<input type="checkbox"/> (6) Ruddy	<input type="checkbox"/> (06) Ponytail	<input type="checkbox"/> (6) Sandy	<input type="checkbox"/> (06) Brows (hvy)	<input type="checkbox"/> (06) Polite	<input type="checkbox"/> (06) Arm (lft)	<input type="checkbox"/> (6) Numbers
<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Military	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Brows (thin)	<input type="checkbox"/> (07) Professional	<input type="checkbox"/> (07) Body	<input type="checkbox"/> (7) Insignia
<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Side Burns	<input type="checkbox"/> (08) Stupor	<input type="checkbox"/> (08) Leg (rt)	<input type="checkbox"/> (8) None
	<input type="checkbox"/> (09) Wig/Toupee		<input type="checkbox"/> (09) Goatee	<input type="checkbox"/> (09) Violent	<input type="checkbox"/> (09) Leg (lft)	<input checked="" type="checkbox"/> (9) Unknown
HAIR LENGTH:	<input type="checkbox"/> (10) Other	EYE COLOR:	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other	TATTOO LOC:
<input type="checkbox"/> (1) Long	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (11) None	<input type="checkbox"/> (01) Arm (lft)
<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown		<input checked="" type="checkbox"/> (12) Unknown	<input checked="" type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)
<input type="checkbox"/> (3) Short	BUILD:	<input type="checkbox"/> (3) Grey				<input type="checkbox"/> (03) Leg (lft)
<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (4) Green				<input type="checkbox"/> (04) Leg (rt)
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)
<input checked="" type="checkbox"/> (6) Unknown	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (6) Other				<input type="checkbox"/> (06) Hand (rt)
	<input type="checkbox"/> (4) Muscular	<input checked="" type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face
	<input checked="" type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck
						<input type="checkbox"/> (09) Finger(s)
						<input type="checkbox"/> (10) Chest
						<input type="checkbox"/> (11) Back
CLOTHING DESCRIPTION:						
HAT _____						
COAT _____						
SHIRT _____						
PANTS/DRESS _____						
SHOES _____						

ADDED DESCRIPTION:

n/a



PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	1.00	NONE NONE + NONE CASH MONEY	0	160		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

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

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION IN REFERENCE TO A BATTERY REPORT. UPON ARRIVAL CONTACT WAS MADE WITH MS. JACKSON, WHO ADVISED THAT AROUND THE LISTED TIME AT 5912 DREXEL AVENUE, HER CHILD'S FATHER, MR. CORDALE, SHOWED UP TO HER RESIDENCE. MS. JACKSON STATED SHE OPENED THE DOOR FOR MR. CORDALE WHO SHOWED DUE TO HER STARTING A NEW RELATIONSHIP WITH ANOTHER GUY MAKING MR. CORDALE TO BE JEALOUS. MS. JACKSON STATED MR. CORDALE STARTED ASSAULTING HER OUTSIDE OF HER DOORWAY, PUT HIS HANDS ON HER NECK AND STARTED CHOKING HER TO WHERE SHE COULD NOT BREATHE, AND STOLE \$160 FROM HER WALLET THAT SHE DROPPED DURING THE ALTERCATION. OFFICERS OBSERVED SCRATCHES TO MS. JACKSON CHEST AREA. MS. JACKSON REFUSED MEDICAL ATTENTION AT THE TIME. MS. JACKSON STATED MR. CORDALE LEFT IN A WHITE CHEVROLET TRAVESERSE WITH A DENT ON THE BACK BUT COULD NOT PROVIDE A LICENSE PLATE.

OFFICERS COMPLETED A LETHALITY FORM AND LAURAS CARD WAS GIVEN TO HER. MS. JACKSON WAS ADVISED OFFICERS HAD 12 HOURS TO MAKE AN ARREST BASED ON THE OFFENSES THAT OCCURRED HOWEVER IF HE COULD NOT BE ARRESTED AFTER THE TIME GIVEN, A DETECTIVE WOULD CONTACT HER TO PROCEED WITH FURTHER INVESTIGATION. A BROADCAST OF MR. CORDALE INFORMATION, VEHICLE DESCRIPTION AND CHARGES WAS ADVISED TO ALL PATROL UNITS. BWC IN USE.

INCIDENT NUMBER 2025-081699

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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: 7/3/2025 8:59 PM
INCIDENT NUMBER <b>2025-081742</b>	UNIT ASSIGNED <b>2X80</b>	CALL DATE <b>07/03/2025</b>	CALL TIME <b>17:09:00</b>	TYPE OF CALL <b>CHKSUB</b>	
INCIDENT DATE <b>7/3/2025 5:09:00 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>6100 S UNIVERSITY ATRIA INN</b>			DISTRICT <b>80</b>

OFFENSE				
INCIDENT OFFENSE TYPE  1. AGGRAVATED ROBBERY (INDIVIDUAL)      5. 2. FALSE IMPRISONMENT 1ST DEGREE      6. 3.      7. 4.      8.			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 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 type="checkbox"/> (13) Highway / Road / Alley  <input checked="" 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 _____ <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 <b>07/03/2025 22:44:35</b>	REPORTING OFFICER <b>RAFAEL AGUILERA MARCELENO</b>	ORIGINAL APPROVING SUPERVISOR <b>AARON ONCKEN</b>	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>GAER,BERNARD</b>		
ADDRESS: <b>352 FLETCHER LP LITTLE ROCK AR 72223</b>			
HOME PHONE: 5017725356		WORK PHONE:	MOBILE PHONE:
OTHER PHONE:			
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 04/11/2001
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: 24 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) <div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family (RU) Relationship Unknown</div><div>1 2 (ST) Stranger (VO) Victim Was Suspect</div></div>
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" 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			
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 checked="" 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	2025-081742	<input type="checkbox"/> JUVENILE INFORMATION	Report generated: 7/3/2025 8:59 PM
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SUSPECT #1				
SUSPECT # 1	NAME (Last, First, Middle)  ,UNKNOWN		AKA:	
ARRESTEE #	ADDRESS:  AR			
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 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:  D.L. / ID No. (STATE)	HEIGHT: Ft 5 In 7  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:		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)
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 # 1	NAME (Last, First, Middle)  ,UNKNOWN		AKA:			
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
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 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

ADDED DESCRIPTION:  
n/a

INCIDENT NUMBER 2025-081742

☐ JUVENILE INFORMATION

Report generated: 7/3/2025 8:59 PM

**SUSPECT #2**

SUSPECT # <b>2</b>	NAME (Last, First, Middle) <b>,UNKNOWN</b>		AKA:	
ARRESTEE #	ADDRESS: <b>AR</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input 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 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 <u>5</u> In <u>7</u>	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: <b>5-11-103</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 #2**

SUSPECT #

2

NAME (Last, First, Middle)

,UNKNOWN

AKA:

## 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 # NAME (Last, First, Middle)

1

WOODS,PATRICK

ADDRESS:

AR

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

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

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 32

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

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

## COMPLEXION:

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

## HAIR STYLE:

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

## HAIR LENGTH:

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

## BUILD:

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

## HAIR COLOR:

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

## EYE COLOR:

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

## FACIAL HAIR:

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

## DEMEANOR:

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

## SCAR / MARK:

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

## TATTOO:

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

## TATTOO LOC:

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

## CLOTHING DESCRIPTION

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

INCIDENT NUMBER 2025-081742

☐ JUVENILE INFORMATION

Report generated: 7/3/2025 8:59 PM

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	1.00	NONE NONE + NONE CASH MONEY	0	100		0.00	
7	75	1.00	NONE APPLE WHT IPHONE 12 CELLPHONE	0	300		0.00	

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

## 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:

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

## TYPE DRUG MEASUREMENT:

Units	Weight
(DU) Dosage Unit (Pills, etc)	(GM) Gram (OZ) Ounce (KG) Kilogram (LB) Pound
(NP) Number of Plants	

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

## Capacity

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

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION IN REFERENCE TO A CHECK SUBJECT. UPON ARRIVAL CONTACT WAS MADE WITH MR. GAER WHO ADVISED HE MET UP WITH HIS FRIEND, MR. WOODS WHO WANTED MR. GAER TO GO WITH HIM TO THE ATRIA INN WHERE HE NEEDED TO TALK TO GANG MEMBER SUBJECTS ON CLARIFYING SOME STUFF. MR. GAER STATED WHEN BOTH ARRIVED AT THE HOTEL, 2 BLACK MALES SAW HIM AND ATTEMPTED TO TAKE ADVANTAGE OF HIM AND EVENTUALLY PULLED OUT A BLACK GLOCK WITH AN EXTENDED MAGAZINE. MR. GAER HE GAVE \$100 AND HIS PHONE TO ONE OF THE SUBJECTS HOWEVER THEY PLACED HIM INSIDE AN UNKNOWN ROOM AND HELD HIM AGAINST HIS WILL. MR. GAER ADVISED TELLING THE SUBJECTS HE COULD GET THEM MORE MONEY IF THEY LET HIM GO TO THE GAS STATION. MR. GAER STATED THE SUSPECTS LET HIM GO HOWEVER AFTER ARRIVING AT THE GAS STATION HE STARTED EXERCISING BECAUSE HE BELIEVED HE WAS HAVING A PANIC ATTACK.

UPON FURTHER INVESTIGATION MR. GAER ADMITTED ON USING METH SOMETIME DURING THE DAY. OFFICERS COULD SEE MR. GAER EYES TO BE RED AND COULD NOT FOCUS ON ONE THING AND KEPT TALKING ABOUT OTHER THINGS NOT RELATED TO THE INCIDENT. MEMS ARRIVED ON SCENE HOWEVER MR. GAER REFUSED TO GET TRANSPORTED TO A HOSPITAL. 2L38 WAS ADVISED IF THE INCIDENT. OFFICER RESPONDED TO THE ATRIA INN AND KNOCKED ON THE POSSIBLE SUSPECTS ROOMS WHICH WERE 101 OR 102 WITH NEGATIVE RESULTS. BWC IN USE.

INCIDENT NUMBER 2025-081742

☐ JUVENILE INFORMATION

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## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ 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: 7/3/2025 1:55 PM
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-081574</div>	UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">1Y42</div>	CALL DATE <div style="text-align: center; font-weight: bold;">07/03/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">10:10:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">SHOTS</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">7/3/2025 10:10:33 AM</div>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">1717 E 20TH ST</div>			DISTRICT <div style="text-align: center; font-weight: bold;">42</div>

OFFENSE			
INCIDENT OFFENSE TYPE  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1. TERRORISTIC ACT            2.            3.            4.         </div> <div style="width: 45%;">           5.            6.            7.            8.         </div> </div>			OFFENSE STATUS  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Attempted Completed         </div> <div style="width: 45%;">           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 <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 style="width: 45%;"> <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: 45%;"> <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>		GANG RELATED INFO:  <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
<div style="display: flex;"> <div style="width: 45%;">           LOCATION CODE:  <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: 45%;"> <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: 45%;"> <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; justify-content: space-between;"> <div style="width: 45%;"> <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: 45%;"> <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="font-weight: bold;">07/03/2025 15:59:39</div>	REPORTING OFFICER <div style="font-weight: bold;">MILES MCWAYNE - [REDACTED]</div>	ORIGINAL APPROVING SUPERVISOR <div style="font-weight: bold;">ROBERT OLDHAM - [REDACTED]</div>	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2025-081574

☐ JUVENILE INFORMATION

Report generated: 7/3/2025 1:55 PM

## VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

HUMPHREY,ERMALEAN

ADDRESS:

1717 E 20TH ST LITTLE ROCK AR 72204

HOME PHONE:

5012515227

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

11/10/1940

RES. STATUS:

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

MENTALLY AFFLICTED?

☐ (Y) Yes☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 84

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

(FR) Friend

Spouse

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

1

(RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

VICTIM TYPE:

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

VICTIM INJURY:

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

AGGRAVATED ASSAULT / HOMICIDE:

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

CLOTHING DESCRIPTION

HAT

SHIRT

SHOES

COAT

PANTS/DRESS

INCIDENT NUMBER 2025-081574

☐ JUVENILE INFORMATION

Report generated: 7/3/2025 1:55 PM

## VICTIM

VICTIM #

2

NAME (Last, First, Middle) or BUSINESS

DAVIS, MICHAEL

ADDRESS:

1717 E 20TH ST LITTLE ROCK AR 72204

HOME PHONE:

5012515227

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

08/26/1949

RES. STATUS:

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 75

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

(FR) Friend

Spouse

(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)  ,UNK					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)	
		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: 5-13-310									
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	,UNK					
<div><div><div>COMPLEXION:</div><div><div><input type="checkbox"/> (1) Light</div><div><input type="checkbox"/> (2) Medium</div><div><input type="checkbox"/> (3) Dark</div><div><input type="checkbox"/> (4) Acne</div><div><input type="checkbox"/> (5) Freckled</div><div><input type="checkbox"/> (6) Ruddy</div><div><input type="checkbox"/> (7) Other</div><div><input checked="" type="checkbox"/> (8) Unknown</div></div></div><div><div>HAIR LENGTH:</div><div><div><input type="checkbox"/> (1) Long</div><div><input type="checkbox"/> (2) Medium</div><div><input type="checkbox"/> (3) Short</div><div><input type="checkbox"/> (4) Bald(ing)</div><div><input type="checkbox"/> (5) Other</div><div><input checked="" type="checkbox"/> (6) Unknown</div></div></div></div> <div><div>HAIR STYLE:</div><div><div><input type="checkbox"/> (01) Afro</div><div><input type="checkbox"/> (02) Wavy</div><div><input type="checkbox"/> (03) Straight</div><div><input type="checkbox"/> (04) Curly</div><div><input type="checkbox"/> (05) Braided</div><div><input type="checkbox"/> (06) Ponytail</div><div><input type="checkbox"/> (07) Military</div><div><input type="checkbox"/> (08) Processed</div><div><input type="checkbox"/> (09) Wig/Toupee</div><div><input type="checkbox"/> (10) Other</div><div><input checked="" type="checkbox"/> (11) Unknown</div></div></div> <div><div>BUILD:</div><div><div><input type="checkbox"/> (1) Light</div><div><input type="checkbox"/> (2) Medium</div><div><input type="checkbox"/> (3) Heavy</div><div><input type="checkbox"/> (4) Muscular</div><div><input checked="" type="checkbox"/> (5) Unknown</div></div></div>						

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

CLOTHING DESCRIPTION:

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

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

ADDED DESCRIPTION:

n/a

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
5	77	5.00	UNK .40 GLD CALIBER SPENT .40 CALIBER CASINGS	0	1		0.00	
5	77	10.00	UNK LUG GLD 9MM CASING SPENT 9MM CASINGS	0	1		0.00	
5	77	9.00	UNK 5.56 S GLD CASINGS SPENT 5.56 CASINGS	0	1		0.00	
5	77	1.00	BULLET FRAGME GRA FRAG BULLET FRAGMENT LOCATED NEAR PORCH	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  
(KG) Kilogram

(OZ) Ounce  
(LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity  
(ML) Milliliter  
(LT) Liter

(GL) Gallon  
(FO) Fluid Ounce

**NARRATIVE**

OFFICERS RESPONDED TO 1717 EAST 20TH STREET IN REFERENCE TO A DELAYED SHOTS FIRED CALL. THE CALLER, VICTIM#1 ERMALEAN HUMPHREY (B/F 11/10/1940) ADVISED SHE HEARD NUMEROUS GUN SHOTS THIS MORNING AROUND 0100 HOURS, BUT STATED SHE NEVER GOT OUT OF BED TO SEE WHAT WAS GOING ON. MS. HUMPHREYS ADVISED WHEN SHE WOKE UP, SHE OBSERVED HER FRONT SCREEN DOOR WINDOW WAS SHOT OUT, AS WELL AS HER DISHWASHER.

OFFICERS OBSERVED NUMEROUS BULLET HOLES IN THE KITCHEN OF HER HOME, INCLUDING THE DISHWASHER (X2), FRIDGE, KITCHEN CHAIR, THE CEILING, KITCHEN WALL AND THE SCREEN DOOR. OFFICERS LOCATED APPROXIMATELY (24) SPENT SHELL CASINGS IN THE ROAD IN FRONT OF HER HOUSE; (10) 9MM, (5) .40 CALIBER, (9) 5.56 AND (1) BULLET FRAGMENT.

OFFICERS CONTACTED SGT. BUTLER AND HE ADVISED IT WAS POSSIBLY RELATED TO THE TERRORISTIC ACT THAT OCCURRED THIS MORNING ON EAST 18TH STREET (2025-081478). MAJOR CRIMES RESPONDED TO OUR LOCATION AND SPOKE WITH SEVERAL HOMEOWNERS IN THE AREA, AS WELL AS OUR VICTIMS. OFFICERS COLLECTED THE SPENT SHELL CASINGS AND COMPLETED A CRIME SCENE LOG. OFFICERS STORED THE SHELL CASINGS AT THE 12TH STREET SUBSTATION. MVR AND BWC IN USE, 21C667.

ADDITIONAL HOMICIDE CIRCUMSTANCES		<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal		<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer		<input type="checkbox"/> (E) Criminal killed in commission of a crime	
RELATED CASE NUMBER(S)			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
RACIAL (Anti-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	DISABILITY (Anti-)	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group		
	<input type="checkbox"/> (27) Atheist/Agnostic		

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 7/3/2025 9:28 PM
INCIDENT NUMBER <b>2025-081478</b>	UNIT ASSIGNED <b>3X42</b>	CALL DATE <b>07/03/2025</b>	CALL TIME <b>04:30:00</b>	TYPE OF CALL <b>SHOTS</b>	
INCIDENT DATE <b>7/3/2025 4:30:13 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1816 BOYCE ST</b>			DISTRICT <b>42</b>

<b>OFFENSE</b>				
<b>INCIDENT OFFENSE TYPE</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. TERRORISTIC ACT  2.  3.  4. </div> <div style="width: 45%;"> 5.  6.  7.  8. </div> </div>			<b>OFFENSE STATUS</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Attempted Completed </div> <div style="width: 45%;"> 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 <input type="checkbox"/> </div> </div>	
<b>SUSPECTS USED:</b> <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		<b>TYPE OF CRIMINAL ACTIVITY:</b> <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		<b>GANG RELATED INFO:</b> <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>LOCATION CODE:</b>  <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: 45%;"> <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: 45%;"> <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>				
<b>(FOR BURGLARY ONLY)</b> NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input checked="" 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"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None		
<b>NARCAN USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE <b>07/03/2025 11:07:06</b>	REPORTING OFFICER <b>THOMAS GLOVER -</b>	ORIGINAL APPROVING SUPERVISOR <b>JEFFERY FRAZIER -</b>	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>BLANTON,KIMBERLY</b>		
ADDRESS: <b>1816 BOYCE ST LITTLE ROCK AR 72206</b>			
HOME PHONE: <b>5014754435</b>		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 <b>05/12/1977</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: <b>48</b> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (99) Over 98 Years 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) <div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family <b>1</b> (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div>
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

SUSPECT #1										
SUSPECT # 1		NAME (Last, First, Middle)  ,UNKNOWN					AKA:			
ARRESTEE #		ADDRESS:  UNKNOWN UNKNOWN AR 00000								
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)		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____				
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		ARREST LOCATION:		ARREST DATE:						
CHARGE: 5-13-310										
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	,UNKNOWN					
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light	<input type="checkbox"/> (01) Afro	<input type="checkbox"/> (1) Black	<input type="checkbox"/> (01) Clean Shaven	<input type="checkbox"/> (01) Angry	<input type="checkbox"/> (01) Head	<input type="checkbox"/> (1) Designs
<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (02) Wavy	<input type="checkbox"/> (2) Blonde	<input type="checkbox"/> (02) Unshaven	<input type="checkbox"/> (02) Apologetic	<input type="checkbox"/> (02) Neck	<input type="checkbox"/> (2) Initials
<input type="checkbox"/> (3) Dark	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Brown	<input type="checkbox"/> (03) Full Beard	<input type="checkbox"/> (03) Calm	<input type="checkbox"/> (03) Hand (rt)	<input type="checkbox"/> (3) Names
<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Grey	<input type="checkbox"/> (04) Must. (hvy)	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (04) Hand (lft)	<input type="checkbox"/> (4) Pictures
<input type="checkbox"/> (5) Freckled	<input type="checkbox"/> (05) Braided	<input type="checkbox"/> (5) Red	<input type="checkbox"/> (05) Must. (thin)	<input type="checkbox"/> (05) Nervous	<input type="checkbox"/> (05) Arm (rt)	<input type="checkbox"/> (5) Words
<input type="checkbox"/> (6) Ruddy	<input type="checkbox"/> (06) Ponytail	<input type="checkbox"/> (6) Sandy	<input type="checkbox"/> (06) Brows (hvy)	<input type="checkbox"/> (06) Polite	<input type="checkbox"/> (06) Arm (lft)	<input type="checkbox"/> (6) Numbers
<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Military	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Brows (thin)	<input type="checkbox"/> (07) Professional	<input type="checkbox"/> (07) Body	<input type="checkbox"/> (7) Insignia
<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Side Burns	<input type="checkbox"/> (08) Stupor	<input type="checkbox"/> (08) Leg (rt)	<input type="checkbox"/> (8) None
	<input type="checkbox"/> (09) Wig/Toupee		<input type="checkbox"/> (09) Goatee	<input type="checkbox"/> (09) Violent	<input type="checkbox"/> (09) Leg (lft)	<input checked="" type="checkbox"/> (9) Unknown
HAIR LENGTH:	<input type="checkbox"/> (10) Other	EYE COLOR:	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other	TATTOO LOC:
<input type="checkbox"/> (1) Long	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (11) None	<input type="checkbox"/> (01) Arm (lft)
<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown		<input checked="" type="checkbox"/> (12) Unknown	<input checked="" type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)
<input type="checkbox"/> (3) Short	BUILD:	<input type="checkbox"/> (3) Grey				<input type="checkbox"/> (03) Leg (lft)
<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (4) Green				<input type="checkbox"/> (04) Leg (rt)
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)
<input checked="" type="checkbox"/> (6) Unknown	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (6) Other				<input type="checkbox"/> (06) Hand (rt)
	<input type="checkbox"/> (4) Muscular	<input checked="" type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face
	<input checked="" type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck
						<input type="checkbox"/> (09) Finger(s)
						<input type="checkbox"/> (10) Chest
						<input type="checkbox"/> (11) Back
CLOTHING DESCRIPTION:						
HAT _____						
COAT _____						
SHIRT _____						
PANTS/DRESS _____						
SHOES _____						

ADDED DESCRIPTION:

n/a

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☐ JUVENILE INFORMATION

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## OTHER PERSONS - CONTACT

OTHER PERSON # 1	NAME (Last, First, Middle) <b>RIDEOUT, JERICHO</b>												
ADDRESS: <b>1816 BOYCE ST LITTLE ROCK AR 72206</b>													
HOME PHONE: <b>5013504162</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>09/01/2000</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: <b>24</b> 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 _____									
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 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	
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 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					

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	29	1.00	N/A N/A + N/A DOOR AND VARIOUS WALLS	0	200		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  
(KG) Kilogram

(OZ) Ounce  
(LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity  
(ML) Milliliter  
(LT) Liter

(GL) Gallon  
(FO) Fluid Ounce

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## NARRATIVE

ON 07/03/2025 AT APPROXIMATELY 0430 HOURS OFFICERS RESPONDED TO A SHOTS FIRED CALL AT THE LISTED LOCATION.

UPON ARRIVAL, OFFICERS MADE CONTACT WITH MRS. KIMBERLY BLANTON (BLACK FEMALE, VICTIM 1) WHO ADVISED OFFICERS AN UNKNOWN VEHICLE DROVE BY HER HOUSE AND OPENED FIRE. MRS. BLANTON WAS NOT INJURED AND DENIED THE NEED FOR MEDICAL ATTENTION. MRS. BLANTON ADVISED OFFICERS SHE BELIEVED HER HOUSE WAS TARGETED IN REGARD TO HER SON, JERICO RIDEOUT (BLACK MALE, CONTACT 1) WHO SHE CLAIMED WAS ALWAYS GETTING IN TROUBLE AS HE WAS IN A GANG IN THE EAST END, BUT COULD NOT CLARIFY EXACTLY WHICH. MRS. BLANTON ALSO ADVISED SHE DID NOT SEE OR KNOW EXACTLY WHO OPENED FIRE. OFFICERS THEN INVESTIGATED THE SURROUNDING AREA AND FOUND TWO BULLET HOLES ON THE EAST SIDE OF THE BUILDING, ONE PENETRATING THE DOOR INTO THE LIVING ROOM AND ONE PENETRATING THE DINING ROOM WALL INTO THE BATHROOM. FIVE 5.56MM SHELL CASINGS WERE DISCOVERED IN THE STREET OUTSIDE AS WELL AS A BULLET FRAGMENT INSIDE THE HOUSE IN THE BATHTUB. OFFICERS NOTIFIED THEIR SUPERVISOR WHO ADVISED TO WAIT FOR DETECTIVE PALMER WHO WOULD COME TO INTERVIEW MRS. BLANTON AND TO PHOTOGRAPH AND COLLECT THE EVIDENCE. OFFICERS THEN PHOTOGRAPHED SHELL CASINGS AND THE BULLET FRAGMENT AND COLLECTED THEM TO STORE AS EVIDENCE IN THE PROPERTY ROOM AT THE 12TH STREET SUBSTATION. NO FURTHER POLICE ACTION WAS NECESSARY. BWC IN USE.

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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