

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |                                 |   |                              |                                     |                       |
|--|---------------------------------|---|------------------------------|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |                                 | <b>INCIDENT</b>   |                              | Report generated: 7/7/2025 11:56 PM |                       |
| INCIDENT NUMBER<br><b>2025-083709</b>                    | UNIFORM ASSIGNED<br><b>2X82</b> | CALL DATE<br><b>07/07/2025</b>  | CALL TIME<br><b>14:36:00</b> | TYPE OF CALL<br><b>THEFT</b>        |                       |
| INCIDENT DATE<br><b>7/7/2025 2:36:50 PM</b>              |                                 | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6201 MABELVALE CTF 323</b> |                              |                                     | DISTRICT<br><b>83</b> |

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

|  |  |  |  |
|--|--|--|--|
| ENTRY DATE<br><b>07/08/2025 03:31:39</b> | REPORTING OFFICER<br><b>HASTON BETTS</b> | ORIGINAL APPROVING SUPERVISOR<br><b>AARON ONCKEN</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

| VICTIM  |  |   |                                    |
|---|--|---|------------------------------------|
| VICTIM #<br>1   | NAME (Last, First, Middle) or BUSINESS<br><b>HEARD,CHELSEY</b>   |   |                                    |
| ADDRESS:<br><b>6201 MABELVALE CO LITTLE ROCK AR 72209</b>   |  |   |                                    |
| HOME PHONE:<br><b>4693009718</b>  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                       |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br><b>12/18/1992</b> |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |                                    |
| AGE:<br>Exact Age: <u>32</u><br>Range: <u>      </u> - <u>      </u> <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><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 (ST) Stranger (VO) Victim Was Suspect</div></div> |                                    |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input 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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |   |                                    |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |                                    |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |   |                                    |

INCIDENT NUMBER 2025-083709

Report Contains Juvenile Information

Report generated: 7/7/2025 11:56 PM

Redact Before Release

## VICTIM

|  |  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
|--|--|--|---------------|--|--|--|---|---|--|--|---|---|---|---|---|---|--|--|---|--|--|---|--|---|---|--|--|---|--|
| VICTIM #<br>2  | NAME (Last, First, Middle) or BUSINESS<br>[REDACTED]   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| ADDRESS:<br>[REDACTED]   |  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| HOME PHONE:<br>[REDACTED]  | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:  |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| AGE:<br>Exact Age: 7<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td><input type="checkbox"/> (SE) Spouse</td><td><input type="checkbox"/> (AQ) Acquaintance</td></tr><tr><td><input type="checkbox"/> (CS) Common-Law Spouse</td><td><input type="checkbox"/> (FR) Friend</td></tr><tr><td><input type="checkbox"/> (PA) Parent</td><td><input type="checkbox"/> (NE) Neighbor</td></tr><tr><td><input type="checkbox"/> (SB) Sibling</td><td><input type="checkbox"/> (BE) Babysitter (baby)</td></tr><tr><td><input type="checkbox"/> (CH) Child</td><td><input type="checkbox"/> (BG) Boy/Girl Friend</td></tr><tr><td><input type="checkbox"/> (GP) Grandparents</td><td><input type="checkbox"/> (CF) Child of BF / GF</td></tr><tr><td><input type="checkbox"/> (GC) Grandchild</td><td><input type="checkbox"/> (HR) Homosexual Rel.</td></tr><tr><td><input type="checkbox"/> (IL) Inlaw</td><td><input type="checkbox"/> (XS) Ex-Spouse</td></tr><tr><td><input type="checkbox"/> (SP) Stepparent</td><td><input type="checkbox"/> (EE) Employee</td></tr><tr><td><input type="checkbox"/> (SC) Stepchild</td><td><input type="checkbox"/> (ER) Employer</td></tr><tr><td><input type="checkbox"/> (SS) Stepsibling</td><td><input type="checkbox"/> (OK) Otherwise Known</td></tr><tr><td><input type="checkbox"/> (OF) Other Family</td><td><input type="checkbox"/> (RU) Relationship Unknown</td></tr><tr><td>11 <input type="checkbox"/> (ST) Stranger</td><td><input type="checkbox"/> (VO) Victim Was Suspect</td></tr></table> |               | <input type="checkbox"/> (SE) Spouse   | <input type="checkbox"/> (AQ) Acquaintance               | <input type="checkbox"/> (CS) Common-Law Spouse    | <input type="checkbox"/> (FR) Friend                  | <input type="checkbox"/> (PA) Parent        | <input type="checkbox"/> (NE) Neighbor         | <input type="checkbox"/> (SB) Sibling                          | <input type="checkbox"/> (BE) Babysitter (baby)   | <input type="checkbox"/> (CH) Child                 | <input type="checkbox"/> (BG) Boy/Girl Friend                   | <input type="checkbox"/> (GP) Grandparents            | <input type="checkbox"/> (CF) Child of BF / GF      | <input type="checkbox"/> (GC) Grandchild                      | <input type="checkbox"/> (HR) Homosexual Rel.          | <input type="checkbox"/> (IL) Inlaw                              | <input type="checkbox"/> (XS) Ex-Spouse | <input type="checkbox"/> (SP) Stepparent | <input type="checkbox"/> (EE) Employee         | <input type="checkbox"/> (SC) Stepchild | <input type="checkbox"/> (ER) Employer | <input type="checkbox"/> (SS) Stepsibling | <input type="checkbox"/> (OK) Otherwise Known | <input type="checkbox"/> (OF) Other Family | <input type="checkbox"/> (RU) Relationship Unknown | 11 <input type="checkbox"/> (ST) Stranger | <input type="checkbox"/> (VO) Victim Was Suspect |
| <input type="checkbox"/> (SE) Spouse   | <input type="checkbox"/> (AQ) Acquaintance   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (CS) Common-Law Spouse  | <input type="checkbox"/> (FR) Friend   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (PA) Parent   | <input type="checkbox"/> (NE) Neighbor   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (SB) Sibling  | <input type="checkbox"/> (BE) Babysitter (baby)  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (CH) Child  | <input type="checkbox"/> (BG) Boy/Girl Friend  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (GP) Grandparents   | <input type="checkbox"/> (CF) Child of BF / GF   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (GC) Grandchild   | <input type="checkbox"/> (HR) Homosexual Rel.  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (IL) Inlaw  | <input type="checkbox"/> (XS) Ex-Spouse  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (SP) Stepparent   | <input type="checkbox"/> (EE) Employee   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (SC) Stepchild  | <input type="checkbox"/> (ER) Employer   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (SS) Stepsibling  | <input type="checkbox"/> (OK) Otherwise Known  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (OF) Other Family   | <input type="checkbox"/> (RU) Relationship Unknown   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| 11 <input type="checkbox"/> (ST) Stranger  | <input type="checkbox"/> (VO) Victim Was Suspect   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| VICTIM INJURY:<br><table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>  |  |  |               | <input type="checkbox"/> (N) None      | <input type="checkbox"/> (M) Apparent Minor Injury       | <input type="checkbox"/> (B) Apparent Broken Bones | <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth  | <input type="checkbox"/> (L) Severe Laceration | <input type="checkbox"/> (O) Other Major Injury                | <input type="checkbox"/> (U) Unconsciousness      |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (N) None  | <input type="checkbox"/> (M) Apparent Minor Injury   | <input type="checkbox"/> (B) Apparent Broken Bones   |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (I) Possible Internal Injury  | <input type="checkbox"/> (T) Loss of Teeth   | <input type="checkbox"/> (L) Severe Laceration   |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <input type="checkbox"/> (O) Other Major Injury  | <input type="checkbox"/> (U) Unconsciousness   |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input checked="" type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td><td><input type="checkbox"/> (10) Unknown Circumstances</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td></tr><tr><td></td><td></td><td><input type="checkbox"/> (32) Hunting Accident</td></tr></table> |  |  |               | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal            | <input type="checkbox"/> (04) Gangland                | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel  | <input checked="" type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <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"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | <input type="checkbox"/> (20) Criminal Killed by Private Citizen |   |  | <input type="checkbox"/> (32) Hunting Accident |   |  |   |   |  |  |   |  |
| <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 checked="" type="checkbox"/> (08) Other Felony Involved   | <input type="checkbox"/> (09) Other Circumstances  | <input type="checkbox"/> (10) Unknown Circumstances  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| <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"/> (33) Other Negligent Weapon Handling  | <input type="checkbox"/> (34) Other Negligent Killings   | <input type="checkbox"/> (20) Criminal Killed by Private Citizen   |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
|  |  | <input type="checkbox"/> (32) Hunting Accident   |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |  |               |  |  |  |   |   |  |  |   |   |   |   |   |   |  |  |   |  |  |   |  |   |   |  |  |   |  |

| VICTIM  |  |   |   |
|---|--|---|---|
| VICTIM #<br>3   |  | NAME (Last, First, Middle) or BUSINESS<br>TONEY,DARRELLNESHA  |   |
| ADDRESS:<br>6201 MABELVALE CO LITTLE ROCK AR 72209  |  |   |   |
| HOME PHONE:<br>5016477016   |  | WORK PHONE:   | MOBILE PHONE:   |
| OTHER PHONE:  |  |   |   |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |
| DATE OF BIRTH<br>09/02/2001   |  |   |   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:  |
| AGE:<br>Exact Age: 23<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   |  | NIC:<br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div><div>(SE) Spouse 1</div><div>(CS) Common-Law Spouse</div><div>(PA) Parent 2</div><div>(SB) Sibling</div><div>(CH) Child</div><div>(GP) Grandparents</div><div>(GC) Grandchild</div><div>(IL) Inlaw</div><div>(SP) Stepparent</div><div>(SC) Stepchild</div><div>(SS) Stepsibling</div><div>(OF) Other Family</div><div>1 1 (ST) Stranger</div></div><div><div>(AQ) Acquaintance</div><div>(FR) Friend</div><div>(NE) Neighbor</div><div>(BE) Babysitter (baby)</div><div>(BG) Boy/Girl Friend</div><div>(CF) Child of BF / GF</div><div>(HR) Homosexual Rel.</div><div>(XS) Ex-Spouse</div><div>(EE) Employee</div><div>(ER) Employer</div><div>(OK) Otherwise Known</div><div>(RU) Relationship Unknown</div><div>(VO) Victim Was Suspect</div></div></div> |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8   |  |   |   |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |   |   |
| VICTIM INJURY:<br><div><div><div><input type="checkbox"/> (N) None</div><div><input type="checkbox"/> (I) Possible Internal Injury</div><div><input type="checkbox"/> (O) Other Major Injury</div></div><div><div><input type="checkbox"/> (M) Apparent Minor Injury</div><div><input type="checkbox"/> (T) Loss of Teeth</div><div><input type="checkbox"/> (U) Unconsciousness</div></div><div><div><input type="checkbox"/> (B) Apparent Broken Bones</div><div><input type="checkbox"/> (L) Severe Laceration</div></div></div>   |  |   |   |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |   |
| CLOTHING DESCRIPTION<br>HAT SHIRT SHOES<br>COAT PANTS/DRESS   |  |   |   |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| INCIDENT NUMBER 2025-083709  |  | Report Contains Juvenile Information<br>Redact Before Release   |  | Report generated: 7/7/2025 11:56 PM  |  |
| SUSPECT #1   |  |   |  |  |  |
| SUSPECT #<br>1   |  | NAME (Last, First, Middle)<br>RODGERS,DJAUN   |  | AKA:   |  |
| ARRESTEE #   |  | ADDRESS:<br>0 UNKNOWN UNKNOWN AR 00000  |  |  |  |
| HOME PHONE:  |  | WORK PHONE:   |  | MOBILE PHONE:  |  |
| OTHER PHONE:   |  |   |  |  |  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   |  | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |  |
|  |  | DATE OF BIRTH<br>12/14/2000   |  |  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |  | OCCUPATION / EMPLOYER:   |  |
| AGE:<br>Exact Age: 24<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  |  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |  | NIC:   |  |
|  |  | DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |  | D.L. / ID No. (STATE)  |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8  |  | ARREST TYPE:<br><input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |  | HEIGHT:<br>Ft _____<br>In _____<br>WEIGHT:<br>Lbs _____  |  |
| ARREST LOCATION:   |  | ARREST DATE:  |  | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic) |  |
| CHARGE: 5-12-102I 5-13-202 5-36-103F   |  |   |  |  |  |
| ARRESTING OFFICERS<br>OFFICER 1: _____ <input type="checkbox"/> MVR<br>OFFICER 2: _____ <input type="checkbox"/> MVR<br>OFFICER 3: _____ <input type="checkbox"/> MVR<br>OFFICER 4: _____ <input type="checkbox"/> MVR<br>OFFICER 5: _____ <input type="checkbox"/> MVR<br>OFFICER 6: _____ <input type="checkbox"/> MVR<br>OFFICER 7: _____ <input type="checkbox"/> MVR<br>OFFICER 8: _____ <input type="checkbox"/> MVR |  |   |  |  |  |

Suspect information continued on next page.

INCIDENT NUMBER 2025-083709

Report Contains Juvenile Information  
Redact Before Release

Report generated: 7/7/2025 11:56 PM

## SUSPECT #1

SUSPECT #

1

NAME (Last, First, Middle)

AKA:

RODGERS,DJAUN

## 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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| INCIDENT NUMBER 2025-083709   |  | Report Contains Juvenile Information<br>Redact Before Release   |  | Report generated: 7/7/2025 11:56 PM   |  |
| SUSPECT #2  |  |   |  |   |  |
| SUSPECT #<br>2  |  | NAME (Last, First, Middle)<br>HEARD,CHELSEY   |  | AKA:  |  |
| ARRESTEE #  |  | ADDRESS:<br>6201 MABELVALE CO LITTLE ROCK AR 72209  |  |   |  |
| HOME PHONE:   |  | WORK PHONE:   |  | MOBILE PHONE:   |  |
|   |  |   |  | OTHER PHONE:<br>4693009718  |  |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |  |
|   |  |   |  | DATE OF BIRTH<br>12/18/1992   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |  | OCCUPATION / EMPLOYER:  |  |
| AGE:<br>Exact Age: 32<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |  | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |  | NIC:  |  |
|   |  | DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |  | D.L. / ID No. (STATE)   |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  | ARREST TYPE:<br><input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |  | HEIGHT:<br>Ft _____<br>In _____<br>WEIGHT:<br>Lbs _____   |  |
| ARREST LOCATION:  |  | ARREST DATE:  |  | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A-- automatic) |  |
| CHARGE: 5-38-203M   |  |   |  |   |  |
| ARRESTING OFFICERS  |  |   |  |   |  |
| OFFICER 1: _____  |  | <input type="checkbox"/> MVR  |  | OFFICER 5: _____  |  |
| OFFICER 2: _____  |  | <input type="checkbox"/> MVR  |  | OFFICER 6: _____  |  |
| OFFICER 3: _____  |  | <input type="checkbox"/> MVR  |  | OFFICER 7: _____  |  |
| OFFICER 4: _____  |  | <input type="checkbox"/> MVR  |  | OFFICER 8: _____  |  |

Suspect information continued on next page.

INCIDENT NUMBER 2025-083709

Report Contains Juvenile Information  
Redact Before Release☒ JUVENILE INFORMATION

Report generated: 7/7/2025 11:56 PM

**SUSPECT #2**

SUSPECT #

2

NAME (Last, First, Middle)

**HEARD,CHELSEY**

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

|   |  |                  |                        |                    |                                  |                      |
|---|--|------------------|------------------------|--------------------|----------------------------------|----------------------|
| VEHICLE #1                                |  |                  |                        |                    |                                  |                      |
| STATUS: SUSPECT                           |  |                  |                        | HOLD AUTHORITY:    |                                  |                      |
| YEAR:<br>2016                             | MAKE:<br>HYUN  | MODEL:<br>SONATA | STYLE:<br>4D           | VIN:<br>[REDACTED] | LICENSE NO. (TYPE):<br>AZN29B PC | LIC YEAR:<br>2025    |
| OWNER'S NAME (Last, First):<br>[REDACTED] |  |                  | ADDRESS:<br>[REDACTED] |                    |                                  | STATE:<br>[REDACTED] |
| COLOR:<br>RED                             | DISPOSITION OF RECOVERY:<br><input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner |                  | NIC:                   |                    | INSURANCE POLICY #:              |                      |

| PROPERTY |       |      |   |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|---|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)          | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 73    | 1.00 | N/A N/A +<br>N/A PIT BULL CERTIFIED SERVICE DOG | 0        | 3500  |                  | 0.00     |         |
| 4        | 30    | 1.00 | N/A N/A +<br>N/A FRONT DOOR TO APT 624          | 0        | 400   |                  | 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

Redact Before Release

**NARRATIVE**

OFFICERS WERE DISPATCHED TO 6201 MABELVALE CUTOFF FOR A THEFT. OFFICERS MADE CONTACT WITH MS. HEARD WHO ADVISED HER JUVENILE SON WAS ROBBED. MS. HEARD ADVISED HER SON WHO HAS A DISABILITY HAD RUN TO HER SCREAMING "DOG". MS. HEARD ADVISED SHE COULD NOT FIND THE CHILDS SERVICE DOG. MS. HEARD ADVISED SHE MADE CONTACT WITH THE FRONT OFFICE OF THE APARTMENT COMPLEX WHO LET HER VIEW CAMERA FOOTAGE. MS. HEARD ADVISED THE CAMERA FOOTAGE SHOWS A TALL BLACK MALE WEARING A GREY JUMPSUIT WITH AN AFRO APPROACH HER SON. MS. HEARD ADVISED THE VIDEO SHOWS THE SUSPECT PUSH HER SON TO THE GROUND AND TAKE THE DOG. MS. HEARD ADVISED THE VIDEO THEN SHOWS THE BLACK MALE ENTER A RED SEDAN DRIVEN BY A BLACK FEMALE AND LEAVE. MS. HEARD ADVISED HER SON WAS INJURED BECAUSE OF THE ROBBERY. OFFICERS OBSERVED SWELLING TO THE HAND OF THE JUVENILE. OFFICERS ISSUED MS. HEARD AN INCIDENT NUMBER FOR THE EVENT. MS. HEARD LATER CALLED BACK AND ADVISED THE RED VEHICLE HAD RETURNED TO THE LOCAITON. OFFICERS MADE CONTACT WITH THE OWNER OF THE VEHICLE, MS. TONEY, WHO ADVISED HER FRONT DOOR HAD BEEN KICKED IN. MS. TONEY HAD ALSO CALLED POLICE. THIS REPORT CAN BE FOUND DURING 2025-083794. MS. TONEY ADVISED THERE APPEARED TO BE NOTHING TAMPERED WITH IN HER RESIDENCE. MS. TONEY ADVISED SHE WAS INVOLVED IN A DISTURBANCE WITH MS. HEARD BEFORE POLICE ARRIVED. MS. TONEY ADVISED MS. HEARD THREATENED TO "SEND SOMEONE TO HER" AND "HER ASS IS GRASS". MS. TONEY ADVISED MS. HEARD WAS UPSET BECAUSE HER DOG HAD BEEN TAKEN. MS. TONEY ADVISED BECAUSE OF THE DISTURBANCE SHE BELIEVED MS. HEARD HAD KICKED HER DOOR IN. OFFICERS LOCATED A CAMERA ON THE BOTTOM FLOOR OF BUILDING 6. OFFICERS WERE UNABLE TO FIND CAMERA FOOTAGE OF MS. HEARD USING THE STARWAY OF BUILDING 6 OR BEING ANYWHERE NEAR BUILDING 6. OFFICERS WERE LATER APPROACHED BY A REFUSED BLACK FEMALE WHO ADVISED SHE WITNESSED THE SUSPECT KICK MS. TONEYS DOOR IN. THE SUBJECT ADVISED THE SUSPECT WAS MS. TONEY'S "BABY DADDY" AND DESCRIBED HIM AS A TALL YOUNG BLACK MALE WEARING GREY PANTS AND A WHITE SHIRT WITH AN AFRO. OFFICERS ADVISED MS. TONEY OF THIS. MS. TONEY ADVISED HER THE SUSPECT WAS NOT HER "BABY DADDY", BUT HER FRIEND. MS. TONEY ADVISED THE SUSPECTS NAME IS JUAN BUT WAS UNSURE OF HIS LAST NAME. MS. TONEY ADVISED THE SUSPECTS BIRTHDAY IS IN DECEMBER AND HE IS CLOSE TO HER AGE. OFFICERS WERE ABLE TO DETERMINE THROUGH A TRU REPORT THAT A POSSIBLE SUSPECT COULD BE DJAUN RODGERS. THIS REPORT CAN BE FOUND UNDER 2025-300253. OFFICERS OBSERVED MR. RODGERS HAS CURRENT WARRANTS FOR THEFT OF PROPERTY. OFFICERS ISSUED MS. HEARD AND MS. TONEY AN INCIDENT NUMBER FOR THE EVENT AND ADVISED MS. HEARD A DETECTIVE WOULD FOLLOW UP WITH HER REGARDING THE ROBBERY OF HER SONS SERVICE DOG.

INCIDENT NUMBER 2025-083709

Report Contains Juvenile Information  
Redact Before Release☒ JUVENILE INFORMATION

Report generated: 7/7/2025 11:56 PM

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

CAR JACKING? ☐ YES ☒ NODRIVE-BY? ☐ YES ☒ NOGANG RELATED? ☐ YES ☒ NO**HATE/BIAS RELATIONSHIP:** ☒ (88) None ☐ YES, SEE BELOW

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

- ☐ (32) Hispanic  
☐ (33) Other Ethnicity

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |  |  |                                     |  |
|--|--|--|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |  | Report generated: 7/7/2025 11:40 PM |  |
| INCIDENT NUMBER<br><b>2025-083763</b>                    |  | UNIT ASSIGNED<br><b>2X72</b>   |  | CALL DATE<br><b>07/07/2025</b>      |  |
| INCIDENT DATE<br><b>7/7/2025 6:41:45 PM</b>              |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>1221 RESERVOIR RD</b> |  | TYPE OF CALL<br><b>SHOOTP</b>       |  |
| DISTRICT<br><b>60</b>                                    |  |  |  |                                     |  |

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

|  |  |   |  |
|--|--|---|--|
| ENTRY DATE<br><b>07/08/2025 04:01:24</b> | REPORTING OFFICER<br><b>TUCKER ROBERTSON</b> | ORIGINAL APPROVING SUPERVISOR<br><b>TRENTON MELLINGER</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

| VICTIM   |  |   |   |
|--|--|---|---|
| VICTIM #<br>1  | NAME (Last, First, Middle) or BUSINESS<br><b>BOYD,KEONTE</b>   |   |   |
| ADDRESS:<br><b>1801 RESERVOIR RD 148 LITTLE ROCK AR 72206</b>  |  |   |   |
| HOME PHONE:<br>5012056375  |  | WORK PHONE:   | MOBILE PHONE:   |
| OTHER PHONE:   |  |   |   |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>12/30/2004   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |   |
| AGE:<br>Exact Age: 20<br>Range: -<br><input type="checkbox"/> (NN) Under 24 Hrs. Old<br><input type="checkbox"/> (NB) 1-6 Days Old   | <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div><div>(SE) Spouse</div><div>(CS) Common-Law Spouse</div><div>(PA) Parent</div><div>(SB) Sibling</div><div>(CH) Child</div><div>(GP) Grandparents</div><div>(GC) Grandchild</div><div>(IL) Inlaw</div><div>(SP) Stepparent</div><div>(SC) Stepchild</div><div>(SS) Stepsibling</div><div>(OF) Other Family</div><div>(ST) Stranger</div></div><div><div>(AQ) Acquaintance</div><div>(FR) Friend</div><div>(NE) Neighbor</div><div>(BE) Babysitter (baby)</div><div>(BG) Boy/Girl Friend</div><div>(CF) Child of BF / GF</div><div>(HR) Homosexual Rel.</div><div>(XS) Ex-Spouse</div><div>(EE) Employee</div><div>(ER) Employer</div><div>(OK) Otherwise Known</div><div>(RU) Relationship Unknown</div><div>(VO) Victim Was Suspect</div></div></div> |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |   |   |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |   |
| CLOTHING DESCRIPTION<br>HAT SHIRT SHOES<br>COAT PANTS/DRESS  |  |   |   |

| VICTIM   |   |   |   |
|--|---|---|---|
| VICTIM #<br>2  | NAME (Last, First, Middle) or BUSINESS<br><b>BOWERS,LASHARA</b>   |   |   |
| ADDRESS:<br><b>1221 RESERVOIR RD 112 LITTLE ROCK AR 72227</b>  |   |   |   |
| HOME PHONE:<br>5012056375  |   | WORK PHONE:   | MOBILE PHONE:   |
| OTHER PHONE:   |   |   |   |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>09/19/1995   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:  |   |
| AGE:<br>Exact Age: 29<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  |   | NIC:<br><br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div><div>(SE) Spouse</div><div>(CS) Common-Law Spouse</div><div>(PA) Parent</div><div>(SB) Sibling</div><div>(CH) Child</div><div>(GP) Grandparents</div><div>(GC) Grandchild</div><div>(IL) Inlaw</div><div>(SP) Stepparent</div><div>(SC) Stepchild</div><div>(SS) Stepsibling</div><div>(OF) Other Family</div><div>(ST) Stranger</div></div><div><div>(AQ) Acquaintance</div><div>(FR) Friend</div><div>(NE) Neighbor</div><div>(BE) Babysitter (baby)</div><div>(BG) Boy/Girl Friend</div><div>(CF) Child of BF / GF</div><div>(HR) Homosexual Rel.</div><div>(XS) Ex-Spouse</div><div>(EE) Employee</div><div>(ER) Employer</div><div>(OK) Otherwise Known</div><div>(RU) Relationship Unknown</div><div>(VO) Victim Was Suspect</div></div></div> |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |   |   |   |
| VICTIM INJURY:<br><div><div><div><input type="checkbox"/> (N) None</div><div><input type="checkbox"/> (I) Possible Internal Injury</div><div><input type="checkbox"/> (O) Other Major Injury</div></div><div><div><input type="checkbox"/> (M) Apparent Minor Injury</div><div><input type="checkbox"/> (T) Loss of Teeth</div><div><input type="checkbox"/> (U) Unconsciousness</div></div><div><div><input type="checkbox"/> (B) Apparent Broken Bones</div><div><input type="checkbox"/> (L) Severe Laceration</div></div></div>  |   |   |   |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |   |   |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |   |   |   |

| VICTIM   |  |   |                             |
|--|--|---|-----------------------------|
| VICTIM #<br>3  | NAME (Last, First, Middle) or BUSINESS<br>[REDACTED]   |   |                             |
| ADDRESS:<br>[REDACTED]   |  |   |                             |
| HOME PHONE:<br>[REDACTED]  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br>[REDACTED] |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |                             |
| AGE:<br>Exact Age: 3<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><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 4 (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div> |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |   |                             |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |                             |
| CLOTHING DESCRIPTION<br>HAT SHIRT SHOES<br>COAT PANTS/DRESS  |  |   |                             |

| VICTIM   |   |   |                             |
|--|---|---|-----------------------------|
| VICTIM #<br>4  | NAME (Last, First, Middle) or BUSINESS<br>NOID,ANTOINETT  |   |                             |
| ADDRESS:<br>1221 RESERVOIR RD 111 LITTLE ROCK AR 72227   |   |   |                             |
| HOME PHONE:<br>5018917414  |   | WORK PHONE:   | MOBILE PHONE:               |
| OTHER PHONE:   |   |   |                             |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br>06/24/1981 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | OCCUPATION / EMPLOYER:  |                             |
| AGE:<br>Exact Age: 44<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><div><div><div>(SE) Spouse</div><div>(CS) Common-Law Spouse</div><div>(PA) Parent</div><div>(SB) Sibling</div><div>(CH) Child</div><div>(GP) Grandparents</div><div>(GC) Grandchild</div><div>(IL) Inlaw</div><div>(SP) Stepparent</div><div>(SC) Stepchild</div><div>(SS) Stepsibling</div><div>(OF) Other Family</div><div>(ST) Stranger</div></div><div><div>(AQ) Acquaintance</div><div>(FR) Friend</div><div>(NE) Neighbor</div><div>(BE) Babysitter (baby)</div><div>(BG) Boy/Girl Friend</div><div>(CF) Child of BF / GF</div><div>(HR) Homosexual Rel.</div><div>(XS) Ex-Spouse</div><div>(EE) Employee</div><div>(ER) Employer</div><div>(OK) Otherwise Known</div><div>(RU) Relationship Unknown</div><div>(VO) Victim Was Suspect</div></div></div> |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |   |   |                             |
| VICTIM INJURY:<br><div><div><div><input type="checkbox"/> (N) None</div><div><input type="checkbox"/> (I) Possible Internal Injury</div><div><input type="checkbox"/> (O) Other Major Injury</div></div><div><div><input type="checkbox"/> (M) Apparent Minor Injury</div><div><input type="checkbox"/> (T) Loss of Teeth</div><div><input type="checkbox"/> (U) Unconsciousness</div></div><div><div><input type="checkbox"/> (B) Apparent Broken Bones</div><div><input type="checkbox"/> (L) Severe Laceration</div></div></div>  |   |   |                             |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |   |                             |
| CLOTHING DESCRIPTION<br>HAT SHIRT SHOES<br>COAT PANTS/DRESS  |   |   |                             |

INCIDENT NUMBER 2025-083763

Report Contains Juvenile Information  
Redact Before Release

Report generated: 7/7/2025 11:40 PM

## VICTIM

VICTIM #

5

NAME (Last, First, Middle) or BUSINESS

MCKENZIE,IYONA

ADDRESS:

1801 RESERVOIR RD 147 LITTLE ROCK AR 72227

HOME PHONE:

5012056375

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

07/07/2006

RES. STATUS:

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 19

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

☐ (SE) Spouse ☐ (AQ) Acquaintance☐ (CS) Common-Law Spouse ☐ (FR) Friend☐ (PA) Parent ☐ (NE) Neighbor☐ (SB) Sibling ☐ (BE) Babysitter (baby)☐ (CH) Child ☐ (BG) Boy/Girl Friend☐ (GP) Grandparents ☐ (CF) Child of BF / GF☐ (GC) Grandchild ☐ (HR) Homosexual Rel.☐ (IL) Inlaw ☐ (XS) Ex-Spouse☐ (SP) Stepparent ☐ (EE) Employee☐ (SC) Stepchild ☐ (ER) Employer☐ (SS) Stepsibling ☐ (OK) Otherwise Known☐ (OF) Other Family ☐ 4 (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) 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 2025-083763

Report Contains Juvenile Information

☒ JUVENILE INFORMATION

Report generated: 7/7/2025 11:40 PM

Redact Before Release

## VICTIM

|  |  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
|--|--|---|---|--|--|--|---|---|--|---|---|--|---|---|---|---|--|---|--|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|-----------------------------|---------------|-------------------------|
| VICTIM #<br>6  | NAME (Last, First, Middle) or BUSINESS\$<br>[REDACTED]   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| ADDRESS:<br>[REDACTED]   |  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| HOME PHONE:<br>[REDACTED]  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:  |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>[REDACTED]   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| AGE:<br>Exact Age: 1<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   |  | NIC:<br>D.L. / ID No. (STATE)   | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>4 (RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td>(VO) Victim Was Suspect</td></tr></table> | (SE) Spouse                            | (AQ) Acquaintance  | (CS) Common-Law Spouse                             | (FR) Friend   | (PA) Parent                                 | (NE) Neighbor                                  | (SB) Sibling                                    | (BE) Babysitter (baby)                              | (CH) Child   | (BG) Boy/Girl Friend                                | (GP) Grandparents   | (CF) Child of BF / GF                                 | (GC) Grandchild                                     | (HR) Homosexual Rel.                           | (IL) Inlaw  | (XS) Ex-Spouse   | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | 4 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse  | (AQ) Acquaintance  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (CS) Common-Law Spouse   | (FR) Friend  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (PA) Parent  | (NE) Neighbor  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SB) Sibling   | (BE) Babysitter (baby)   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (CH) Child   | (BG) Boy/Girl Friend   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (GP) Grandparents  | (CF) Child of BF / GF  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (GC) Grandchild  | (HR) Homosexual Rel.   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (IL) Inlaw   | (XS) Ex-Spouse   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SP) Stepparent  | (EE) Employee  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SC) Stepchild   | (ER) Employer  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SS) Stepsibling   | (OK) Otherwise Known   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (OF) Other Family  | 4 (RU) Relationship Unknown  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (ST) Stranger  | (VO) Victim Was Suspect  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| VICTIM INJURY:<br><table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>  |  |   |   | <input type="checkbox"/> (N) None      | <input type="checkbox"/> (M) Apparent Minor Injury       | <input type="checkbox"/> (B) Apparent Broken Bones | <input type="checkbox"/> (I) Possible Internal Injury | <input type="checkbox"/> (T) Loss of Teeth  | <input type="checkbox"/> (L) Severe Laceration | <input type="checkbox"/> (O) Other Major Injury | <input type="checkbox"/> (U) Unconsciousness        |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (N) None  | <input type="checkbox"/> (M) Apparent Minor Injury   | <input type="checkbox"/> (B) Apparent Broken Bones  |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (I) Possible Internal Injury  | <input type="checkbox"/> (T) Loss of Teeth   | <input type="checkbox"/> (L) Severe Laceration  |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| <input type="checkbox"/> (O) Other Major Injury  | <input type="checkbox"/> (U) Unconsciousness   |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |
| AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input checked="" type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td></tr><tr><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td><td><input type="checkbox"/> (33) Other Negligent Weapon Handling</td></tr><tr><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td><td></td></tr></table> |  |   |   | <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal            | <input type="checkbox"/> (04) Gangland                | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel  | <input type="checkbox"/> (07) Mercy Killings    | <input type="checkbox"/> (08) Other Felony Involved | <input checked="" type="checkbox"/> (09) Other Circumstances | <input type="checkbox"/> (10) Unknown Circumstances | <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 |                 |               |                |               |                  |                      |                   |                             |               |                         |
| <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"/> (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<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |   |   |  |  |  |   |   |  |   |   |  |   |   |   |   |  |   |  |                 |               |                |               |                  |                      |                   |                             |               |                         |

INCIDENT NUMBER 2025-083763

Report Contains Juvenile Information  
Redact Before Release☒ JUVENILE INFORMATION

Report generated: 7/7/2025 11:40 PM

## VICTIM

|  |  |   |                             |
|--|--|---|-----------------------------|
| VICTIM #<br>7  | NAME (Last, First, Middle) or BUSINESS<br>[REDACTED]   |   |                             |
| ADDRESS:<br>[REDACTED]   |  |   |                             |
| HOME PHONE:<br>[REDACTED]  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:                |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | DATE OF BIRTH<br>[REDACTED] |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |                             |
| AGE:<br>Exact Age: 10<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br>(SE) Spouse (AQ) Acquaintance<br>(CS) Common-Law Spouse (FR) Friend<br>(PA) Parent (NE) Neighbor<br>(SB) Sibling (BE) Babysitter (baby)<br>(CH) Child (BG) Boy/Girl Friend<br>(GP) Grandparents (CF) Child of BF / GF<br>(GC) Grandchild (HR) Homosexual Rel.<br>(IL) Inlaw (XS) Ex-Spouse<br>(SP) Stepparent (EE) Employee<br>(SC) Stepchild (ER) Employer<br>(SS) Stepsibling (OK) Otherwise Known<br>(OF) Other Family 4 (RU) Relationship Unknown<br>(ST) Stranger (VO) Victim Was Suspect |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other   |  |   |                             |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |   |                             |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |   |                             |

|  |  |  |             |   |  |                                 |               |  |  |
|--|--|--|-------------|---|--|---------------------------------|---------------|--|--|
| SUSPECT #1   |  |  |             |   |  |                                 |               |  |  |
| SUSPECT #<br>1   |  | NAME (Last, First, Middle)<br><br>AKA:<br><br>,UNKNOWN   |             |   |  |                                 |               |  |  |
| ARRESTEE #   |  | ADDRESS:<br><br>UNKNOWN UNKNOWN AR   |             |   |  |                                 |               |  |  |
| HOME PHONE:  |  |  | WORK PHONE: |   |  | MOBILE PHONE:                   |               | OTHER PHONE:<br>1111111111   |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |  |                                 | DATE OF BIRTH |  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |             | OCCUPATION / EMPLOYER:  |  |                                 |               |  |  |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |  | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |             | NIC:  |  | HEIGHT:<br>Ft _____<br>In _____ |               | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A -- automatic) |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  | DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   |             | D.L. / ID No. (STATE)   |  | WEIGHT:<br>Lbs _____            |               |  |  |
| ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |  |  |             |   |  |                                 |               |  |  |
| ARREST LOCATION:   |  |  |             | ARREST DATE:  |  |                                 |               |  |  |
| CHARGE:  |  |  |             |   |  |                                 |               |  |  |
| ARRESTING OFFICERS   |  |  |             |   |  |                                 |               |  |  |
| OFFICER 1: _____ <input type="checkbox"/> MVR  |  |  |             | OFFICER 5: _____ <input type="checkbox"/> MVR   |  |                                 |               |  |  |
| OFFICER 2: _____ <input type="checkbox"/> MVR  |  |  |             | OFFICER 6: _____ <input type="checkbox"/> MVR   |  |                                 |               |  |  |
| OFFICER 3: _____ <input type="checkbox"/> MVR  |  |  |             | OFFICER 7: _____ <input type="checkbox"/> MVR   |  |                                 |               |  |  |
| OFFICER 4: _____ <input type="checkbox"/> MVR  |  |  |             | OFFICER 8: _____ <input type="checkbox"/> MVR   |  |                                 |               |  |  |

Suspect information continued on next page.

## SUSPECT #1

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

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

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

## ADDED DESCRIPTION:

n/a

|  |  |  |  |   |  |   |  |  |
|--|--|--|--|---|--|---|--|--|
| SUSPECT #2   |  |  |  |   |  |   |  |  |
| SUSPECT #<br>2   |  | NAME (Last, First, Middle)<br><br>,UNKNOWN   |  |   |  | AKA:  |  |  |
| ARRESTEE #   |  | ADDRESS:<br><br>UNKNOWN UNKNOWN AR   |  |   |  |   |  |  |
| HOME PHONE:  |  | WORK PHONE:  |  | MOBILE PHONE:   |  | OTHER PHONE:<br>1111111111                                  |  |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |  | DATE OF BIRTH   |  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |  | OCCUPATION / EMPLOYER:  |  |   |  |  |
| AGE:<br>Exact Age: _____<br>Range: _____ - _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |  | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8<br><br>DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department |  | NIC:<br><br>D.L. / ID No. (STATE)   |  | HEIGHT:<br>Ft _____<br>In _____<br><br>WEIGHT:<br>Lbs _____ |  | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A -- automatic) |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  |  |  | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |  |   |  |  |
| ARREST LOCATION:   |  |  |  | ARREST DATE:  |  |   |  |  |
| CHARGE:  |  |  |  |   |  |   |  |  |
| ARRESTING OFFICERS   |  |  |  |   |  |   |  |  |
| OFFICER 1: _____ <input type="checkbox"/> MVR  |  |  |  | OFFICER 5: _____ <input type="checkbox"/> MVR   |  |   |  |  |
| OFFICER 2: _____ <input type="checkbox"/> MVR  |  |  |  | OFFICER 6: _____ <input type="checkbox"/> MVR   |  |   |  |  |
| OFFICER 3: _____ <input type="checkbox"/> MVR  |  |  |  | OFFICER 7: _____ <input type="checkbox"/> MVR   |  |   |  |  |
| OFFICER 4: _____ <input type="checkbox"/> MVR  |  |  |  | OFFICER 8: _____ <input type="checkbox"/> MVR   |  |   |  |  |

Suspect information continued on next page.

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

ADDED DESCRIPTION:

n/a

|  |  |  |                              |   |                  |                                 |  |  |  |
|--|--|--|------------------------------|---|------------------|---------------------------------|--|--|--|
| SUSPECT #3   |  |  |                              |   |                  |                                 |  |  |  |
| SUSPECT #<br>3   |  | NAME (Last, First, Middle)<br><br>,UNKNOWN   |                              |   |                  |                                 |  | AKA:   |  |
| ARRESTEE #   |  | ADDRESS:<br><br>UNKNOWN UNKNOWN AR   |                              |   |                  |                                 |  |  |  |
| HOME PHONE:  |  |  | WORK PHONE:                  |   |                  | MOBILE PHONE:                   |  | OTHER PHONE:<br>1111111111   |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |                  |                                 |  | DATE OF BIRTH  |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |                              | OCCUPATION / EMPLOYER:  |                  |                                 |  |  |  |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |  | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |                              | NIC:  |                  | HEIGHT:<br>Ft _____<br>In _____ |  | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  |  |                              | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |                  |                                 |  |  |  |
| ARREST LOCATION:   |  |  |                              | ARREST DATE:  |                  | (A -- automatic)                |  |  |  |
| CHARGE:  |  |  |                              |   |                  |                                 |  |  |  |
| ARRESTING OFFICERS   |  |  |                              |   |                  |                                 |  |  |  |
| OFFICER 1: _____   |  |  | <input type="checkbox"/> MVR |   | OFFICER 5: _____ |                                 |  | <input type="checkbox"/> MVR   |  |
| OFFICER 2: _____   |  |  | <input type="checkbox"/> MVR |   | OFFICER 6: _____ |                                 |  | <input type="checkbox"/> MVR   |  |
| OFFICER 3: _____   |  |  | <input type="checkbox"/> MVR |   | OFFICER 7: _____ |                                 |  | <input type="checkbox"/> MVR   |  |
| OFFICER 4: _____   |  |  | <input type="checkbox"/> MVR |   | OFFICER 8: _____ |                                 |  | <input type="checkbox"/> MVR   |  |

Suspect information continued on next page.

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

ADDED DESCRIPTION:  
n/a

|  |  |   |             |   |  |                                 |  |  |                            |  |
|--|--|---|-------------|---|--|---------------------------------|--|--|----------------------------|--|
| SUSPECT #4   |  |   |             |   |  |                                 |  |  |                            |  |
| SUSPECT #<br>4   |  | NAME (Last, First, Middle)<br><br>,UNKNOWN  |             |   |  |                                 |  | AKA:   |                            |  |
| ARRESTEE #   |  | ADDRESS:<br><br>UNKNOWN UNKNOWN AR  |             |   |  |                                 |  |  |                            |  |
| HOME PHONE:  |  |   | WORK PHONE: |   |  | MOBILE PHONE:                   |  |  | OTHER PHONE:<br>1111111111 |  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   |  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown |  |                                 |  | DATE OF BIRTH  |                            |  |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   |  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |             | OCCUPATION / EMPLOYER:  |  |                                 |  |  |                            |  |
| AGE:<br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   |  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input checked="" type="checkbox"/> V4<br><input checked="" type="checkbox"/> V5 <input checked="" type="checkbox"/> V6 <input checked="" type="checkbox"/> V7 <input type="checkbox"/> V8 |             | NIC:  |  | HEIGHT:<br>Ft _____<br>In _____ |  | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |                            |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |  |                                 |  |  |                            |  |
| ARREST LOCATION:   |  |   |             | ARREST DATE:  |  |                                 |  |  |                            |  |
| CHARGE: 5-13-310   |  |   |             |   |  |                                 |  |  |                            |  |
| ARRESTING OFFICERS<br>OFFICER 1: _____ <input type="checkbox"/> MVR      OFFICER 5: _____ <input type="checkbox"/> MVR<br>OFFICER 2: _____ <input type="checkbox"/> MVR      OFFICER 6: _____ <input type="checkbox"/> MVR<br>OFFICER 3: _____ <input type="checkbox"/> MVR      OFFICER 7: _____ <input type="checkbox"/> MVR<br>OFFICER 4: _____ <input type="checkbox"/> MVR      OFFICER 8: _____ <input type="checkbox"/> MVR |  |   |             |   |  |                                 |  |  |                            |  |

Suspect information continued on next page.

## SUSPECT #4

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 4         | ,UNKNOWN                   |      |

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

## ADDED DESCRIPTION:

n/a

INCIDENT NUMBER 2025-083763

Report Contains Juvenile Information  
Redact Before Release☒ JUVENILE INFORMATION

Report generated: 7/7/2025 11:40 PM

## OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

BOYD,LAMONTE

ADDRESS:

1801 RESERVOIR RD 148 LITTLE ROCK AR 72227

HOME PHONE:

5018917414

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

11/20/2001

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 23

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

Redact Before Release

| PROPERTY |       |      |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 4        | 30    | 2.00 | N/A N/A +<br>N/A APARTMENTS            | 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

Capacity

(ML) Milliliter (LT) Liter

(GL) Gallon (FO) Fluid Ounce

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

INCIDENT NUMBER 2025-083763

Report Contains Juvenile Information

☒ JUVENILE INFORMATION

Report generated: 7/7/2025 11:40 PM

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## NARRATIVE

OFFICERS WERE DISPATCHED TO 1221 RESERVOIR ROAD #111 IN REFERENCE TO A SHOOTING. OFFICERS ARRIVED ON SCENE AND MADE CONTACT WITH KEONTE BOYD. BOYD ADVISED THAT THE LISTED VICTIMS OCCUPIED APARTMENTS #111 AND #112 WHEN SHOTS WERE FIRED, WITH SHOTS STRIKING BOTH APARTMENTS. BOYD ADVISED HE WENT OUTSIDE AND WITNESS FOUR UNKNOWN MALE SUSPECTS OUTSIDE OF A SILVER HYUNDAI ELANTRA WITH TEMPORARY TAGS SHOOTING FOUR DRACOS AND AR-PISTOLS. OFFICERS CONDUCTED A BROADCAST INFORMING UNITS OF THE SITUATION AND THE VEHICLE. BOYD ADVISED THE SUSPECTS GOT BACK IN THE VEHICLE AND FLED THE SCENE IN AN UNKNOWN DIRECTION. OFFICERS OBSERVED NO INJURIES ON ANY OF THE VICTIMS AND CONTACTED MAJOR CRIMES. ON-DUTY SUPERVISORS AND MAJOR CRIMES DETECTIVES RESPONDED TO THE SCENE. OFFICERS SET UP A CRIME SCENE AND OBSERVED EIGHT SPENT SHELL CASINGS IN THE PARKING LOT OF THE LISTED ADDRESSES. CRIME SCENE TECHNICIANS RESPONDED TO THE SCENE AND PERFORMED THEIR DUTIES. OFFICERS RELIEVED THE CRIMESCENE LOG TO THE TECHNICIANS. OFFICERS PROVIDED INCIDENT NUMBERS TO THE VICTIMS. MVR AND BWC IN USE.

INCIDENT NUMBER 2025-083763

Report Contains Juvenile Information  
Redact Before Release☒ 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