

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <input type="checkbox"/> JUVENILE INFORMATION  |   | <b>INCIDENT</b>   |   |  | Report generated: 7/8/2025 11:43 PM                                      |
| INCIDENT NUMBER<br><div style="text-align: center; font-weight: bold;">2025-084269</div>       | UNIT ASSIGNED<br><div style="text-align: center; font-weight: bold;">2Y83</div> | CALL DATE<br><div style="text-align: center; font-weight: bold;">07/08/2025</div>                             | CALL TIME<br><div style="text-align: center; font-weight: bold;">18:54:00</div> | TYPE OF CALL<br><div style="text-align: center; font-weight: bold;">SUSPER</div> |  |
| INCIDENT DATE<br><div style="text-align: center; font-weight: bold;">7/8/2025 6:54:10 PM</div> |   | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><div style="text-align: center;">5620 S UNIVERSITY AV</div> |   |  | DISTRICT<br><div style="text-align: center; font-weight: bold;">80</div> |

| OFFENSE  |  |   |  |   |
|--|--|---|--|---|
| INCIDENT OFFENSE TYPE<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1. ROBBERY (INDIVIDUAL)<br/>           2. THEFT OF PROPERTY FELONY<br/>           3.<br/>           4.         </div> <div style="width: 45%;">           5.<br/>           6.<br/>           7.<br/>           8.         </div> </div>   |  |   | OFFENSE STATUS<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Attempted<br/>           Completed         </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-around;"> <div>1 <input checked="" type="checkbox"/></div> <div>2 <input checked="" type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7 <input type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div> </div> </div> |   |
| SUSPECTS USED:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (A) Alcohol<br/> <input type="checkbox"/> (C) Computer Equip         </div> <div style="width: 45%;"> <input type="checkbox"/> (D) Drugs<br/> <input checked="" type="checkbox"/> (N) Not Applicable / Unknown         </div> </div>   |  | TYPE OF CRIMINAL ACTIVITY:<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (B) Buying / Receiving<br/> <input type="checkbox"/> (E) Exploiting Children<br/> <input type="checkbox"/> (T) Transport / Transmit / Import<br/> <input type="checkbox"/> (D) Distributing / Selling         </div> <div style="width: 45%;"> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br/> <input type="checkbox"/> (O) Operating / Promoting / Assisting<br/> <input type="checkbox"/> (U) Using / Consuming<br/> <input type="checkbox"/> (P) Possessing / Concealing         </div> </div> |  | GANG RELATED INFO:<br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown |
| <div style="display: flex;"> <div style="width: 45%;">           LOCATION CODE:<br/> <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 type="checkbox"/> (13) Highway / Road / Alley<br/> <input checked="" type="checkbox"/> (14) Hotel / Motel / Etc<br/> <input type="checkbox"/> (15) Jail / Penitentiary         </div> <div style="width: 45%;"> <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: 45%;"> <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: 45%;"> <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)<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><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" 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 type="checkbox"/> (40) Personal Weapons (hands, etc)         </div> <div style="width: 45%;"> <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><div style="text-align: center;">07/09/2025 00:35:00</div> | REPORTING OFFICER<br><div style="text-align: center;">OTHONIEL ORTEGA - [REDACTED]</div> | ORIGINAL APPROVING SUPERVISOR<br><div style="text-align: center;">AARON ONCKEN - [REDACTED]</div> | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

INCIDENT NUMBER 2025-084269

☐ JUVENILE INFORMATION

Report generated: 7/8/2025 11:43 PM

## VICTIM

VICTIM #  
1

NAME (Last, First, Middle) or BUSINESS

COLLINS,TERRY

ADDRESS:

5620 S UNIVERSITY AV 17 LITTLE ROCK AR 72209

HOME PHONE:

0000000000

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

08/14/1957

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 67

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law  
Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

1

(RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8VICTIM TYPE: ☒ (I) Individual ☐ (B) Business ☐ (F) Financial Inst. ☐ (U) Unknown☐ (G) Government ☐ (R) Religious ☐ (S) Society / Public ☐ (O) Other

VICTIM INJURY:

☒ (N) None☐ (M) Apparent Minor Injury☐ (B) Apparent Broken Bones☐ (I) Possible Internal Injury☐ (T) Loss of Teeth☐ (L) Severe Laceration☐ (O) Other Major Injury☐ (U) UnconsciousnessAGGRAVATED ASSAULT / HOMICIDE: ☐ (01) Argument☐ (02) Assault on Law Enf Officer☐ (03) Drug Deal☐ (04) Gangland☐ (05) Juvenile Gang☐ (06) Lover's Quarrel☐ (07) Mercy Killings☐ (08) Other Felony Involved☐ (09) Other Circumstances☐ (10) Unknown Circumstances☐ (20) Criminal Killed by Private Citizen☐ (21) Criminal Killed by Police Officer☐ (30) Child Playing w/ Weapon☐ (31) Gun-Cleaning Accident☐ (32) Hunting Accident☐ (33) Other Negligent Weapon Handling☐ (34) Other Negligent Killings

CLOTHING DESCRIPTION

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

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

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**SUSPECT #1**

|  |   |   |                                    |
|--|---|---|------------------------------------|
| SUSPECT #<br>1   | NAME (Last, First, Middle)<br><b>WOODS,MARLON</b>   | AKA:  |                                    |
| ARRESTEE #   | ADDRESS:<br><b>5620 S UNIVERSITY AV 30 LITTLE ROCK AR 72209</b>   |   |                                    |
| HOME PHONE:  | WORK PHONE:   | MOBILE PHONE:   | OTHER PHONE:<br><b>5014849935</b>  |
| 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><b>04/30/1972</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: <b>53</b><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 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 _____    |
| 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 _____               |
| 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: <b>5-12-102I</b>   |   |   |                                    |
| 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.

**SUSPECT #1**

| SUSPECT #   | NAME (Last, First, Middle)   | AKA:  |  |  |   |  |
|---|--|---|--|--|---|--|
| 1   | <b>WOODS,MARLON</b>  |   |  |  |   |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" 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 type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input checked="" 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 type="checkbox"/> (11) Unknown<br><b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input checked="" 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 type="checkbox"/> (8) Unknown<br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" 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 type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input checked="" 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 type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input checked="" 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 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 checked="" type="checkbox"/> (11) None<br><input 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<br><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 |
| <b>ADDED DESCRIPTION:</b><br>n/a  |  |   |  |  |   |  |

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| PROPERTY |       |      |   |          |       | DRUG INFORMATION |          |         |
|----------|-------|------|---|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY  | Description (ser#, color, make, model)      | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |
| 7        | 20    | 1.00 | UNKNOWN MONEY +<br>CASH 2000 DOLLARS        | 0        | 2000  |                  | 0.00     |         |
| 7        | 20    | 1.00 | UNKNOWN NIBRS +<br>NIBRS NIBRS 2000 DOLLARS | 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:<br>(01) Aircraft<br>(02) Alcohol<br>(03) Automobiles<br>(04) Bicycles<br>(05) Buses<br>(06) Clothes/Furs<br>(07) Computer Hardware/<br>Software<br>(08) Consumable Goods<br>(09) Credit Cards/Debit Cards | (10) Drugs/Narcotics<br>(11) Drug/Narcotic Equipment<br>(12) Farm Equipment<br>(13) Firearms<br>(14) Gambling Equipment<br>(15) Heavy Equipment Construction/<br>Industry<br>(16) Household Good<br>(17) Jewelry/Precious Metal<br>(18) Livestock<br>(19) Merchandise<br>(20) Money | (21) Negotiable Instruments<br>(22) Nonnegotiable Instruments<br>(23) Office-Type Equipment<br>(24) Other Motor Vehicles<br>(25) Purses/Handbags/Wallets<br>(26) Radios/TVs/VCR<br>(27) Recordings-Audio/Visual<br>(28) Recreational Vehicles<br>(29) Structures-Single Occupancy<br>(30) Structures-Other Dwellings<br>(31) Structures-Commercial/Business | (32) Structures-Industrial/Manufacture<br>(33) Structures-Public/Community<br>(34) Structures-Storage<br>(35) Structures-Other<br>(36) Tools-Power/Hand/Lawnmower<br>(37) Trucks<br>(38) Vehicle Parts/Accessories<br>(39) Watercraft<br>(77) Other<br>(88) Pending Inventory (of Property) |
|---|---|---|---|

|   |               |                      |                                       |                                       |                       |                   |               |         |                      |                 |             |              |         |                 |                  |             |           |                      |  |  |  |
|---|---------------|----------------------|---------------------------------------|---------------------------------------|-----------------------|-------------------|---------------|---------|----------------------|-----------------|-------------|--------------|---------|-----------------|------------------|-------------|-----------|----------------------|--|--|--|
| <table style="width:100%;"> <tr> <td style="width: 25%;">DRUG TYPE:</td> <td>(D) Heroin</td> <td>(H) Other Narcotics</td> <td>(L) Amphetamines/<br/>Methamphetamines</td> <td>(O) Other Depressants</td> </tr> <tr> <td>(A) Crack Cocaine</td> <td>(E) Marijuana</td> <td>(I) LSD</td> <td>(M) Other Stimulants</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(B) Cocaine</td> <td>(F) Morphine</td> <td>(J) PCP</td> <td>(N) Barbituates</td> <td>(U) Unknown Type</td> </tr> <tr> <td>(C) Hashish</td> <td>(G) Opium</td> <td>(K) Other Hallucino.</td> <td></td> <td></td> </tr> </table> | DRUG TYPE:    | (D) Heroin           | (H) Other Narcotics                   | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants | (A) Crack Cocaine | (E) Marijuana | (I) LSD | (M) Other Stimulants | (P) Other Drugs | (B) Cocaine | (F) Morphine | (J) PCP | (N) Barbituates | (U) Unknown Type | (C) Hashish | (G) Opium | (K) Other Hallucino. |  |  | TYPE DRUG MEASUREMENT:<br>Units<br>(DU) Dosage Unit<br>(Pills, etc)<br>(NP) Number of Plants<br>Weight<br>(GM) Gram (OZ) Ounce<br>(KG) Kilogram (LB) Pound<br>Capacity<br>(ML) Milliliter (GL) Gallon<br>(LT) Liter (FO) Fluid Ounce |
| DRUG TYPE:  | (D) Heroin    | (H) Other Narcotics  | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants                 |                       |                   |               |         |                      |                 |             |              |         |                 |                  |             |           |                      |  |  |  |
| (A) Crack Cocaine   | (E) Marijuana | (I) LSD              | (M) Other Stimulants                  | (P) Other Drugs                       |                       |                   |               |         |                      |                 |             |              |         |                 |                  |             |           |                      |  |  |  |
| (B) Cocaine   | (F) Morphine  | (J) PCP              | (N) Barbituates                       | (U) Unknown Type                      |                       |                   |               |         |                      |                 |             |              |         |                 |                  |             |           |                      |  |  |  |
| (C) Hashish   | (G) Opium     | (K) Other Hallucino. |                                       |                                       |                       |                   |               |         |                      |                 |             |              |         |                 |                  |             |           |                      |  |  |  |

|   |  |
|---|--|
| FOR BURGLARIES: Point of Entry: _____<br>Tools Apparently Used: _____ | Capacity<br>(ML) Milliliter (GL) Gallon<br>(LT) Liter (FO) Fluid Ounce |
|---|--|

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION FOR A SUSPICIOUS PERSON CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH MR. TERRY COLLINS (VICTIM 1) WHO STATED HE WAS ROBBED AT GUNPOINT BY A UNKNOWN BLACK MALE LATER IDENTIFIED AS MR. MARLON WOODS (SUSPECT 1).

MR. COLLINS ADVISED HE IS NOT CERTAIN WHEN THE INCIDENT DATE OCCURRED, BUT IS CERTAIN IT HAPPENED ON 07/04/2025 OR ON 07/05/2025, UNKNOWN TIME. MR. COLLINS STATED ON THE DAY OF THE INCIDENT HE WAS LOOKING FOR THE CLEANING LADY TO CLEAN HIS ROOM.

MR. COLLINS BELIEVED THE CLEANING LADY WAS IN ROOM# 30 DUE TO SEEING THE DOOR OPEN. MR. COLLINS STATED HE ASKED IF ANYONE WAS IN THE ROOM AND HE HEARD MR. WOODS' VOICE TELLING HIM TO COME IN. MR. COLLINS ADVISED WHEN HE ENTERED THE ROOM, MR. WOODS CLOSED THE DOOR AND POINTED A UNKNOWN BLACK FIREARM AT HIM.

MR. COLLINS STATED MR. WOODS DEMANDED HIS MONEY AND HE GAVE HIM THE \$2,000 DOLLARS (PROPERTY 1) HE HAD ON HIM. AFTER THE INCIDENT, MR. COLLINS ADVISED HE RAN OUT FROM THE ROOM. WHEN OFFICERS ASKED MR. COLLINS WHY HE WAITED TO CALL 911 UP UNTIL NOW AND HE STATED THE CLEANING LADY TOLD HIM THERE WAS NO NEED FOR THE POLICE.

MR. COLLINS ADVISED HE WAS FRIGHTEN AND DOES NOT REMEMBER MUCH DETAILS FROM THE INCIDENT. MR. COLLINS STATED MR. WOODS ALWAYS KEEPS HIS DOOR OPEN AND WAS POSSIBLY IN HIS ROOM AT THE MOMENT. OFFICERS MADE CONTACT WITH MR. WOODS AND HAD ASKED HIM IF ANYTHING HAD HAPPENED BETWEEN HIM AND MR. COLLINS.

MR. WOODS STATED NOTHING HAD HAPPENED AND HE DID NOT KNOW WHO OFFICERS WAS TALKING ABOUT. OFFICERS PROVIDED A INCIDENT REPORT CARD TO MR. COLLINS AND ADVISED TO HIM DETECTIVES WILL GET IN TOUCH WITH HIM AT A LATER TIME. MR. COLLINS DID ADVISE HE DOES NOT HAVE A PHONE AND HAD TO USE SOMEONE'S ELSE PHONE TO CALL 911. MVR AND BWC IN USE.

INCIDENT NUMBER 2025-084269

☐ JUVENILE INFORMATION

Report generated: 7/8/2025 11:43 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