

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 8/4/2025 1:50 PM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-095796</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">3X50</div>	CALL DATE <div style="text-align: center; font-weight: bold;">08/03/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">01:55:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">CRMISC</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">8/3/2025 1:55:01 AM</div>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">900 W DAISY L</div>			DISTRICT <div style="text-align: center; font-weight: bold;">51</div>	

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

ENTRY DATE 08/03/2025 08:41:10	REPORTING OFFICER JUSTIN NASH -	ORIGINAL APPROVING SUPERVISOR ZACHARY HARDMAN -	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2025-095796

☐ JUVENILE INFORMATION

Report generated: 8/4/2025 1:50 PM

## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>SLATER, ASYA</b>																												
ADDRESS: 124 TAHOE DR MAUMELLE AR 72113																													
HOME PHONE: 5014081485	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:																										
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 03/07/2007																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
AGE: Exact Age: 18 Range: - <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: D.L. / ID No. (STATE) [REDACTED]	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <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>1 <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	1 <input type="checkbox"/> (ST) Stranger	<input type="checkbox"/> (VO) Victim Was Suspect
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THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																													
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other																													
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness																													
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																													
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

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

Suspect information continued on next page.

**SUSPECT #1**

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

  

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

**ADDED DESCRIPTION:**

n/a



INCIDENT NUMBER 2025-095796

☐ JUVENILE INFORMATION

Report generated: 8/4/2025 1:50 PM

## OTHER PERSONS - CONTACT

OTHER PERSON #

1

NAME (Last, First, Middle)

SLATER,ANTHONY

ADDRESS:

124 TAHOE DR MAUMELLE AR 72113

HOME PHONE:

5014081531

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

12/02/1971

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 53

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

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR LENGTH:

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

HAIR STYLE:

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

BUILD:

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

HAIR COLOR:

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

EYE COLOR:

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

FACIAL HAIR:

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

DEMEANOR:

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

SCAR / MARK:

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

TATTOO:

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

TATTOO LOC:

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

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

INCIDENT NUMBER 2025-095796

☐ JUVENILE INFORMATION

Report generated: 8/4/2025 1:50 PM

**VEHICLE #1**

STATUS: SUBJECT

HOLD AUTHORITY:

YEAR: 2019	MAKE: NISS	MODEL: SENTRA	STYLE: 4D	VIN: [REDACTED]	LICENSE NO. (TYPE): ANZ13D PC	LIC YEAR: 2025
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC: [REDACTED]		INSURANCE POLICY #:	



**NARRATIVE**

OFFICERS RESPONDED TO THE LOCATION FOR A CRIMINAL MISCHIEF REPORT. ASYA SLATER ADVISED THAT SHE WAS ATTENDING A PARTY AT AN UNKNOWN LOCATION NEAR FRAZIER PIKE WHEN A FIGHT BEGAN TO BREAK OUT. SLATER STATED THAT SHE DECIDED TO LEAVE AND OBSERVED AN UNKNOWN BLACK MALE WITH A SKI MASK HOLDING A BLUE BACKPACK THAT WAS RETRIEVED FROM AN UNKNOWN VEHICLE (POSSIBLY A BLUE HYUNDAI ELANTRA).

SLATER CLAIMED THAT AS SHE WAS DRIVING HOME IN AN UNKNOWN LOCATION WHEN SHE SAW TWO VEHICLES IN THE STREET. ONE WAS POSSIBLY A BLACK DODGE CHARGER AND THE OTHER WAS THE BLUE HYUNDAI ELANTRA. AS SHE PASSED BY SOMEONE OPENED FIRE ON HER, STRIKING THE REAR OF SLATER'S VEHICLE TWICE. A SUPERVISOR WAS ADVISED OF THE INCIDENT.

OFFICER OBSERVED THE DAMAGE ON THE VEHICLE AND COLLECTED BULLET FRAGMENTS FROM THE TRUNK FOR EVIDENCE. THE EVIDENCE WAS STORED AT 12TH STREET PROPERTY ROOM.

INCIDENT NUMBER 2025-095796

☐ JUVENILE INFORMATION

Report generated: 8/4/2025 1:50 PM

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

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

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<h1 style="text-align: center;">INCIDENT</h1>			Report generated: 8/7/2025 11:36 AM	
INCIDENT NUMBER <b>2025-095423</b>		UNIT ASSIGNED <b>1X81</b>	CALL DATE <b>08/02/2025</b>	CALL TIME <b>10:17:00</b>	TYPE OF CALL <b>DIS</b>	
INCIDENT DATE <b>8/2/2025 10:17:49 AM</b>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 4920 BASELINE RD			DISTRICT <b>82</b>

## OFFENSE

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

ENTRY DATE 08/02/2025 16:58:10	REPORTING OFFICER TREVER MAHONEY - [REDACTED]	ORIGINAL APPROVING SUPERVISOR JORDAN WHITE - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>FAST MART</b>																												
ADDRESS: <b>4920 BASELINE RD LITTLE ROCK AR 72209</b>																													
HOME PHONE: 5015684920		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td>_____ (SE) Spouse</td><td>_____ (AQ) Acquaintance</td></tr><tr><td>_____ (CS) Common-Law Spouse</td><td>_____ (FR) Friend</td></tr><tr><td>_____ (PA) Parent</td><td>_____ (NE) Neighbor</td></tr><tr><td>_____ (SB) Sibling</td><td>_____ (BE) Babysitter (baby)</td></tr><tr><td>_____ (CH) Child</td><td>_____ (BG) Boy/Girl Friend</td></tr><tr><td>_____ (GP) Grandparents</td><td>_____ (CF) Child of BF / GF</td></tr><tr><td>_____ (GC) Grandchild</td><td>_____ (HR) Homosexual Rel.</td></tr><tr><td>_____ (IL) Inlaw</td><td>_____ (XS) Ex-Spouse</td></tr><tr><td>_____ (SP) Stepparent</td><td>_____ (EE) Employee</td></tr><tr><td>_____ (SC) Stepchild</td><td>_____ (ER) Employer</td></tr><tr><td>_____ (SS) Stepsibling</td><td>_____ (OK) Otherwise Known</td></tr><tr><td>_____ (OF) Other Family</td><td>1 _____ (RU) Relationship Unknown</td></tr><tr><td>_____ (ST) Stranger</td><td>_____ (VO) Victim Was Suspect</td></tr></table>	_____ (SE) Spouse	_____ (AQ) Acquaintance	_____ (CS) Common-Law Spouse	_____ (FR) Friend	_____ (PA) Parent	_____ (NE) Neighbor	_____ (SB) Sibling	_____ (BE) Babysitter (baby)	_____ (CH) Child	_____ (BG) Boy/Girl Friend	_____ (GP) Grandparents	_____ (CF) Child of BF / GF	_____ (GC) Grandchild	_____ (HR) Homosexual Rel.	_____ (IL) Inlaw	_____ (XS) Ex-Spouse	_____ (SP) Stepparent	_____ (EE) Employee	_____ (SC) Stepchild	_____ (ER) Employer	_____ (SS) Stepsibling	_____ (OK) Otherwise Known	_____ (OF) Other Family	1 _____ (RU) Relationship Unknown	_____ (ST) Stranger	_____ (VO) Victim Was Suspect
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_____ (OF) Other Family	1 _____ (RU) Relationship Unknown																												
_____ (ST) Stranger	_____ (VO) Victim Was Suspect																												
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input 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 type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other																													
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness																													
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																													
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

VICTIM			
VICTIM # 2	NAME (Last, First, Middle) or BUSINESS <b>LOPEZ, EMMANUEL</b>		
ADDRESS:			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:
OTHER PHONE:			
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 11/23/1977
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: 47 Range: 11/23/77 - 11/23/77 <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <div><div>(SE) Spouse (AQ) Acquaintance</div><div>(CS) Common-Law Spouse (FR) Friend</div><div>(PA) Parent (NE) Neighbor</div><div>(SB) Sibling (BE) Babysitter (baby)</div><div>(CH) Child (BG) Boy/Girl Friend</div><div>(GP) Grandparents (CF) Child of BF / GF</div><div>(GC) Grandchild (HR) Homosexual Rel.</div><div>(IL) Inlaw (XS) Ex-Spouse</div><div>(SP) Stepparent (EE) Employee</div><div>(SC) Stepchild (ER) Employer</div><div>(SS) Stepsibling (OK) Otherwise Known</div><div>(OF) Other Family 1 (RU) Relationship Unknown</div><div>(ST) Stranger (VO) Victim Was Suspect</div></div>
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			



SUSPECT #1									
SUSPECT # 1		NAME (Last, First, Middle)  MAGEE,DEON						AKA:	
ARRESTEE #		ADDRESS:  24 GREENWAY DR LITTLE ROCK AR 72209							
HOME PHONE:			WORK PHONE:			MOBILE PHONE:		OTHER PHONE: UNK	
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown			DATE OF BIRTH 11/26/1997		
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:					
AGE: Exact Age: 27 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:		HEIGHT: Ft _____ In _____		WEAPONS AT ARREST:  <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm  <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic c)	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____			
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		ARREST LOCATION:		ARREST DATE:					
CHARGE: 5-12-103B									
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 #

1

NAME (Last, First, Middle)

**MAGEE,DEON**

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

INCIDENT NUMBER 2025-095423

☐ JUVENILE INFORMATION

Report generated: 8/7/2025 11:36 AM

## OTHER PERSONS - PERSON REPORTING

OTHER PERSON #

1

NAME (Last, First, Middle)

LOPEZ, EMMANUEL

ADDRESS:

AR

HOME PHONE:

5015684920

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

11/23/1977

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 47

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

BUILD:

- ☐ (1) Light  
☐ (2) Medium  
☒ (3) Short  
☐ (4) Bald(ing)  
☐ (5) Other  
☐ (6) Unknown  
☐ (1) Light  
☐ (2) Medium  
☐ (3) Heavy  
☐ (4) Muscular  
☐ (5) Unknown

HAIR COLOR:

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

EYE COLOR:

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

FACIAL HAIR:

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

DEMEANOR:

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

SCAR / MARK:

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

TATTOO:

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

TATTOO LOC:

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

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

INCIDENT NUMBER 2025-095423

☐ JUVENILE INFORMATION

Report generated: 8/7/2025 11:36 AM

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	19	1.00	NA NA + NA MERCHANDISE	0	5		0.00	

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

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

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

## TYPE DRUG MEASUREMENT:

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

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

## Capacity

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

**NARRATIVE**

MADE CONTACT WITH THE CALLER AND EMPLOYEE OF FAST MART, MR. LOPEZ. HE STATED THAT HE WAS WATCHING MR. MAGEE ON SECURITY CAMERAS TAKING STUFF FROM THE BUSINESS AND HEADED TOWARDS THE DOOR. MR. LOPEZ GRABBED THE ITEMS FROM MR. MAGEE BEFORE HE COULD LEAVE THE STORE AFTER HE GRABBED THE ITEMS. MR. LOPEZ THEN SAID MR. MAGEE TURNED AWAY FROM HIM GESTURING LIKE HE HAD A GUN AND SAID "ILL SHOOT YOU." MR. LOPEZ TOLD US THAT MR. MAGEE WALKED WEST ON BASELINE AFTER LEAVING THE STORE. MR. LOPEZ DID NOT SEE A GUN IN MR. MAGEES POSSESSION. A SEARCH OF THE AREA WAS DONE AND MR. MAGEE WAS LOCATED AT FUNWASH ON BASELINE. SERGEANT WHITE AND MAJOR CRIME DETECTIVES WERE NOTIFIED. CONTACT WITH MR. LOPEZ WAS HAD AFTER LOCATING MR. MAGEE AND HE ADVISED HE DID NOT WANT TO PRESS CHARGES. MR. MAGEE WAS RELEASED WITH NO CHARGES.

INCIDENT NUMBER 2025-095423

☐ JUVENILE INFORMATION

Report generated: 8/7/2025 11:36 AM

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

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

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 8/8/2025 5:01 PM
INCIDENT NUMBER <b>2025-095581</b>	UNIT ASSIGNED <b>2X82</b>	CALL DATE <b>08/02/2025</b>	CALL TIME <b>17:55:00</b>	TYPE OF CALL <b>ROBBIN</b>	
INCIDENT DATE <b>8/2/2025 5:55:26 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 5301 ASHER AVE 117			DISTRICT 80

OFFENSE			
INCIDENT OFFENSE TYPE  1. AGGRAVATED ROBBERY (INDIVIDUAL)      5. 2.      6. 3.      7. 4.      8.			OFFENSE STATUS  Attempted      1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed      1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>  Attempted      5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed      5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
SUSPECTS USED:  <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	TYPE OF CRIMINAL ACTIVITY:  <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing		GANG RELATED INFO:  <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal  <input type="checkbox"/> (02) Bank / Savings &amp; Loan  <input type="checkbox"/> (03) Bar / Night Club  <input type="checkbox"/> (04) Church / Synagogue / Temple  <input type="checkbox"/> (05) Commercial / Office Building  <input type="checkbox"/> (06) Construction Site  <input type="checkbox"/> (07) Convenience Store  <input type="checkbox"/> (08) Department / Discount Store  <input type="checkbox"/> (09) Drug Store / DR Office / Hospital  <input type="checkbox"/> (10) Field / Woods  <input type="checkbox"/> (11) Government / Public Building  <input type="checkbox"/> (12) Grocery / Supermarket  <input type="checkbox"/> (13) Highway / Road / Alley  <input type="checkbox"/> (14) Hotel / Motel / Etc  <input type="checkbox"/> (15) Jail / Penitentiary                         </div> <div style="width: 33%;"> <input type="checkbox"/> (16) Lake / Waterway  <input type="checkbox"/> (17) Liquor Store  <input type="checkbox"/> (18) Parking Lot / Garage  <input type="checkbox"/> (19) Rental / Storage Facility  <input checked="" type="checkbox"/> (20) Residence / House  <input type="checkbox"/> (21) Restaurant  <input type="checkbox"/> (22) School / College  <input type="checkbox"/> (23) Service / Gas Station  <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)  <input type="checkbox"/> (25) Other / Unknown  <input type="checkbox"/> (37) Abandoned/Condemned Structure  <input type="checkbox"/> (38) Amusement Park  <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds  <input type="checkbox"/> (40) ATM Separate from Bank  <input type="checkbox"/> (41) Auto Dealership New / Used  <input type="checkbox"/> (42) Camp / Campground                         </div> <div style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility  <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal  <input type="checkbox"/> (46) Farm Facility  <input type="checkbox"/> (47) Gambling / Casino / Racetrack  <input type="checkbox"/> (48) Industrial Site  <input type="checkbox"/> (49) Military Installation  <input type="checkbox"/> (50) Park / Playground  <input type="checkbox"/> (51) Rest Area  <input type="checkbox"/> (52) School - College / University  <input type="checkbox"/> (53) School - Elementary / Secondary  <input type="checkbox"/> (54) Shelter - Mission / Homeless  <input type="checkbox"/> (55) Shopping Mall  <input type="checkbox"/> (56) Tribal Lands  <input type="checkbox"/> (57) Community Center                         </div> </div>			
(FOR BURGLARY ONLY)      METHOD OF ENTRY:  NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		WEAPON FORCE:      (on 11-15, an "A" denotes Automatic or Semi-Automatic)  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> (11) Firearm (Unknown)  <input type="checkbox"/> (12) Handgun  <input type="checkbox"/> (13) Rifle  <input type="checkbox"/> (14) Shotgun  <input type="checkbox"/> (15) Other Firearm  <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)  <input type="checkbox"/> (30) Blunt Object (Club, etc)  <input type="checkbox"/> (35) Motor Vehicle (as weapon)  <input type="checkbox"/> (40) Personal Weapons (hands, etc)                         </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison  <input type="checkbox"/> (60) Explosives  <input type="checkbox"/> (65) Fire / Incendiary Device  <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills  <input type="checkbox"/> (85) Asphyxiation  <input type="checkbox"/> (90) Other  <input type="checkbox"/> (95) Unknown  <input type="checkbox"/> (99) None                         </div> </div>	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 08/03/2025 02:19:08	REPORTING OFFICER LEVI JONES - [REDACTED]	ORIGINAL APPROVING SUPERVISOR ANDREW HUTCHISON - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2025-095581

☐ JUVENILE INFORMATION

Report generated: 8/8/2025 5:01 PM

## VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

MAYBERRY,PAMALA

ADDRESS:

5301 ASHER AV LITTLE ROCK AR 72209

HOME PHONE:

5017793112

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

11/27/1963

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 61

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

1 (OK) Otherwise Known

(OF) Other Family

(RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

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

VICTIM INJURY:

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

CLOTHING DESCRIPTION

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

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



**SUSPECT #1**

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

Suspect information continued on next page.

**SUSPECT #1**

SUSPECT #	NAME (Last, First, Middle)	AKA:
1	,UNK	

  

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

  

<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____
--

  

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

**ADDED DESCRIPTION:**

n/a

INCIDENT NUMBER 2025-095581

☐ JUVENILE INFORMATION

Report generated: 8/8/2025 5:01 PM

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	20	65.00	N/A N/A + N/A \$65 CASH	0	65		0.00	

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

## PROPERTY DESCRIPTION:

(01) Aircraft  
(02) Alcohol  
(03) Automobiles  
(04) Bicycles  
(05) Buses  
(06) Clothes/Furs  
(07) Computer Hardware/  
Software  
(08) Consumable Goods  
(09) Credit Cards/Debit Cards

(10) Drugs/Narcotics  
(11) Drug/Narcotic Equipment  
(12) Farm Equipment  
(13) Firearms  
(14) Gambling Equipment  
(15) Heavy Equipment Construction/  
Industry  
(16) Household Good  
(17) Jewelry/Precious Metal  
(18) Livestock  
(19) Merchandise  
(20) Money

(21) Negotiable Instruments  
(22) Nonnegotiable Instruments  
(23) Office-Type Equipment  
(24) Other Motor Vehicles  
(25) Purses/Handbags/Wallets  
(26) Radios/TVs/VCR  
(27) Recordings-Audio/Visual  
(28) Recreational Vehicles  
(29) Structures-Single Occupancy  
(30) Structures-Other Dwellings  
(31) Structures-Commercial/Business

(32) Structures-Industrial/Manufacture  
(33) Structures-Public/Community  
(34) Structures-Storage  
(35) Structures-Other  
(36) Tools-Power/Hand/Lawnmower  
(37) Trucks  
(38) Vehicle Parts/Accessories  
(39) Watercraft  
(77) Other  
(88) Pending Inventory (of Property)

## DRUG TYPE:

(A) Crack Cocaine  
(B) Cocaine  
(C) Hashish

(D) Heroin  
(E) Marijuana  
(F) Morphine  
(G) Opium

(H) Other Narcotics  
(I) LSD  
(J) PCP  
(K) Other Hallucino.

(L) Amphetamines/  
Methamphetamines  
(M) Other Stimulants  
(N) Barbituates

(O) Other Depressants  
(P) Other Drugs  
(U) Unknown Type

## TYPE DRUG MEASUREMENT:

Units  
(DU) Dosage Unit  
(Pills, etc)  
(NP) Number of Plants

Weight  
(GM) Gram  
(KG) Kilogram

(OZ) Ounce  
(LB) Pound

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

## Capacity

(ML) Milliliter  
(LT) Liter

(GL) Gallon  
(FO) Fluid Ounce

**NARRATIVE**

AT THE ABOVE LISTED TIME AND LOCATION, OFFICERS MADE CONTACT WITH PAMALA MAYBERRY INSIDE HER RESIDENCE. MS. MAYBERRY ADVISED OFFICERS THAT A WOMAN ENTERED HER ROOM DEMANDING MONEY THAT "SHE OWED HER". MS. MAYBERRY THEN STATES THE WOMAN PULLED A FIREARM ON HER AND THREATENED TO SHOOT HER. THE TWO THE ENGAGED IN A PHYSICAL ALTERCATION OVER MS. MAYBERRYS WALLET AND THE SUSPECT MANAGED TO TAKE \$65 OUT OF HER WALLET AND FLEE THE SCENE. MS. MAYBERRY ADVISED THAT THE SUSPECT GOT INTO A GREY HONDA ACCORD AND LEFT EAST ON ASHER AVENUE. OFFICERS GAVE MS. MAYBERRY THE INCIDENT REPORT AND ADVISED HER THAT DETECTIVES WOULD BE IN CONTACT WITH HER. OFFICERS WERE ABLE TO PULL VEHICLE INFO FROM SECURITY CAMERAS AND LEFT THE SCENE WITH NO FURTHER ISSUE. MVR AND BWC WERE IN USE.

LATER, OFFICERS PULLED OVER A VEHICLE MATCHING THE DESCRIPTION MS. MAYBERRY GAVE. THE OCCUPANTS OF THE VEHICLE ADVISED THAT THE SUSPECT HAD OFFERED THEM \$25 TO TRANSPORT HER TO A SEPARATE APARTMENT COMPLEX.

INCIDENT NUMBER 2025-095581

☐ JUVENILE INFORMATION

Report generated: 8/8/2025 5:01 PM

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

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

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 8/7/2025 7:59 AM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-096148</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">3X93</div>	CALL DATE <div style="text-align: center; font-weight: bold;">08/04/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">00:36:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">SHOTS</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">8/4/2025 12:36:43 AM</div>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">9101 AUXOR RD</div>			DISTRICT <div style="text-align: center; font-weight: bold;">83</div>

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

ENTRY DATE <div style="font-weight: bold;">08/04/2025 07:08:54</div>	REPORTING OFFICER AUSTIN KELLY - <span style="background-color: black; color: black;">[REDACTED]</span>	ORIGINAL APPROVING SUPERVISOR CALEB MONROE - <span style="background-color: black; color: black;">[REDACTED]</span>	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER	2025-096148	<input type="checkbox"/> JUVENILE INFORMATION	Report generated: 8/7/2025 7:59 AM
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VICTIM																													
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>HAYES, DAVONTE</b>																												
ADDRESS: <b>420 NAPA VALLEY DR LITTLE ROCK AR 72211</b>																													
HOME PHONE: 5015191099		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 05/28/1994																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
AGE: Exact Age: <u>31</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table><tr><td>_____ (SE) Spouse</td><td>_____ (AQ) Acquaintance</td></tr><tr><td>_____ (CS) Common-Law Spouse</td><td>_____ (FR) Friend</td></tr><tr><td>_____ (PA) Parent</td><td>_____ (NE) Neighbor</td></tr><tr><td>_____ (SB) Sibling</td><td>_____ (BE) Babysitter (baby)</td></tr><tr><td>_____ (CH) Child</td><td>_____ (BG) Boy/Girl Friend</td></tr><tr><td>_____ (GP) Grandparents</td><td>_____ (CF) Child of BF / GF</td></tr><tr><td>_____ (GC) Grandchild</td><td>_____ (HR) Homosexual Rel.</td></tr><tr><td>_____ (IL) Inlaw</td><td>_____ (XS) Ex-Spouse</td></tr><tr><td>_____ (SP) Stepparent</td><td>_____ (EE) Employee</td></tr><tr><td>_____ (SC) Stepchild</td><td>_____ (ER) Employer</td></tr><tr><td>_____ (SS) Stepsibling</td><td>_____ 1 (OK) Otherwise Known</td></tr><tr><td>_____ (OF) Other Family</td><td>_____ (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	_____ 1 (OK) Otherwise Known	_____ (OF) Other Family	_____ (RU) Relationship Unknown	_____ (ST) Stranger	_____ (VO) Victim Was Suspect
_____ (SE) Spouse	_____ (AQ) Acquaintance																												
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_____ (OF) Other Family	_____ (RU) Relationship Unknown																												
_____ (ST) Stranger	_____ (VO) Victim Was Suspect																												
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																													
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other																													
VICTIM INJURY: <input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness																													
AGGRAVATED ASSAULT / HOMICIDE: <input checked="" type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																													
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

INCIDENT NUMBER 2025-096148

☐ JUVENILE INFORMATION

Report generated: 8/7/2025 7:59 AM

## VICTIM

VICTIM #

2

NAME (Last, First, Middle) or BUSINESS

CHRISTIAN GUERRA

ADDRESS:

3400 SPENCER DR 4 LITTLE ROCK AR 72209

HOME PHONE:

5019327268

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

09/06/2006

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 18

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

1 (OK) Otherwise Known

(OF) Other Family

(RU) Relationship Unknown

1 (ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

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

VICTIM INJURY:

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

CLOTHING DESCRIPTION

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

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



SUSPECT #1										
SUSPECT # 1		NAME (Last, First, Middle) <b>YOUNG, CHAUNCEY</b>						AKA:		
ARRESTEE #		ADDRESS:  UNK AR								
HOME PHONE:			WORK PHONE:			MOBILE PHONE:			OTHER PHONE:	
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown				DATE OF BIRTH 08/29/2002		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:						
AGE: Exact Age: 22 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:		HEIGHT: Ft _____ In _____		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic c)		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____				
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		ARREST LOCATION:				ARREST DATE:				
CHARGE: 5-12-103I 5-13-204										
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 #

1

NAME (Last, First, Middle)

YOUNG, CHAUNCEY

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

INCIDENT NUMBER 2025-096148

☐ JUVENILE INFORMATION

Report generated: 8/7/2025 7:59 AM

### VEHICLE #1

STATUS: **STOLEN**

HOLD AUTHORITY:

YEAR: 2025	MAKE: HOND	MODEL: PILOT	STYLE: SD	VIN: [REDACTED]	LICENSE NO. (TYPE): MJAHKH PC	LIC YEAR: 2026
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OWNER'S NAME (Last, First): [REDACTED]	ADDRESS: [REDACTED]	STATE: [REDACTED]
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COLOR: BLK	DISPOSITION OF RECOVERY: <input checked="" type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC: V187053867	INSURANCE POLICY #:
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INCIDENT NUMBER 2025-096148

☐ JUVENILE INFORMATION

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## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	03	1.00	██████████ HONDA BLK PILOT VEHICLE	0	40000		0.00	
4	16	1.00	UNK UNK + UNK WALL	0	5		0.00	

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

## PROPERTY DESCRIPTION:

(01) Aircraft  
(02) Alcohol  
(03) Automobiles  
(04) Bicycles  
(05) Buses  
(06) Clothes/Furs  
(07) Computer Hardware/  
Software  
(08) Consumable Goods  
(09) Credit Cards/Debit Cards

(10) Drugs/Narcotics  
(11) Drug/Narcotic Equipment  
(12) Farm Equipment  
(13) Firearms  
(14) Gambling Equipment  
(15) Heavy Equipment Construction/  
Industry  
(16) Household Good  
(17) Jewelry/Precious Metal  
(18) Livestock  
(19) Merchandise  
(20) Money

(21) Negotiable Instruments  
(22) Nonnegotiable Instruments  
(23) Office-Type Equipment  
(24) Other Motor Vehicles  
(25) Purses/Handbags/Wallets  
(26) Radios/TVs/VCR  
(27) Recordings-Audio/Visual  
(28) Recreational Vehicles  
(29) Structures-Single Occupancy  
(30) Structures-Other Dwellings  
(31) Structures-Commercial/Business

(32) Structures-Industrial/Manufacture  
(33) Structures-Public/Community  
(34) Structures-Storage  
(35) Structures-Other  
(36) Tools-Power/Hand/Lawnmower  
(37) Trucks  
(38) Vehicle Parts/Accessories  
(39) Watercraft  
(77) Other  
(88) Pending Inventory (of Property)

## DRUG TYPE:

(A) Crack Cocaine  
(B) Cocaine  
(C) Hashish

(D) Heroin  
(E) Marijuana  
(F) Morphine  
(G) Opium

(H) Other Narcotics  
(I) LSD  
(J) PCP  
(K) Other Hallucino.

(L) Amphetamines/  
Methamphetamines  
(M) Other Stimulants  
(N) Barbituates

(O) Other Depressants  
(P) Other Drugs  
(U) Unknown Type

## TYPE DRUG MEASUREMENT:

Units  
(DU) Dosage Unit  
(Pills, etc)  
(NP) Number of Plants

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

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

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

**NARRATIVE**

ON THIS DATE, OFFICERS RESPONDED TO THE LISTED LOCATION IN REFERENCE TO SHOTS FIRED. OFFICERS WERE FLAGGED DOWN AT AUXOR ARMS BY A BLACK MALE LATER IDENTIFIED AS DAVONTE HAYES. HAYES STATED HE WAS WITH TWO FEMALES "NII" AND "SHAY" AT AUXOR. HAYES STATED HE LOOKED BACK TO SEE WHERE ONE OF THE FEMALES WENT AND AS HE TURNED BACK AROUND HE SAW A GREEN LASER POINTED AT HIM THROUGH THE FRONT WINDSHIELD. HAYES SAID HE RECOGNIZED THE MALE BY THE NAME OF CHAUNCEY YOUNG. HAYES STATED HE CALLS YOUNG HIS BROTHER. HAYES STATED HE THOUGHT YOUNG WAS PLAYING WITH HIM UNTIL YOUNG OPENED THE CAR DOOR WITH AN AR PISTOL POINTED AT HIM STATING TO GET ON THE GROUND. HAYES STATED HE GOT OUT AND ACTED LIKE HE WAS GOING TO LAY DOWN. HAYES STATED HE GRABBED THE FIREARM AT THIS TIME AND THE TWO FOUGHT OVER THE GUN. HAYES STATED AS HE GRABBED THE GUN AND POINTED IT TO THE GROUND YOUNG FIRED OFF A ROUND. HAYES STATED HE MANAGED TO GET THE GUN BUT THE MAG FELL OUT. HAYES STATED HE POINTED IT AT YOUNG BUT YOUNG LAUGHED AT HIM. HAYES STATED HE TOOK OFF RUNNING AND YOUNG PULLED OUT ANOTHER FIREARM AND STARTED SHOOTING AT HIM. HAYES STATED HE TRIPPED AND FELL AND DROPPED THE GUN HE HAD AND KEPT RUNNING TOWARD 3400 SPENCER. HAYES STATED HE TOLD THE PEOPLE AT SPENCER LATER IDENTIFIED AS CHRISTIAN GUERRA TO CALL POLICE. HAYES STATED GUERRA TOLD HIM THEY ALREADY DID BECAUSE A BULLET HIT THEIR HOME ALMOST HITTING SOMEONE. HAYES STATED HIS CAR WAS STILL RUNNING AT THE TIME AND WHEN HE RETURNED TO THE LOCATION HIS CAR WAS GONE. HAYES STATED HE PICKED THE GIRLS HE WAS WITH UP FROM THE MOTEL 6 ON MCCAIN BEHIND THE HOOTERS AT 4100 E MCCAIN. HAYES STATED THIS IS WHERE HIS VEHICLE MIGHT BE. HAYES STATED YOUNG ALSO LIKES TO STAY AT MADISON HEIGHTS AND THE APARTMENTS ACROSS FROM WAR MEMORIAL. OFFICERS OBSERVED INJURY TO HAYES RIGHT EYE AND BLOOD WHERE YOUNG SCRATCHED HIM DURING THE FIGHT FOR THE FIREARM. HAYES STATED HIS PHONE WAS IN THE VEHICLE WHICH CAN BE ELECTRONICALLY TRACKED. OFFICERS NOTIFIED A SERGEANT (WHO NOTIFIED MAJOR CRIMES) AND COLLECTED THE SHELL CASINGS WHICH WERE STORED AT THE SOUTHWEST SUBSTATION. OFFICERS ALSO COLLECTED A MAGAZINE AND THE BULLET THAT HIT THE HOME OF 3400 SPENCER. A BROADCAST WAS MADE OF THE VEHICLE AND CHAUNCEY YOUNG. BWC IN USE.

\*\*\*\*\*SUPPLEMENTAL INFORMATION\*\*\*\*\* M. SUGGS [REDACTED]

VEHICLE HAS BEEN ENTERED INTO ALL SYSTEMS AS STOLEN

SUPPLEMENTAL/RECOVERY 08/04/2025 1920 SCOTT [REDACTED]

COMMUNICATIONS OPERATORS B.HARRIS # [REDACTED] AND L.MEYERS # [REDACTED] RECEIVED A HIT FROM HARRIS COUNTY CONSTABLE, PASENDA HARRIS, TX (713-477-4070) ADVISING OFFICER M. TOVAR 82D36 WAS OUT WITH LISTED VEHICLE OCCUPIED. THEY ATTEMPTED TO MAKE CONTACT WITH LISTED VICTIM WITH NEGATIVE RESULTS AND RELEASED SUBJECTS DUE TO DA REFUSING TO TAKE CHARGES. THE VEHICLE WAS TOWED TO AL SONS 9939 ROWLETT ST, HOUSTON, TX 713-530-1556. COMMUNICATIONS ATTEMPTED TO MAKE CONTACT WITH VIC-1 WITH NEGATIVE RESULTS AND REMOVED VEHICLE FROM NCIC.

INCIDENT NUMBER 2025-096148

☐ 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