

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 8/16/2025 10:03 PM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-102132</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">2X54</div>	CALL DATE <div style="text-align: center; font-weight: bold;">08/16/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">17:53:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">CUTTINGP</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">8/16/2025 5:53:26 PM</div>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">3816 W 17TH ST</div>			DISTRICT <div style="text-align: center; font-weight: bold;">53</div>	

OFFENSE			
INCIDENT OFFENSE TYPE  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           1. BATTERY 1ST DEGREE            2. BATTERY 2ND DEGREE            3. PUBLIC INTOXICATION - DRINKING IN PUBLIC            4.         </div> <div style="width: 45%;">           5.            6.            7.            8.         </div> </div>			OFFENSE STATUS  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Attempted            Completed         </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div>1 <input checked="" type="checkbox"/></div> <div>2 <input checked="" type="checkbox"/></div> <div>3 <input checked="" type="checkbox"/></div> <div>4 <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7 <input type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div> </div> </div>
SUSPECTS USED:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (A) Alcohol  <input type="checkbox"/> (C) Computer Equip         </div> <div style="width: 45%;"> <input type="checkbox"/> (D) Drugs  <input checked="" type="checkbox"/> (N) Not Applicable / Unknown         </div> </div>		TYPE OF CRIMINAL ACTIVITY:  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (B) Buying / Receiving  <input type="checkbox"/> (E) Exploiting Children  <input type="checkbox"/> (T) Transport / Transmit / Import  <input type="checkbox"/> (D) Distributing / Selling         </div> <div style="width: 45%;"> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish  <input type="checkbox"/> (O) Operating / Promoting / Assisting  <input type="checkbox"/> (U) Using / Consuming  <input type="checkbox"/> (P) Possessing / Concealing         </div> </div>	
GANG RELATED INFO:  <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown			
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)  NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY:  <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (11) Firearm (Unknown)  <input type="checkbox"/> (12) Handgun  <input type="checkbox"/> (13) Rifle  <input type="checkbox"/> (14) Shotgun  <input type="checkbox"/> (15) Other Firearm  <input checked="" type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)  <input type="checkbox"/> (30) Blunt Object (Club, etc)  <input type="checkbox"/> (35) Motor Vehicle (as weapon)  <input type="checkbox"/> (40) Personal Weapons (hands, etc)         </div> <div style="width: 45%;"> <input type="checkbox"/> (50) Poison  <input type="checkbox"/> (60) Explosives  <input type="checkbox"/> (65) Fire / Incendiary Device  <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills  <input type="checkbox"/> (85) Asphyxiation  <input type="checkbox"/> (90) Other  <input type="checkbox"/> (95) Unknown  <input type="checkbox"/> (99) None         </div> </div>			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 08/17/2025    01:06:24	REPORTING OFFICER KENNETH HARNESS - [REDACTED]	ORIGINAL APPROVING SUPERVISOR BILLY AUSTIN - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

AUSTIN,PATRICK

ADDRESS:

4709 W 16TH ST LITTLE ROCK AR 72204

HOME PHONE:

1111111111

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

10/13/1971

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:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

(SE) Spouse 1 (AQ) Acquaintance

(CS) Common-Law Spouse (FR) Friend

(PA) Parent (NE) Neighbor

(SB) Sibling (BE) Babysitter (baby)

(CH) Child (BG) Boy/Girl Friend

(GP) Grandparents (CF) Child of BF / GF

(GC) Grandchild (HR) Homosexual Rel.

(IL) Inlaw (XS) Ex-Spouse

(SP) Stepparent (EE) Employee

(SC) Stepchild (ER) Employer

(SS) Stepsibling (OK) Otherwise Known

(OF) Other Family (RU) Relationship Unknown

(ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

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

VICTIM INJURY:

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

CLOTHING DESCRIPTION

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

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

## VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS <b>SOCIETY</b>																												
ADDRESS: <b>LITTLE ROCK AR</b>																													
HOME PHONE:		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH																										
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AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: <b>NA</b> 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>_____ 1 (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	_____ 1 (AQ) Acquaintance	_____ (CS) Common-Law Spouse	_____ (FR) Friend	_____ (PA) Parent	_____ (NE) Neighbor	_____ (SB) Sibling	_____ (BE) Babysitter (baby)	_____ (CH) Child	_____ (BG) Boy/Girl Friend	_____ (GP) Grandparents	_____ (CF) Child of BF / GF	_____ (GC) Grandchild	_____ (HR) Homosexual Rel.	_____ (IL) Inlaw	_____ (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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## VICTIM

VICTIM # 3	NAME (Last, First, Middle) or BUSINESS <b>ROBINSON, MICHAEL</b>																																									
ADDRESS: 3200 W 23RD ST LITTLE ROCK AR 72204																																										
HOME PHONE: 5014788861		WORK PHONE:	MOBILE PHONE:																																							
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<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 _____																																										



SUSPECT #1									
SUSPECT # 1		NAME (Last, First, Middle)  ROBINSON,MICHAEL						AKA:	
ARRESTEE # 1		ADDRESS:  3200 W 23RD ST LITTLE ROCK AR 72204							
HOME PHONE:			WORK PHONE:			MOBILE PHONE:		OTHER PHONE: 5014788861	
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 04/14/1972		
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: 53 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		NIC:		HEIGHT: Ft _____ In _____		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic)	
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____					
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8				ARREST TYPE: <input checked="" type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody					
ARREST LOCATION: 3816 W 17TH ST					ARREST DATE: 08/16/2025				
CHARGE: 5-13-201      5-13-202      5-71-212									
ARRESTING OFFICERS OFFICER 1: KENNETH HARNESS - <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

**ROBINSON, MICHAEL**

## 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

**SUSPECT #2**

SUSPECT # <b>2</b>	NAME (Last, First, Middle) <b>BORDUEAX, JOSH</b>		AKA:	
ARRESTEE # <b>1</b>	ADDRESS: <b>3816 W 17 ST LITTLE ROCK AR 72204</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE: <b>5016126456</b>
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		DATE OF BIRTH <b>12/08/2004</b>
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:		
AGE: Exact Age: <b>20</b> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	NIC:	HEIGHT: Ft _____ In _____	WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic)
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input 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:				
ARRESTING OFFICERS				
OFFICER 1: _____		<input type="checkbox"/> MVR	OFFICER 5: _____ <input type="checkbox"/> MVR	
OFFICER 2: _____		<input type="checkbox"/> MVR	OFFICER 6: _____ <input type="checkbox"/> MVR	
OFFICER 3: _____		<input type="checkbox"/> MVR	OFFICER 7: _____ <input type="checkbox"/> MVR	
OFFICER 4: _____		<input type="checkbox"/> MVR	OFFICER 8: _____ <input type="checkbox"/> MVR	

Suspect information continued on next page.

**SUSPECT #2**

SUSPECT #

2

NAME (Last, First, Middle)

**BORDUEAX, JOSH**

AKA:

## COMPLEXION:

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

## HAIR LENGTH:

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

## HAIR STYLE:

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

## BUILD:

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

## HAIR COLOR:

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

## EYE COLOR:

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

## FACIAL HAIR:

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

## DEMEANOR:

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

## SCAR / MARK:

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

## TATTOO:

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

## TATTOO LOC:

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

## CLOTHING DESCRIPTION:

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

## ADDED DESCRIPTION:

n/a

## OTHER PERSONS - WITNESS

OTHER PERSON # 1	NAME (Last, First, Middle) <b>JERKINS,DANIEL</b>																			
ADDRESS: <b>3816 W 16TH ST LITTLE ROCK AR 72204</b>																				
HOME PHONE: 1111111111		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 12/08/1964														
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>60</u> Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown			NIC:  D.L. / ID No. (STATE)		HEIGHT: Ft _____ In _____  WEIGHT: Lbs _____															
<table border="0"><tr><td>COMPLEXION: <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</td><td>HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input checked="" type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown</td><td>HAIR COLOR: <input checked="" 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 type="checkbox"/> (8) Unknown</td><td>FACAIL HAIR: <input type="checkbox"/> (01) Clean Shaven <input checked="" 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</td><td>DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown</td><td>SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown</td><td>TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown</td></tr><tr><td colspan="2">HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown</td><td>BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown</td><td>EYE COLOR: <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</td><td colspan="2">CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____</td><td>TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back</td></tr></table>							COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input checked="" type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input checked="" 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 type="checkbox"/> (8) Unknown	FACAIL HAIR: <input type="checkbox"/> (01) Clean Shaven <input checked="" 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	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input 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	CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____		TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
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## OTHER PERSONS - WITNESS

OTHER PERSON # 2	NAME (Last, First, Middle) <b>BORDUEAX, KIMBERLY</b>																				
ADDRESS: 3816 W 17TH ST LITTLE ROCK AR 72204																					
HOME PHONE: 5016155912		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 01/27/1972															
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: 53 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:		HEIGHT: Ft _____ In _____																	
		D.L. / ID No. (STATE)		WEIGHT: Lbs _____																	
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**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED ADDRESS FOR A REPORTED STABBING. OFFICERS ARRIVED ON SCENE AND FOUND PATRICK AUSTIN BLEEDING FROM HIS RIGHT ARM WITH MUSCLE TISSUE HANGING OUT OF THE WOUND. OFFICERS ALSO FOUND MICHAEL ROBINSON BEING HELD DOWN BY WITNESSES WHO STATED HE DID IT. OFFICERS OBSERVED A BROKEN KITCHEN KNIFE ON THE GROUND AS WELL.

ROBINSON WAS TAKEN INTO CUSTODY, CHECKED FOR MAJOR INJURIES, AND PLACED INTO THE BACK SEAT OF A PATROL CAR. OFFICERS OBSERVED SOME SCRATCHES TO ROBINSON'S FACE BUT NO MAJOR INJURIES. OFFICERS ALSO NOTED THE ODER OF INTOXICANTS COMING FROM HIM.

OFFICERS PROVIDED MEDICAL AID TO AUSTIN UNTIL MEMS ARRIVED, AT WHICH TIME MEMS TRANSPORTED HIM TO UAMS FOR TREATMENT. BEFORE BEING TRANSPORTED AUSTIN STATED ROBINSON WALKED UP TO THE RESIDENCE THERE AND WAS TOLD TO LEAVE SEVERAL TIMES BY HIMSELF AND THE OWNER OF THE PROPERTY, KIMBERLY BORDUEAX. AUSTIN STATED ROBINSON WAS DRUNK AND REFUSING TO LEAVE. AUSTIN ADVISED HE PUSHED ROBINSON TO MAKE HIM LEAVE, AND THAT IS WHEN ROBINSON PULLED THE KNIFE OUT AND STABBED HIM. AUSTIN STATED OTHER WITNESSES AND HE KNOCKED ROBINSON TO THE GROUND AND HELD HIM THERE UNTIL OFFICERS ARRIVED.

OFFICERS SPOKE WITH KIMBERLY BORDUEAX, JOSH BORDUEAX, AND DANIEL JERKINS WHO WERE ALL ON SCENE AND WITNESSED THE INCIDENT. THE WITNESSES ALL ADVISED ROBINSON WALKED UP AND WAS TOLD SEVERAL TIMES TO LEAVE THE PROPERTY BY ALL OF THEM. THEY STATED ROBINSON REFUSED TO LEAVE AND WHEN AUSTIN PUSHED ROBINSON TO LEAVE, ROBINSON PULLED THE KNIFE OUT AND STABBED AUSTIN.

ROBINSON WAS TRANSPORTED TO THE HOSPITAL AND WAS EVALUATED BY DOCTORS. WHILE BEING EVALUATED BY DOCTORS ROBINSON ADVISED HE WAS JUMPED BY EVERYONE ON SCENE. MR. BORDUEAX ACCORDING TO ROBINSON HAD A BAT, AND THAT IS WHY HE HAD TO STAB AUSTIN. ROBINSON STATED JOSH BORDUEAX HIT HIM WITH THE BAT ON HIS HEAD. DOCTORS ADVISED ROBINSON DID HAVE A BROKEN COLLAR BONE.

ROBINSON WAS TRANSPORTED TO PCRJ AFTER BEING CLEARED BY DOCTORS AND CHARGED WITH BATTERY 1ST AND PUBLIC INTOXICATION.

JOSH BORDUEAX WAS NOT CHARGED DUE TO LACK OF EVIDENCE AND NO WITNESSES CONFIRMING ROBINSON'S ACCOUNT.

DETECTIVES RESPONDED TO THE SCENE AND SPOKE WITH EVERYONE. CRIME SCENE RESPONDED AS WELL AND PROCESSED THE SCENE.

SUPERVISORS WERE NOTIFIED AND RESPONDED TO THE SCENE.

MVR AND BWC WERE IN USE.



## 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: 8/17/2025 6:48 AM	
INCIDENT NUMBER <b>2025-102340</b>		UNIT ASSIGNED <b>3X60</b>	CALL DATE <b>08/17/2025</b>	CALL TIME <b>01:23:00</b>	TYPE OF CALL <b>DIS</b>	
INCIDENT DATE <b>8/17/2025 1:23:35 AM</b>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 801 S RODNEY PARHAM 28D			DISTRICT <b>61</b>

## OFFENSE

<b>INCIDENT OFFENSE TYPE</b> 1. ROBBERY (INDIVIDUAL) <span style="float: right;">5.</span> 2. THEFT MOTOR VEHICLE <span style="float: right;">6.</span> 3. THEFT OF PROPERTY FELONY <span style="float: right;">7.</span> 4. ASSAULT A FAMILY OR HOUSEHOLD MEMBER 3RD DEGREE <span style="float: right;">8.</span>		<b>OFFENSE STATUS</b> Attempted <span style="margin: 0 10px;">1 <input type="checkbox"/></span> <span style="margin: 0 10px;">2 <input type="checkbox"/></span> <span style="margin: 0 10px;">3 <input type="checkbox"/></span> <span style="margin: 0 10px;">4 <input type="checkbox"/></span> Completed <span style="margin: 0 10px;">1 <input checked="" type="checkbox"/></span> <span style="margin: 0 10px;">2 <input checked="" type="checkbox"/></span> <span style="margin: 0 10px;">3 <input checked="" type="checkbox"/></span> <span style="margin: 0 10px;">4 <input checked="" type="checkbox"/></span> Attempted <span style="margin: 0 10px;">5 <input type="checkbox"/></span> <span style="margin: 0 10px;">6 <input type="checkbox"/></span> <span style="margin: 0 10px;">7 <input type="checkbox"/></span> <span style="margin: 0 10px;">8 <input type="checkbox"/></span> Completed <span style="margin: 0 10px;">5 <input type="checkbox"/></span> <span style="margin: 0 10px;">6 <input type="checkbox"/></span> <span style="margin: 0 10px;">7 <input type="checkbox"/></span> <span style="margin: 0 10px;">8 <input type="checkbox"/></span>	
<b>SUSPECTS USED:</b> <input type="checkbox"/> (A) Alcohol <span style="margin-left: 100px;"><input type="checkbox"/> (D) Drugs</span> <input type="checkbox"/> (C) Computer Equip <span style="margin-left: 100px;"><input checked="" type="checkbox"/> (N) Not Applicable / Unknown</span>		<b>TYPE OF CRIMINAL ACTIVITY:</b> <input type="checkbox"/> (B) Buying / Receiving <span style="margin-left: 100px;"><input type="checkbox"/> (C) Cultivate / Manufacture / Publish</span> <input type="checkbox"/> (E) Exploiting Children <span style="margin-left: 100px;"><input type="checkbox"/> (O) Operating / Promoting / Assisting</span> <input type="checkbox"/> (T) Transport / Transmit / Import <span style="margin-left: 100px;"><input type="checkbox"/> (U) Using / Consuming</span> <input type="checkbox"/> (D) Distributing / Selling <span style="margin-left: 100px;"><input type="checkbox"/> (P) Possessing / Concealing</span>	
<b>LOCATION CODE:</b> <input type="checkbox"/> (01) Air / Bus / Train Terminal <span style="margin-left: 100px;"><input type="checkbox"/> (16) Lake / Waterway</span> <input type="checkbox"/> (02) Bank / Savings & Loan <span style="margin-left: 100px;"><input type="checkbox"/> (17) Liquor Store</span> <input type="checkbox"/> (03) Bar / Night Club <span style="margin-left: 100px;"><input checked="" type="checkbox"/> (18) Parking Lot / Garage</span> <input type="checkbox"/> (04) Church / Synagogue / Temple <span style="margin-left: 100px;"><input type="checkbox"/> (19) Rental / Storage Facility</span> <input type="checkbox"/> (05) Commercial / Office Building <span style="margin-left: 100px;"><input type="checkbox"/> (20) Residence / House</span> <input type="checkbox"/> (06) Construction Site <span style="margin-left: 100px;"><input type="checkbox"/> (21) Restaurant</span> <input type="checkbox"/> (07) Convenience Store <span style="margin-left: 100px;"><input type="checkbox"/> (22) School / College</span> <input type="checkbox"/> (08) Department / Discount Store <span style="margin-left: 100px;"><input type="checkbox"/> (23) Service / Gas Station</span> <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <span style="margin-left: 100px;"><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)</span> <input type="checkbox"/> (10) Field / Woods <span style="margin-left: 100px;"><input type="checkbox"/> (25) Other / Unknown</span> <input type="checkbox"/> (11) Government / Public Building <span style="margin-left: 100px;"><input type="checkbox"/> (37) Abandoned/Condemned Structure</span> <input type="checkbox"/> (12) Grocery / Supermarket <span style="margin-left: 100px;"><input type="checkbox"/> (38) Amusement Park</span> <input type="checkbox"/> (13) Highway / Road / Alley <span style="margin-left: 100px;"><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds</span> <input type="checkbox"/> (14) Hotel / Motel / Etc <span style="margin-left: 100px;"><input type="checkbox"/> (40) ATM Separate from Bank</span> <input type="checkbox"/> (15) Jail / Penitentiary <span style="margin-left: 100px;"><input type="checkbox"/> (41) Auto Dealership New / Used</span> <span style="margin-left: 100px;"><input type="checkbox"/> (42) Camp / Campground</span>		<b>GANG RELATED INFO:</b> <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown	
<b>(FOR BURGLARY ONLY)</b> NUMBER OF PREMISES ENTERED <span style="margin-left: 20px;">_____</span> <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<b>WEAPON FORCE:</b> <span style="font-size: small;">(on 11-15, an "A" denotes Automatic or Semi-Automatic)</span> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (11) Firearm (Unknown)  <input type="checkbox"/> (12) Handgun  <input type="checkbox"/> (13) Rifle  <input type="checkbox"/> (14) Shotgun  <input type="checkbox"/> (15) Other Firearm  <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)  <input type="checkbox"/> (30) Blunt Object (Club, etc)  <input type="checkbox"/> (35) Motor Vehicle (as weapon)  <input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)         </div> <div style="width: 45%;"> <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  <input type="checkbox"/> (50) Poison  <input type="checkbox"/> (60) Explosives  <input type="checkbox"/> (65) Fire / Incendiary Device  <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills  <input type="checkbox"/> (85) Asphyxiation  <input type="checkbox"/> (90) Other  <input type="checkbox"/> (95) Unknown  <input type="checkbox"/> (99) None         </div> </div>	
<b>NARCAN USED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 08/17/2025 08:28:58	REPORTING OFFICER WALTER CHAVIS - [REDACTED]	ORIGINAL APPROVING SUPERVISOR ALISA CHIDESTER - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

YOUNG,ANGEL

ADDRESS:

7415 MARCIA DR LITTLE ROCK AR 72209

HOME PHONE:

5015024853

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

12/27/2005

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 19

Range: -

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

1 (BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

(RU) Relationship Unknown

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

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

VICTIM INJURY:

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

CLOTHING DESCRIPTION

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

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

SUSPECT #1									
SUSPECT # 1		NAME (Last, First, Middle)  HUGHES,TAQUAN						AKA:	
ARRESTEE #		ADDRESS:  2521 VANCOUVER RD LITTLE ROCK AR 72204							
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 03/06/2006	
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: 19 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 LOCATION:		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: 5-12-102I									
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

**HUGHES,TAQUAN**

## 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 2025-102340

☐ JUVENILE INFORMATION

Report generated: 8/17/2025 6:48 AM

**VEHICLE #1**STATUS: **STOLEN**

HOLD AUTHORITY:

YEAR: 2012	MAKE: HYUN	MODEL: ELANTRA	STYLE: SA	VIN: [REDACTED]	LICENSE NO. (TYPE): BCY71U PC	LIC YEAR: 2025
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: BRO	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	03	1.00	██████████ HYUNDA BRN ELANTRA VEHICLE	0	1		0.00	
7	77	1.00	UNKNOWN UNKNOW BLK UNK CELL PHONE	0	1000		0.00	
7	77	1.00	UNKNOWN UNKNOW BLK UNK CAR KEYS	0	25		0.00	

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

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

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

## TYPE DRUG MEASUREMENT:

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

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

## Capacity

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



**NARRATIVE**

OFFICERS RESPONDED TO A DISTURBANCE IN PROGRESS AT THE LISTED LOCATION. OFFICERS MADE CONTACT WITH MS. ANGEL YOUNG (VICTIM) WHO STATED THAT HER BOYFRIEND, MR. TAQUAN HUGHES (SUSPECT) STOLE HER VEHICLE. MS. YOUNG SAID SHE MET UP WITH MR. HUGHES AT THE LISTED LOCATION TO TALK AND WHEN SHE ARRIVED AT BUILDING 28 AT 2300 HOURS ON 08/16/2025, MR. HUGHES REACHED THROUGH THE WINDOW AND TOOK MS. YOUNG'S CAR KEYS FROM THE IGNITION. MS. YOUNG ADVISED SHE GOT OUT OF THE VEHICLE WITH HER CELL PHONE IN HAND AND MR. HUGHES USED FORCE BY SHOVING HER AND STEALING HER CELL PHONE. MS. YOUNG STATED MR. HUGHES WALKED OFF AND SHE FOLLOWED. MS. YOUNG SAID MR. HUGHES THEN RAN TO HER VEHICLE AND DROVE OFF IN IT. MS. YOUNG ADVISED THAT SHE WALKED OFF AND THEN FOUND HER VEHICLE PARKED BACK AT BUILDING 28 WITH HER CELL PHONE INSIDE OF THE VEHICLE, BUT HER CAR KEYS WERE STILL MISSING. OFFICERS OBSERVED MS. YOUNG'S 2012 BROWN HYUNDAI ELANTRA BEARING ARKANSAS TAG BCY71U PARKED AND MS. YOUNG HAD HER CELL PHONE IN HAND UPON ARRIVAL. MS. YOUNG ADVISED SHE HAD INJURY BUT IT WAS SELF INFLICTED WHEN SHE FELL AS SHE WAS CHASING MR. HUGHES. MS. YOUNG REFUSED MEDICAL ATTENTION. MS. YOUNG STATED THE KEY TO HER VEHICLE WAS STILL WITH MR. HUGHES. MS. YOUNG REFUSED AN OWNER'S REQUEST TOW TO TAKE HER VEHICLE HOME AND SHE WOULD RETRIEVE HER VEHICLE IN THE MORNING. OFFICERS COMPLETED A LETHALITY FORM AND GAVE MS. YOUNG A LAURA'S CARD. OFFICERS ADVISED MS. YOUNG TO CALL BACK IF SHE LOCATED HER CAR KEY OR IF MR. HUGHES RETURNED. BWC IN USE.

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

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

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

RELATED CASE NUMBER(S)

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

## RACIAL (Anti-)

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

## RELIGIOUS (Anti-)

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

## ETHNICITY / NATIONAL ORIGIN (Anti-)

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

## DISABILITY (Anti-)

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

## SEXUAL (Anti-)

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

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 8/17/2025 1:17 PM
INCIDENT NUMBER <b>2025-102445</b>	UNIT ASSIGNED <b>1Y62</b>	CALL DATE <b>08/17/2025</b>	CALL TIME <b>11:07:00</b>	TYPE OF CALL <b>BATTERY</b>	
INCIDENT DATE <b>8/17/2025 11:07:51 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>1300 JOHN BARROW RD TACO BELL</b>			DISTRICT <b>63</b>

## OFFENSE

INCIDENT OFFENSE TYPE				OFFENSE STATUS			
1. ROBBERY (BUSINESS) <span style="float: right;">5.</span> 2. <span style="float: right;">6.</span> 3. <span style="float: right;">7.</span> 4. <span style="float: right;">8.</span>				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:		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					
LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (06) Construction Site <input checked="" type="checkbox"/> (21) Restaurant <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <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"/> (42) Camp / Campground				<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center			
(FOR BURGLARY ONLY) METHOD OF ENTRY: NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force				WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input 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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other							

ENTRY DATE <b>08/17/2025 16:35:40</b>	REPORTING OFFICER <b>JOHN FUSARO</b>	ORIGINAL APPROVING SUPERVISOR <b>ALEC TINER</b>	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM #

1

NAME (Last, First, Middle) or BUSINESS

TACO BELL

ADDRESS:

1300 JOHN BARROW RD LITTLE ROCK AR 72206

HOME PHONE:

5017864594

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

RES. STATUS:

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

MENTALLY AFFLICTED?

☐ (Y) Yes☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

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

Range: \_\_\_\_\_ - \_\_\_\_\_

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law  
Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

(RU) Relationship Unknown

1

(ST) Stranger

(VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

VICTIM TYPE:

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

VICTIM INJURY:

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

AGGRAVATED ASSAULT / HOMICIDE:

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

CLOTHING DESCRIPTION

HAT \_\_\_\_\_

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

COAT \_\_\_\_\_

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

**SUSPECT #1**

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

Suspect information continued on next page.

**SUSPECT #1**

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

  

<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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 checked="" 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 type="checkbox"/> (11) Unknown	<b>HAIR COLOR:</b> <input checked="" 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 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 checked="" type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	<b>SCAR / MARK:</b> <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	<b>TATTOO:</b> <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown
<b>HAIR LENGTH:</b> <input checked="" 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 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

## OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1	NAME (Last, First, Middle) <b>HOLLISTER,NATALIE</b>					
ADDRESS: 1300 JOHN BARROW RD LITTLE ROCK AR 72206						
HOME PHONE: 5017864594		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 11/16/1981			
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 43 Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____			
COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						



PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	08	1.00	NONE SODA WHT DRINK SOFT DRINK SODA	0	3		0.00	

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

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

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

## TYPE DRUG MEASUREMENT:

Units	Weight	
(DU) Dosage Unit	(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**

POLICE RECEIVED A CALL FOR A BATTERY AT 1300 JOHN BARROW ROAD, TACO BELL.

CONTACT WAS MADE WITH MANAGER NATALIE HOLLISTER. MS. HOLLISTER ADVISED THE DAUGHTER OF THE SUSPECT ASKED FOR A CUP FOR WATER. MS. HOLLISTER ADVISED SHE PROVIDED A CUP FOR THE DAUGHTER, AT WHICH POINT, THE SUSPECT STARTED TO FILL THE CUP WITH SODA. MS. HOLLISTER ADVISED SHE ATTEMPTED TO STOP THE SUSPECT, AT WHICH POINT, SHE WAS ELBOWED BY THE SUSPECT. MS. HOLLISTER FURTHER ADVISED OF THE SUSPECT NOT PURCHASING ANY FOOD. MS. HOLLISTER ADVISED THE SUSPECT LEFT THE STORE GOING SOUTH ON JOHN BARROW ROAD. DET. GIL WITH ROBBERY CRIMES WAS NOTIFIED AND MADE AWARE OF THIS INCIDENT. THE AREA WAS CANVASSED FOR THE SUSPECT WITH NEGATIVE RESULTS. A BROADCAST WAS CONDUCTED OF THE SUSPECT. MS. HOLLISTER WAS ADVISED TO NOTIFY POLICE IF THE SUSPECT RETURNS.

BWC IN USE.

INCIDENT NUMBER 2025-102445

☐ JUVENILE INFORMATION

Report generated: 8/17/2025 1:17 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: 8/18/2025 12:06 AM	
INCIDENT NUMBER <div style="text-align: center; font-weight: bold;">2025-102569</div>		UNIT ASSIGNED <div style="text-align: center; font-weight: bold;">2X92</div>	CALL DATE <div style="text-align: center; font-weight: bold;">08/17/2025</div>	CALL TIME <div style="text-align: center; font-weight: bold;">19:44:00</div>	TYPE OF CALL <div style="text-align: center; font-weight: bold;">DISWP</div>	
INCIDENT DATE <div style="text-align: center; font-weight: bold;">8/17/2025 7:44:04 PM</div>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">9715 WOODFORD DR</div>			DISTRICT <div style="text-align: center; font-weight: bold;">91</div>

## OFFENSE

INCIDENT OFFENSE TYPE  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           1. BATTERY 1ST DEGREE            2. BATTERY 3RD DEGREE            3.            4.         </div> <div style="width: 50%;">           5.            6.            7.            8.         </div> </div>				OFFENSE STATUS  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           Attempted Completed           <div style="display: flex; justify-content: space-around;"> <div>1 <input checked="" type="checkbox"/></div> <div>2 <input checked="" type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> </div> </div> <div style="width: 50%;">           Attempted Completed           <div style="display: flex; justify-content: space-around;"> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7 <input type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div> </div> </div>			
SUSPECTS USED:  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (A) Alcohol  <input type="checkbox"/> (C) Computer Equip         </div> <div style="width: 50%;"> <input type="checkbox"/> (D) Drugs  <input checked="" type="checkbox"/> (N) Not Applicable / Unknown         </div> </div>		TYPE OF CRIMINAL ACTIVITY:  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (B) Buying / Receiving  <input type="checkbox"/> (E) Exploiting Children  <input type="checkbox"/> (T) Transport / Transmit / Import  <input type="checkbox"/> (D) Distributing / Selling         </div> <div style="width: 50%;"> <input type="checkbox"/> (C) Cultivate / Manufacture / Publish  <input type="checkbox"/> (O) Operating / Promoting / Assisting  <input type="checkbox"/> (U) Using / Consuming  <input type="checkbox"/> (P) Possessing / Concealing         </div> </div>		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 checked="" 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 type="checkbox"/> (20) Residence / House  <input type="checkbox"/> (21) Restaurant  <input type="checkbox"/> (22) School / College  <input type="checkbox"/> (23) Service / Gas Station  <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)  <input type="checkbox"/> (25) Other / Unknown  <input type="checkbox"/> (37) Abandoned/Condemned Structure  <input type="checkbox"/> (38) Amusement Park  <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds  <input type="checkbox"/> (40) ATM Separate from Bank  <input type="checkbox"/> (41) Auto Dealership New / Used  <input type="checkbox"/> (42) Camp / Campground         </div> <div style="width: 33%;"> <input type="checkbox"/> (44) Daycare Facility  <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal  <input type="checkbox"/> (46) Farm Facility  <input type="checkbox"/> (47) Gambling / Casino / Racetrack  <input type="checkbox"/> (48) Industrial Site  <input type="checkbox"/> (49) Military Installation  <input type="checkbox"/> (50) Park / Playground  <input type="checkbox"/> (51) Rest Area  <input type="checkbox"/> (52) School - College / University  <input type="checkbox"/> (53) School - Elementary / Secondary  <input type="checkbox"/> (54) Shelter - Mission / Homeless  <input type="checkbox"/> (55) Shopping Mall  <input type="checkbox"/> (56) Tribal Lands  <input type="checkbox"/> (57) Community Center         </div> </div>							
(FOR BURGLARY ONLY)  NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY:  <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (11) Firearm (Unknown)  <input checked="" type="checkbox"/> (12) Handgun  <input type="checkbox"/> (13) Rifle  <input type="checkbox"/> (14) Shotgun  <input type="checkbox"/> (15) Other Firearm  <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)  <input type="checkbox"/> (30) Blunt Object (Club, etc)  <input type="checkbox"/> (35) Motor Vehicle (as weapon)  <input type="checkbox"/> (40) Personal Weapons (hands, etc)         </div> <div style="width: 50%;"> <input type="checkbox"/> (50) Poison  <input type="checkbox"/> (60) Explosives  <input type="checkbox"/> (65) Fire / Incendiary Device  <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills  <input type="checkbox"/> (85) Asphyxiation  <input type="checkbox"/> (90) Other  <input type="checkbox"/> (95) Unknown  <input type="checkbox"/> (99) None         </div> </div>			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other							

ENTRY DATE <div style="font-weight: bold;">08/18/2025   04:25:06</div>	REPORTING OFFICER <div style="font-weight: bold;">HASTON BETTS - [REDACTED]</div>	ORIGINAL APPROVING SUPERVISOR <div style="font-weight: bold;">AARON ONCKEN - [REDACTED]</div>	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>TOLETO,JOSE ISAIAS</b>																												
ADDRESS: <b>8218 MOONBEAM TR LITTLE ROCK AR 72209</b>																													
HOME PHONE: <b>5018047060</b>		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input 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 <b>07/06/2001</b>																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
AGE: Exact Age: <b>24</b> Range: _____ - _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC:  D.L. / ID No. (STATE)	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 checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other																													
VICTIM INJURY: <table border="0"><tr><td><input type="checkbox"/> (N) None</td><td><input type="checkbox"/> (M) Apparent Minor Injury</td><td><input type="checkbox"/> (B) Apparent Broken Bones</td></tr><tr><td><input type="checkbox"/> (I) Possible Internal Injury</td><td><input type="checkbox"/> (T) Loss of Teeth</td><td><input type="checkbox"/> (L) Severe Laceration</td></tr><tr><td><input checked="" type="checkbox"/> (O) Other Major Injury</td><td><input type="checkbox"/> (U) Unconsciousness</td><td></td></tr></table>				<input type="checkbox"/> (N) None	<input type="checkbox"/> (M) Apparent Minor Injury	<input type="checkbox"/> (B) Apparent Broken Bones	<input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> (L) Severe Laceration	<input checked="" type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (U) Unconsciousness																		
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AGGRAVATED ASSAULT / HOMICIDE: <table border="0"><tr><td><input type="checkbox"/> (01) Argument</td><td><input type="checkbox"/> (02) Assault on Law Enf Officer</td><td><input type="checkbox"/> (03) Drug Deal</td></tr><tr><td><input type="checkbox"/> (04) Gangland</td><td><input type="checkbox"/> (05) Juvenile Gang</td><td><input type="checkbox"/> (06) Lover's Quarrel</td></tr><tr><td><input type="checkbox"/> (07) Mercy Killings</td><td><input type="checkbox"/> (08) Other Felony Involved</td><td><input type="checkbox"/> (09) Other Circumstances</td></tr><tr><td><input type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td></tr><tr><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input checked="" type="checkbox"/> (33) Other Negligent Weapon Handling</td><td><input type="checkbox"/> (34) Other Negligent Killings</td><td></td></tr></table>				<input type="checkbox"/> (01) Argument	<input type="checkbox"/> (02) Assault on Law Enf Officer	<input type="checkbox"/> (03) Drug Deal	<input type="checkbox"/> (04) Gangland	<input type="checkbox"/> (05) Juvenile Gang	<input type="checkbox"/> (06) Lover's Quarrel	<input type="checkbox"/> (07) Mercy Killings	<input type="checkbox"/> (08) Other Felony Involved	<input type="checkbox"/> (09) Other Circumstances	<input 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 checked="" type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (34) Other Negligent Killings									
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CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

INCIDENT NUMBER 2025-102569

☐ JUVENILE INFORMATION

Report generated: 8/18/2025 12:06 AM

## VICTIM

VICTIM #

2

NAME (Last, First, Middle) or BUSINESS

MENDOZA, HARVIN

ADDRESS:

7815 PRESTON DR LITTLE ROCK AR 72209

HOME PHONE:

5016580176

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

09/19/2003

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 21

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

NIC:

D.L. / ID No. (STATE)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

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

(SE) Spouse

(AQ) Acquaintance

(CS) Common-Law  
Spouse

(FR) Friend

(PA) Parent

(NE) Neighbor

(SB) Sibling

(BE) Babysitter (baby)

(CH) Child

(BG) Boy/Girl Friend

(GP) Grandparents

(CF) Child of BF / GF

(GC) Grandchild

(HR) Homosexual Rel.

(IL) Inlaw

(XS) Ex-Spouse

(SP) Stepparent

(EE) Employee

(SC) Stepchild

(ER) Employer

(SS) Stepsibling

(OK) Otherwise Known

(OF) Other Family

11 (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>MERCADO,NELSON</b>		AKA:	
ARRESTEE # 1	ADDRESS: <b>0 MAGNOLIA DR LITTLE ROCK AR 72209</b>			
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input 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 <b>01/12/1990</b>
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:
AGE: Exact Age: <b>35</b> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input 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 _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input 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 checked="" type="checkbox"/> (T) Taken Into Custody		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)
ARREST LOCATION: <b>6 MABELVALE PZ</b>		ARREST DATE: <b>08/17/2025</b>		
CHARGE: <b>5-13-201 5-13-203</b>				
ARRESTING OFFICERS OFFICER 1: <u>TONY NATIVI -</u> <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR				

Suspect information continued on next page.



**SUSPECT #1**

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

Suspect information continued on next page.

**SUSPECT #2**

SUSPECT #	NAME (Last, First, Middle)	AKA:
2	,	

  

<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

## OTHER PERSONS - CONTACT

OTHER PERSON # NAME (Last, First, Middle)

1

TOLETO,JOSE DAVID

ADDRESS:

9714 WOODFORD DR LITTLE ROCK AR 72209

HOME PHONE:

5018047060

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

12/29/1992

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 32

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

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR 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

## PROPERTY

## DRUG INFORMATION

P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
0	75	1.00	SAMSUNG BLK UNK SAMSUNG CELL PHONE WITH BLACK/PINK CASE	782252	0.0000		0.00	

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

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

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

## TYPE DRUG MEASUREMENT:

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

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

## Capacity

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

**NARRATIVE**

OFFICERS WERE DISPATCHED TO 9715 WOODFORD DR FOR A DISTURBANCE WITH A WEAPON. OFFICERS MADE CONTACT WITH MR. MENDOZA WHO ADVISED A GROUP OF HISPANIC MALES HAD BEAT HIM. OFFICERS OBSERVED INJURIES TO THE FACE OF MR. MENDOZA. MR. MENDOZA ADVISED OTHERS WITNESSED THE EVENT. OFFICERS MADE CONTACT WITH MR. DAVID TOLETO WHO ADVISED HE AND HIS BROTHER ISAIAS TOLETO ATTEMPTED TO BREAK UP THE FIGHT. DAVID ADVISED DURING THE ALTERCATION HIS BROTHER WAS SHOT. OFFICERS MADE CONTACT WITH ISAIAS TOLETO WHO WAS SUFFERING FROM AN APPARENT GUNSHOT WOUND TO HIS RIGHT LEG. OFFICERS SECURED THE SCENE FOR MEMS AND LRFD. ISAIAS WAS TRANSPORTED TO A MEDICAL FACILITY FOR HIS INJURIES. OFFICERS SECURED A CRIME SCENE. A SUSPECT, LATER IDENTIFIED AS MR. MERCADO, APPROACHED OFFICERS AT 6 MABELVALE PLAZA DRIVE AND ADVISED HE WAS INVOLVED IN THE SHOOTING. MR. MERCADO AND MR. MENDOZA WERE TRANSPORTED TO THE 12TH STREET SUBSTATION TO BE INTERVIEWED BY DETECTIVES. OFFICERS LATER TRANSPORTED MR. MERCADO TO PCRJ WHERE HE WAS BOOKED FOR BATTERY 1ST DEGREE.

## 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