

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>				Report generated: 12/1/2025 11:52 PM	
INCIDENT NUMBER <div style="text-align: center; font-size: 1.2em;">2025-148717</div>		UNIT ASSIGNED	CALL DATE <div style="text-align: center; font-size: 1.2em;">12/01/2025</div>	CALL TIME <div style="text-align: center; font-size: 1.2em;">18:09:00</div>	TYPE OF CALL <div style="text-align: center; font-size: 1.2em;">THEFT</div>		
INCIDENT DATE <div style="text-align: center; font-size: 1.2em;">12/1/2025 6:09:17 PM</div>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">9520 N RODNEY PARHAM</div>			DISTRICT <div style="text-align: center; font-size: 1.2em;">62</div>	

OFFENSE						
INCIDENT OFFENSE TYPE  1. AGGRAVATED ROBBERY (BUSINESS)      5. 2.      6. 3.      7. 4.      8.			OFFENSE STATUS  Attempted      1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed  Attempted      5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed			
SUSPECTS USED:  <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		TYPE OF CRIMINAL ACTIVITY:  <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing				
GANG RELATED INFO:  <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (N) None / Unknown						
<table style="width: 100%;"> <tr> <td style="width: 33%;">                             LOCATION CODE:  <input type="checkbox"/> (01) Air / Bus / Train Terminal  <input type="checkbox"/> (02) Bank / Savings &amp; Loan  <input type="checkbox"/> (03) Bar / Night Club  <input type="checkbox"/> (04) Church / Synagogue / Temple  <input type="checkbox"/> (05) Commercial / Office Building  <input type="checkbox"/> (06) Construction Site  <input type="checkbox"/> (07) Convenience Store  <input type="checkbox"/> (08) Department / Discount Store  <input type="checkbox"/> (09) Drug Store / DR Office / Hospital  <input type="checkbox"/> (10) Field / Woods  <input type="checkbox"/> (11) Government / Public Building  <input type="checkbox"/> (12) Grocery / Supermarket  <input type="checkbox"/> (13) Highway / Road / Alley  <input type="checkbox"/> (14) Hotel / Motel / Etc  <input type="checkbox"/> (15) Jail / Penitentiary                         </td> <td 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 checked="" 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                         </td> <td 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                         </td> </tr> </table>				LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input 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 checked="" type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center
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(FOR BURGLARY ONLY)  NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY:  <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force				
WEAPON FORCE:      (on 11-15, an "A" denotes Automatic or Semi-Automatic)  <input checked="" type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (hands, etc)						
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other						

ENTRY DATE 12/02/2025 01:28:32	REPORTING OFFICER SHAWN OVERTON	ORIGINAL APPROVING SUPERVISOR ALISA CHIDESTER	<input checked="" type="checkbox"/> MVR in use
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## VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <b>AUTO PARTS ADVANCED</b>																												
ADDRESS: <b>9520 N RODNEY PARHAM RD LITTLE ROCK AR 72204</b>																													
HOME PHONE: <b>5014048901</b>		WORK PHONE:	MOBILE PHONE:																										
OTHER PHONE:																													
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH																										
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:																											
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC:  D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table border="0"><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>1 (RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td>(VO) Victim Was Suspect</td></tr></table>	(SE) Spouse	(AQ) Acquaintance	(CS) Common-Law Spouse	(FR) Friend	(PA) Parent	(NE) Neighbor	(SB) Sibling	(BE) Babysitter (baby)	(CH) Child	(BG) Boy/Girl Friend	(GP) Grandparents	(CF) Child of BF / GF	(GC) Grandchild	(HR) Homosexual Rel.	(IL) Inlaw	(XS) Ex-Spouse	(SP) Stepparent	(EE) Employee	(SC) Stepchild	(ER) Employer	(SS) Stepsibling	(OK) Otherwise Known	(OF) Other Family	1 (RU) Relationship Unknown	(ST) Stranger	(VO) Victim Was Suspect
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THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8																													
VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other																													
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness																													
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																													
CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____																													

SUSPECT #1									
SUSPECT # 1		NAME (Last, First, Middle)  UNKNOWN,						AKA:	
ARRESTEE #		ADDRESS:  UNKNOWN AR							
HOME PHONE:			WORK PHONE:			MOBILE PHONE:		OTHER PHONE:	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown				DATE OF BIRTH	
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:					
AGE: Exact Age: _____ Range: _____ - _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input 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 5 In 9		WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass  (A -- automatic c)	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs 160			
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody									
ARREST LOCATION:					ARREST DATE:				
CHARGE: 5-12-103B									
ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR      OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR      OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR      OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR      OFFICER 8: _____ <input type="checkbox"/> MVR									

Suspect information continued on next page.

**SUSPECT #1**

SUSPECT #

1

NAME (Last, First, Middle)

UNKNOWN,

AKA:

## COMPLEXION:

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

## HAIR LENGTH:

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

## HAIR STYLE:

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

## BUILD:

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

## HAIR COLOR:

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

## EYE COLOR:

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

## FACIAL HAIR:

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

## DEMEANOR:

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

## SCAR / MARK:

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

## TATTOO:

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

## TATTOO LOC:

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

## CLOTHING DESCRIPTION:

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

## ADDED DESCRIPTION:

n/a

## OTHER PERSONS - PERSON REPORTING

OTHER PERSON #

1

NAME (Last, First, Middle)

METHVIN,DARRON

ADDRESS:

9520 N RODNEY PARHAM RD LITTLE ROCK AR 72204

HOME PHONE:

5014428901

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

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

DATE OF BIRTH

07/02/1969

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 56

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

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☐ (06) Polite  
☐ (07) Professional  
☐ (08) Stupor  
☐ (09) Violent  
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SCAR / MARK:

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☐ (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

## OTHER PERSONS - CONTACT

OTHER PERSON # 2	NAME (Last, First, Middle) OGLESBY,SADDARION												
ADDRESS: 9520 N RODNEY PARHAM RD LITTLE ROCK AR 72204													
HOME PHONE: 5013501726		WORK PHONE:		MOBILE PHONE:		OTHER PHONE:							
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		DATE OF BIRTH 08/03/1995							
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: 30 Range: - <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown			NIC:  D.L. / ID No. (STATE)		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		FACAIL 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	
HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown		EYE COLOR: <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown		CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____							

VEHICLE #1						
STATUS: SUSPECT				HOLD AUTHORITY:		
YEAR: 0	MAKE: TOYT	MODEL: CAMRY	STYLE: SD	VIN: [REDACTED]	LICENSE NO. (TYPE): UNK PC	LIC YEAR: 0
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: SIL	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

**NARRATIVE**

ON TODAY'S DATE, 12/01/2025, OFFICERS RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A THEFT JUST OCCURRED. ON ARRIVAL, OFFICERS MADE CONTACT WITH THE CALLER MR. DARRON ( W/M 07/02/1969), WHO IS THE MANAGER OF ADVANCED AUTO PARTS, WHO ADVISED THAT HE SAW A SUSPICIOUS PERSON ENTER THE BUSINESS. MR. DARRON WENT TO THE SUSPICIOUS PERSON WHO WAS STANDING IN THE OIL ISLE, WHEN HE SAW THE SUSPECT PUT TWO OIL BOTTLES IN HIS PANTS AND ATTEMPTED TO LEAVE THE STORE. MR. DARRON ADVISED HE WENT TO STOP THE SUSPECT AND GOT THE OIL FROM HIM, BUT THE SUSPECT PULLED A GUN ON HIM AND STATED " YOU DON'T WANT TO DO THAT". MR. DARRON ADVISED HE BACKED AWAY AND LET THE SUSPECT LEAVE THE STORE. MR. DARRON ADVISED THE SUSPECT LEFT IN A SILVER TOYOTA CAMRY HEADING SOUTH ON RODNEY PARHAM. OFFICERS PUT OUT A BROADCAST ON THE MAIN CHANNEL. OFFICERS CALLED THE ON-SHIFT SUPERVISOR. OFFICERS CONTACTED THE MAJOR CRIMES DETECTIVE. OFFICERS ATTEMPTED TO FINGERPRINT THE BOTTLES WITH NEGATIVE RESULTS. OFFICERS PROVIDED MR. DARRON WITH THE INCIDENT REPORT NUMBER AND WAS INFORMED HIM A MAJOR CRIMES DETECTIVE WOULD REACH OUT TO HIM. MVR AND 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		<b>INCIDENT</b>				Report generated: 12/2/2025 4:14 PM	
INCIDENT NUMBER <div style="text-align: center; font-size: 1.2em;">2025-149016</div>		UNIT ASSIGNED <div style="text-align: center; font-size: 1.2em;">1X60</div>	CALL DATE <div style="text-align: center; font-size: 1.2em;">12/02/2025</div>	CALL TIME <div style="text-align: center; font-size: 1.2em;">13:42:00</div>	TYPE OF CALL <div style="text-align: center; font-size: 1.2em;">THEFT</div>		
INCIDENT DATE <div style="text-align: center; font-size: 1.2em;">12/2/2025 1:42:00 PM</div>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <div style="text-align: center;">1801 RESERVOIR RD 151 151</div>			DISTRICT <div style="text-align: center; font-size: 1.2em;">60</div>	

OFFENSE				
INCIDENT OFFENSE TYPE  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     1. AGGRAVATED ROBBERY (INDIVIDUAL)                      2.                      3.                      4.                 </div> <div style="width: 45%;">                     5.                      6.                      7.                      8.                 </div> </div>			OFFENSE STATUS  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                     Attempted Completed                 </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-around;"> <div>1 <input type="checkbox"/></div> <div>2 <input type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7 <input type="checkbox"/></div> <div>8 <input type="checkbox"/></div> </div> </div> </div>	
SUSPECTS USED:  <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: 25%;"> <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: 25%;"> <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: 25%;"> <input type="checkbox"/> (44) Daycare Facility  <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal  <input type="checkbox"/> (46) Farm Facility  <input type="checkbox"/> (47) Gambling / Casino / Racetrack  <input type="checkbox"/> (48) Industrial Site  <input type="checkbox"/> (49) Military Installation  <input type="checkbox"/> (50) Park / Playground                 </div> <div style="width: 25%;"> <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 _____		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> (11) Firearm (Unknown)  <input checked="" type="checkbox"/> (12) Handgun  <input type="checkbox"/> (13) Rifle  <input type="checkbox"/> (14) Shotgun  <input type="checkbox"/> (15) Other Firearm  <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)  <input type="checkbox"/> (30) Blunt Object (Club, etc)  <input type="checkbox"/> (35) Motor Vehicle (as weapon)  <input type="checkbox"/> (40) Personal Weapons (hands, etc)                 </div> <div style="width: 45%;"> <input type="checkbox"/> (50) Poison  <input type="checkbox"/> (60) Explosives  <input type="checkbox"/> (65) Fire / Incendiary Device  <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills  <input type="checkbox"/> (85) Asphyxiation  <input type="checkbox"/> (90) Other  <input type="checkbox"/> (95) Unknown  <input type="checkbox"/> (99) None                 </div> </div>		
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE 12/02/2025 20:01:58	REPORTING OFFICER JOHN FUSARO - [REDACTED]	ORIGINAL APPROVING SUPERVISOR DAMON WHITENER - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS CUNTZ,AUSTIN		
ADDRESS: 1801 RESERVOIR RD 151 LITTLE ROCK AR 72207			
HOME PHONE: 4172626686		WORK PHONE:	MOBILE PHONE:
OTHER PHONE:			
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 07/15/1997
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: 28 Range: - <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown		NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) (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? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input 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) WILLIAMS,FELANTE						AKA:	
ARRESTEE #		ADDRESS: 1912 S RINGO ST LITTLE ROCK AR 72204							
HOME PHONE:			WORK PHONE:			MOBILE PHONE:		OTHER PHONE: 5019201721	
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 01/26/2007	
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: 18 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 c)	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		WEIGHT: Lbs _____			
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		ARREST LOCATION:				ARREST DATE:			
CHARGE: 5-12-103I									
ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR      OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR      OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR      OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR      OFFICER 8: _____ <input type="checkbox"/> MVR									

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle)  WILLIAMS,FELANTE		AKA:	
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COMPLEXION: <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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input checked="" 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 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	FACIAL 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 checked="" type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <input checked="" 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 checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input 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 checked="" 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 #

1

NAME (Last, First, Middle)

LEWIS, LASTREASE

ADDRESS:

1912 S RINGO ST LITTLE ROCK AR 72204

HOME PHONE:

5019201721

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

10/26/1983

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

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 42

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

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

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

HAIR STYLE:

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

HAIR LENGTH:

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

BUILD:

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

HAIR COLOR:

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

EYE COLOR:

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

FACIAL HAIR:

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

DEMEANOR:

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

SCAR / MARK:

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

TATTOO:

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

TATTOO LOC:

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

CLOTHING DESCRIPTION

HAT

COAT

SHIRT

PANTS/DRESS

SHOES

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	07	1.00	NONE PLAYST WHT 5 PLAYSTATION 5 SYSTEM	0	600		0.00	

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

PROPERTY DESCRIPTION:

(01) Aircraft

(02) Alcohol

(03) Automobiles

(04) Bicycles

(05) Buses

(06) Clothes/Furs

(07) Computer Hardware/  
Software

(08) Consumable Goods

(09) Credit Cards/Debit Cards

(10) Drugs/Narcotics

(11) Drug/Narcotic Equipment

(12) Farm Equipment

(13) Firearms

(14) Gambling Equipment

(15) Heavy Equipment Construction/  
Industry

(16) Household Good

(17) Jewelry/Precious Metal

(18) Livestock

(19) Merchandise

(20) Money

(21) Negotiable Instruments

(22) Nonnegotiable Instruments

(23) Office-Type Equipment

(24) Other Motor Vehicles

(25) Purses/Handbags/Wallets

(26) Radios/TVs/VCR

(27) Recordings-Audio/Visual

(28) Recreational Vehicles

(29) Structures-Single Occupancy

(30) Structures-Other Dwellings

(31) Structures-Commercial/Business

(32) Structures-Industrial/Manufacture

(33) Structures-Public/Community

(34) Structures-Storage

(35) Structures-Other

(36) Tools-Power/Hand/Lawnmower

(37) Trucks

(38) Vehicle Parts/Accessories

(39) Watercraft

(77) Other

(88) Pending Inventory (of Property)

DRUG TYPE:

(A) Crack Cocaine

(B) Cocaine

(C) Hashish

(D) Heroin

(E) Marijuana

(F) Morphine

(G) Opium

(H) Other Narcotics

(I) LSD

(J) PCP

(K) Other Hallucino.

(L) Amphetamines/  
Methamphetamines

(M) Other Stimulants

(N) Barbituates

(O) Other Depressants

(P) Other Drugs

(U) Unknown Type

TYPE DRUG MEASUREMENT:

Units

(DU) Dosage Unit

(Pills, etc)

(NP) Number of Plants

Weight

(GM) Gram

(KG) Kilogram

(OZ) Ounce

(LB) Pound

FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity

(ML) Milliliter

(LT) Liter

(GL) Gallon

(FO) Fluid Ounce

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## NARRATIVE

POLICE RECEIVED A REPORT OF A THEFT AT 1801 RESERVOIR ROAD, APARTMENT 151.

CONTACT WAS MADE WITH RESIDENT AUSTIN CUNTZ. MR. CUNTZ ADVISED OF HAVING A FRIEND OVER TO VISIT. MR. CUNTZ ADVISED THIS FRIEND STOLE HIS PLAYSTATION DURING THE VISIT. MR. CUNTZ ADVISED THE FRIEND LEFT THE APARTMENT WITH THE PLAYSTATION, AT WHICH POINT, HE FOLLOWED HIM OUTSIDE OF THE APARTMENT IN AN ATTEMPT TO RETRIEVE IT. MR. CUNTZ ADVISED IT WAS AT THIS POINT, AFTER THE THEFT OCCURRED, HIS FRIEND POINTED A BLACK HANDGUN AT HIM WHILE LEAVING THE COMPLEX ON FOOT. MR. CUNTZ PROVIDED A DESCRIPTION OF THE SUSPECT AND A DIRECTION OF TRAVEL. UPON CANVASSING THE AREA, POLICE LOCATED THE LISTED SUSPECT, WHO WAS IDENTIFIED AS FELANTA WILLIAMS AT 9300 TREASURE HILL ROAD. MR. WILLIAMS WAS IDENTIFIED AND SPOKEN TO ABOUT THE INCIDENT. MR. WILLIAMS DID ADMIT TO STEALING THE PLAYSTATION BUT DENIED POINTING A GUN AT MR. CUNTZ. MR. WILLIAMS DID NOT HAVE A FIREARM ON HIS PERSONS AT THE TIME OF SPEAKING WITH HIM. POLICE WERE NOT PROVIDED ANY EVIDENCE OF A FIREARM HAVING BEEN PULLED ON THE LISTED VICTIM. SGT. WHITENER WAS NOTIFIED OF THIS INCIDENT. MAJOR CRIMES WERE NOTIFIED OF THIS INCIDENT. THE MOTHER OF THE SUSPECT, LASTREASE LEWIS, WAS WITH MR. WILLIAMS AND ADVISED OF THIS INCIDENT.

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 ☒ NOHATE/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