

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | | |
|---|--|---|--------------------------------|------------------------------|---------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 12/26/2025 12:40 PM | |
| INCIDENT NUMBER 2025-157538 | | UNIT ASSIGNED 3X93 | CALL DATE 12/23/2025 | CALL TIME 03:24:00 | TYPE OF CALL SHOOTP | |
| INCIDENT DATE 12/23/2025 3:24:49 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 27 FALCON CT | | | DISTRICT 92 | |

| OFFENSE | | | |
|--|--|--|--|
| INCIDENT OFFENSE TYPE | | OFFENSE STATUS | |
| 1. HOMICIDE 2. 3. 4. 5. 6. 7. 8. | | Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> | |
| SUSPECTS USED: | | TYPE OF CRIMINAL ACTIVITY: | |
| <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 | |
| GANG RELATED INFO: | | | |
| <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (N) None / Unknown | | | |
| LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> (01) Air / Bus / Train Terminal <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 </div> <div style="width: 50%;"> <input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input checked="" 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: 50%;"> <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: 50%;"> <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center </div> </div> | | | |
| (FOR BURGLARY ONLY) METHOD OF ENTRY: NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forceful <input type="checkbox"/> (N) No Force | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) A <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 12/23/2025 12:28:41 | REPORTING OFFICER CHRISTOPHER HENDERSON - | ORIGINAL APPROVING SUPERVISOR JONATHAN ELIZANDRO - | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|--|--|--|---|---|--|--|---|---|--|--|---|---|---|--|---|--|---------------|----------------|---------------|------------------|----------------------|-------------------|-----------------------------|---------------|-------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS JOHNSON, BRANDON | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 10703 DIAMOND DR LITTLE ROCK AR 72209 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 9999999999 | | 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 04/08/2007 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGE: Exact Age: 18 Range: <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | 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 |
| (SE) Spouse | (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CS) Common-Law Spouse | (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PA) Parent | (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SB) Sibling | (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CH) Child | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | 1 (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED TO WHICH OFFENSES? <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 | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> (10) Unknown Circumstances</td><td><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td><td><input type="checkbox"/> (31) Gun-Cleaning Accident</td></tr><tr><td><input type="checkbox"/> (21) Criminal Killed by Police Officer</td><td><input type="checkbox"/> (30) Child Playing w/ Weapon</td><td><input type="checkbox"/> (32) Hunting Accident</td></tr><tr><td><input 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 checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | |
| <input type="checkbox"/> (01) Argument | <input type="checkbox"/> (02) Assault on Law Enf Officer | <input type="checkbox"/> (03) Drug Deal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (04) Gangland | <input type="checkbox"/> (05) Juvenile Gang | <input type="checkbox"/> (06) Lover's Quarrel | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (07) Mercy Killings | <input type="checkbox"/> (08) Other Felony Involved | <input type="checkbox"/> (09) Other Circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> (10) Unknown Circumstances | <input type="checkbox"/> (20) Criminal Killed by Private Citizen | <input type="checkbox"/> (31) Gun-Cleaning Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (21) Criminal Killed by Police Officer | <input type="checkbox"/> (30) Child Playing w/ Weapon | <input type="checkbox"/> (32) Hunting Accident | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> (33) Other Negligent Weapon Handling | <input type="checkbox"/> (34) Other Negligent Killings | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INCIDENT NUMBER 2025-157538

☐ JUVENILE INFORMATION

Report generated: 12/26/2025 12:40 PM

SUSPECT #1

| | | | | |
|--|---|---|-----------------------------------|---|
| SUSPECT # 1 | NAME (Last, First, Middle) LOWERY, JEREMIAH | | AKA: | |
| ARRESTEE # | ADDRESS: 10 OLYMPIA CT 206 LITTLE ROCK AR 72210 | | | |
| 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 01/05/2007 |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: |
| AGE: Exact Age: 18 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | NIC: D.L. / ID No. (STATE) | HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____ WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic) |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: | | | ARREST DATE: | |
| CHARGE: 99-02 | | | | |
| ARRESTING OFFICERS OFFICER 1: _____ <input type="checkbox"/> MVR OFFICER 2: _____ <input type="checkbox"/> MVR OFFICER 3: _____ <input type="checkbox"/> MVR OFFICER 4: _____ <input type="checkbox"/> MVR OFFICER 5: _____ <input type="checkbox"/> MVR OFFICER 6: _____ <input type="checkbox"/> MVR OFFICER 7: _____ <input type="checkbox"/> MVR OFFICER 8: _____ <input type="checkbox"/> MVR | | | | |

Suspect information continued on next page.

SUSPECT #1

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 1 | LOWERY, JEREMIAH | |

| | | | | | | |
|---|--|---|--|--|---|--|
| 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 type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input checked="" 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 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 | 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 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 | 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 _____ |
|--|

ADDED DESCRIPTION:

n/a

| PROPERTY | | | | | | DRUG INFORMATION | | |
|----------|-------|------|---|----------|--------|------------------|----------|---------|
| P.LOSS | P.DES | QTY | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE | QUANTITY | MEASURE |
| 0 | 13 | 0.00 | DIAMOND BACK FIREARMS (AMERICAN TACTICAL) R1-BLACK DIAMOND BACK (AMERICAN TACTICAL) RIFLE WITH MAGAZINE | 0 | 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 (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 (GL) Gallon (LT) Liter (FO) Fluid Ounce |
|--|--|

NARRATIVE

ON TUESDAY, DECEMBER 23RD, 2025, AT APPROXIMATELY 0324 HOURS, OFFICERS RESPONDED TO A "SHOOTING JUST OCCURRED" CALL FOR SERVICE IN THE AREA OF THE LISTED ADDRESS. UPON ARRIVAL, OFFICERS LOCATED BRANDON JOHNSON (B/M; 04/08/2007) SUFFERING FROM AN APPARENT GUNSHOT WOUND. MEMS AND RESCUE RESPONDED, HOWEVER, MR. JOHNSON WAS PRONOUNCED DECEASED ON SCENE. HOMICIDE DETECTIVES AND CSSU WERE NOTIFIED AND RESPONDED. DETECTIVES BEGAN A PRELIMINARY INVESTIGATION AND CANVASSED THE AREA FOR SURVEILLANCE FOOTAGE AND WITNESSES. DURING THE COURSE OF THE INVESTIGATION, JEREMIAH LOWERY (B/M; 01/05/2007) WAS DEVELOPED AS A SUSPECT IN THIS INCIDENT. MR. LOWERY WAS LOCATED, TAKEN INTO CUSTODY AND TRANSPORTED TO MAJOR CRIMES FOR FURTHER INVESTIGATION. MR. LOWERY WAS SUBSEQUENTLY CHARGED WITH CAPITAL MURDER. HE WAS TRANSPORTED TO PCRJ WITHOUT INCIDENT. NEXT OF KIN WAS NOTIFIED. THE INVESTIGATION IS ON-GOING.

INCIDENT NUMBER 2025-157538

☐ JUVENILE INFORMATION

Report generated: 12/26/2025 12:40 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