

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			Report generated: 1/8/2026 2:28 AM	
INCIDENT NUMBER 2026-002927	UNIT ASSIGNED 2X54	CALL DATE 01/07/2026	CALL TIME 20:54:00	TYPE OF CALL GUNSST	
INCIDENT DATE 1/7/2026 8:54:18 PM	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 1300 S WOODROW ST			DISTRICT 53	

OFFENSE						
INCIDENT OFFENSE TYPE				OFFENSE STATUS		
1. HOMICIDE 2. 3. 4. 5. 6. 7. 8.				Attempted Completed	1 <input 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 <input type="checkbox"/>	
SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:			GANG RELATED INFO:	
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		<input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing			<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (N) None / Unknown	
LOCATION CODE:		<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <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"/> (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	
(1) Air / Bus / Train Terminal (2) Bank / Savings & Loan (3) Bar / Night Club (4) Church / Synagogue / Temple (5) Commercial / Office Building (6) Construction Site (7) Convenience Store (8) Department / Discount Store (9) Drug Store / DR Office / Hospital (10) Field / Woods (11) Government / Public Building (12) Grocery / Supermarket (13) Highway / Road / Alley (14) Hotel / Motel / Etc (15) Jail / Penitentiary						WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)
(16) Lake / Waterway (17) Liquor Store (18) Parking Lot / Garage (19) Rental / Storage Facility (20) Residence / House (21) Restaurant (22) School / College (23) Service / Gas Station (24) Specialty Store (TV, Fur, Etc) (25) Other / Unknown						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"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (99) None
(FOR BURGLARY ONLY)		METHOD OF ENTRY:				
NUMBER OF PREMISES ENTERED		_____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force				
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other						

ENTRY DATE 01/08/2026 06:23:19	REPORTING OFFICER CHRISTOPHER HENDERSON -	ORIGINAL APPROVING SUPERVISOR JONATHAN ELIZANDRO -	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS FIELDS,RASHON		
ADDRESS: 1401 S ELM ST LITTLE ROCK AR 72204			
HOME PHONE: 9999999999	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (I) American Indian	DATE OF BIRTH 12/24/2004
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:	
AGE: Exact Age: 21 Range: _____ - _____	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS	
<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old	<input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECT(S) VICTIM WAS: (by Suspect Number) (SE) Spouse _____ (AQ) Acquaintance (CS) Common-Law Spouse _____ (FR) Friend (PA) Parent _____ (NE) Neighbor (SB) Sibling _____ (BE) Babysitter (baby) (CH) Child _____ (BG) Boy/Girl Friend (GP) Grandparents _____ (CF) Child of BF / GF (GC) Grandchild _____ (HR) Homosexual Rel. (IL) Inlaw _____ (XS) Ex-Spouse (SP) Stepparent _____ (EE) Employee (SC) Stepchild _____ (ER) Employer (SS) Stepsibling _____ (OK) Otherwise Known (OF) Other Family _____ 1 (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect	
THIS VICTIM RELATED TO WHICH OFFENSES?			
<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"/> (G) Government	<input type="checkbox"/> (B) Business	<input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (R) Religious	<input type="checkbox"/> (U) Unknown <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other
VICTIM INJURY:			
<input type="checkbox"/> (N) None <input type="checkbox"/> (I) Possible Internal Injury <input checked="" type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness	<input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (L) Severe Laceration	
AGGRAVATED ASSAULT / HOMICIDE:			
<input type="checkbox"/> (04) Gangland <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (34) Other Negligent Killings	<input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (06) Lover's Quarrel <input checked="" type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (32) Hunting Accident
CLOTHING DESCRIPTION			
HAT _____	SHIRT _____	SHOES _____	
COAT _____	PANTS/DRESS _____		

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) ,				AKA:
ARRESTEE #	ADDRESS: AR				
HOME PHONE:		WORK PHONE:	MOBILE PHONE:	OTHER PHONE:	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:			
AGE: Exact Age: _____ Range: _____	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: (A - automatic) <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	
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 DATE:		
ARREST LOCATION:			ARREST DATE:		
CHARGE: 99-02					
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)												
AKA:													
COMPLEXION:		HAIR STYLE:		HAIR COLOR:		FACIAL HAIR:		DEMEANOR:		SCAR / MARK:		TATTOO:	
<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		<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"/> (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		<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"/> (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"/> (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"/> (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	
HAIR LENGTH:		BUILD:		EYE COLOR:		CLOTHING DESCRIPTION:						TATTOO LOC:	
<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		<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		<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		HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						<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

NARRATIVE

ON WEDNESDAY, JANUARY 7TH, 2026, AT APPROXIMATELY 2054 HOURS, OFFICERS RESPONDED TO A SHOT SPOTTER ACTIVATION CALL FOR SERVICE IN THE AREA OF 1300 S. WOODROW STREET. UPON ARRIVAL, OFFICERS LOCATED RASHON FIELDS (B/M; 12/24/2004) SUFFERING FROM AN APPARENT GUNSHOT WOUND. MEMS AND RESCUE RESPONDED AND TRANSPORTED MR. FIELDS TO A LOCAL HOSPITAL WHERE HE WAS PRONOUNCED DECEASED. HOMICIDE DETECTIVES AND CSSU WERE NOTIFIED AND RESPONDED. HOMICIDE DETECTIVES BEGAN A PRELIMINARY INVESTIGATION AND CANVASSED THE AREA FOR WITNESSES AND SURVEILLANCE. THE PULASKI COUNTY CORONER'S OFFICE RESPONDED AND TOOK POSSESSION OF MR. FIELDS FOR AN AUTOPSY. THE NEXT OF KIN WAS NOTIFIED. THE INVESTIGATION IS ON-GOING.

ADDITIONAL HOMICIDE CIRCUMSTANCES		<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal		<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer		<input type="checkbox"/> (E) Criminal killed in commission of a crime	
RELATED CASE NUMBER(S)			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
RACIAL (Anti-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	DISABILITY (Anti-)	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (26) Multi-Religious Group	<input type="checkbox"/> (27) Atheist/Agnostic	<input type="checkbox"/> (45) Bisexual