

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |   |                                |                                    |                               |
|--|--|---|--------------------------------|------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                | Report generated: 1/7/2019 2:58 PM |                               |
| INCIDENT NUMBER<br><b>2019-000288</b>                    |  | UNIF ASSIGNED<br><b>1X62</b>  | CALL DATE<br><b>01/01/2019</b> | CALL TIME<br><b>08:31:00</b>       | TYPE OF CALL<br><b>ASLTJO</b> |
| INCIDENT DATE<br><b>1/1/2019 8:31:00 AM</b>              |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6501 W 12TH ST</b> |                                |                                    | DISTRICT<br><b>61</b>         |

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

|                                   |   |  |  |
|-----------------------------------|---|--|--|
| ENTRY DATE<br>01/01/2019 09:20:23 | REPORTING OFFICER<br>GRAYSON WORTHINGTON - [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>SUZANNE JOHNSTON - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|---|--|--|

Redact Before Release

VICTIM

|   |  |  |                             |
|---|--|--|-----------------------------|
| VICTIM #<br>1   | NAME (Last, First, Middle) or BUSINESS<br>[REDACTED]   |  |                             |
| ADDRESS:<br>[REDACTED]  |  |  |                             |
| HOME PHONE:<br>[REDACTED]   | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:                |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br>[REDACTED] |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |                             |
| AGE:<br>Exact Age: 16<br>Range: _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |                             |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><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  |  | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend<br><input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee<br><input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family 1 <input type="checkbox"/> (RU) Relationship Unknown<br><input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect |                             |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |  |  |                             |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><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<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |  |  |                             |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |  |                             |

Redact Before Release

**SUSPECT #1**

|   |   |  |
|---|---|--|
| SUSPECT #<br>1  | NAME (Last, First, Middle)<br>[REDACTED]  | AKA:   |
| ARRESTEE #  | ADDRESS:<br>[REDACTED]  |  |
| HOME PHONE:   | WORK PHONE:   | MOBILE PHONE:  |
|   |   | OTHER PHONE:<br>[REDACTED]   |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |   | DATE OF BIRTH<br>[REDACTED]  |
| MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |   | OCCUPATION / EMPLOYER:   |
| AGE:<br>Exact Age: 17<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:   |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |   | HEIGHT:<br>Ft _____<br>In _____  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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 |   | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited  |   | WEIGHT:<br>Lbs _____   |
| ARREST LOCATION:  |   | <input type="checkbox"/> (T) Taken Into Custody  |
| ARREST DATE:  |   | (A -- automatic)   |
| CHARGE: 5-13-203  |   |  |
| 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.

Redact Before Release

**SUSPECT #1**

|                |  |      |
|----------------|--|------|
| SUSPECT #<br>1 | NAME (Last, First, Middle)<br><div style="background-color: black; width: 100%; height: 1.2em;"></div> | AKA: |
|----------------|--|------|

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

**CLOTHING DESCRIPTION:**  
 HAT \_\_\_\_\_  
 COAT \_\_\_\_\_  
 SHIRT \_\_\_\_\_  
 PANTS/DRESS \_\_\_\_\_  
 SHOES \_\_\_\_\_

**ADDED DESCRIPTION:**

n/a

Redact Before Release

**OTHER PERSONS - CONTACT**

|                            |  |
|----------------------------|--|
| OTHER PERSON #<br><b>1</b> | NAME (Last, First, Middle)<br><b>HELD,COURTNEY</b> |
|----------------------------|--|

ADDRESS:  
**6501 W 12TH ST LITTLE ROCK AR**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5013502975</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |   |   |                                    |
|--|---|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>11/06/1980</b> |
|--|---|---|------------------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|  |                                   |  |
|--|-----------------------------------|--|
| AGE:<br>Exact Age: <u>38</u><br>Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | HEIGHT:<br>Ft _____ In _____<br><br>WEIGHT:<br>Lbs _____ |
|--|-----------------------------------|--|

|  |  |   |  |  |   |   |           |            |             |                   |             |
|--|--|---|--|--|---|---|-----------|------------|-------------|-------------------|-------------|
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown  | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | FACIAL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown<br><br>TATTOO LOC:<br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |           |            |             |                   |             |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">CLOTHING DESCRIPTION</td> </tr> <tr> <td style="padding: 5px;">HAT _____</td> </tr> <tr> <td style="padding: 5px;">COAT _____</td> </tr> <tr> <td style="padding: 5px;">SHIRT _____</td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS _____</td> </tr> <tr> <td style="padding: 5px;">SHOES _____</td> </tr> </table> |  |   |  |  |   | CLOTHING DESCRIPTION  | HAT _____ | COAT _____ | SHIRT _____ | PANTS/DRESS _____ | SHOES _____ |
| CLOTHING DESCRIPTION   |  |   |  |  |   |   |           |            |             |                   |             |
| HAT _____  |  |   |  |  |   |   |           |            |             |                   |             |
| COAT _____   |  |   |  |  |   |   |           |            |             |                   |             |
| SHIRT _____  |  |   |  |  |   |   |           |            |             |                   |             |
| PANTS/DRESS _____  |  |   |  |  |   |   |           |            |             |                   |             |
| SHOES _____  |  |   |  |  |   |   |           |            |             |                   |             |

JUVENILE INFORMATION  
Redact Before Release**NARRATIVE**

OFFICERS ARRIVED AT LISTED LOCATION AND MADE CONTACT WITH VICTIM 1 (JUVENILE). VICTIM 1 STATED SHE WAS INVOLVED IN A VERBAL ALTERCATION WHICH TURNED INTO A PHYSICAL ALTERCATION WITH SUSPECT 1 (JUVENILE). VICTIM 1 STATED HERSELF AND SUSPECT 1 EXCHANGED WORDS CAUSING SUSPECT 1 TO BECOME ANGRY, AND THROW AN ORANGE AT HER. VICTIM ONE STATED SHE THREW HER MILK CARTON BACK AT HER IN RETALIATION. SUSPECT 1 THEN PUNCHED HER IN THE CHEST CAUSING A FIGHT TO BREAK OUT. COURTNEY HELD (WITNESS 1) WAS ABLE TO BREAK UP THE FIGHT AND STATED AS SHE WAS PULLING SUSPECT 1 AWAY SHE DELIBERATELY KICKED VICTIM 1 IN THE FACE. OFFICERS OBSERVED CHAIRS FLIPPED OVER AND FOOD ON THE FLOOR WHERE THE ALTERCATION TOOK PLACE. OFFICERS ALSO OBSERVED BLOOD ON VICTIM 1'S SHIRT. VICTIM 1 WAS TREATED BY MEMS (223) AND WAS ADVISED TO SEEK WARRANTS AGAINST SUSPECT 1. OFFICERS MADE CONTACT WITH SUSPECT 1 WHO CONFIRMED THE STORY OF VICTIM 1. SUSPECT 1 STATED SHE BLACKED OUT AND DID NOT REMEMBER ANYTHING FROM THE ALTERCATION, BUT DID REMEMBER PURPOSELY KICKING VICTIM 1 IN THE FACE. OFFICERS MADE CONTACT WITH THE JUVENILE DETENTION CENTER TO ENSURE SUSPECT 1 DID NOT HAVE A PICK UP ORDER, IN WHICH SHE DID NOT. MVR IN USE.

JUVENILE INFORMATION

Redact Before Release

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  NO

DRIVE-BY?  YES  NO

GANG 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