

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |                              |   |                              |                                |                                     |
|--|------------------------------|---|------------------------------|--------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |                              | <b>INCIDENT</b>   |                              |                                | Report generated: 3/4/2019 10:23 AM |
| INCIDENT NUMBER<br><b>2019-025433</b>                    | UNIT ASSIGNED<br><b>2X54</b> | CALL DATE<br><b>02/27/2019</b>  | CALL TIME<br><b>23:03:00</b> | TYPE OF CALL<br><b>RUNAWAY</b> |                                     |
| INCIDENT DATE<br><b>2/27/2019 11:03:00 PM</b>            |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>2002 S FILLMORE ST<br/>METHODIST CHILDREN'S HOME</b> |                              |                                | DISTRICT<br><b>54</b>               |

| OFFENSE  |   |  |  |
|--|---|--|--|
| INCIDENT OFFENSE TYPE  |   |  | OFFENSE STATUS   |
| 1. RUNAWAY   | 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:  | GANG RELATED INFO:   |  |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><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<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing  | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input type="checkbox"/> (N) None / Unknown |  |
| LOCATION CODE:   | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)  |  |  |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway<br><input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (17) Liquor Store<br><input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (18) Parking Lot / Garage<br><input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (19) Rental / Storage Facility<br><input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (20) Residence / House<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown<br><input checked="" type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (42) Camp / Campground | <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University<br><input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary<br><input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless<br><input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall<br><input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center   |  |  |
| (FOR BURGLARY ONLY)  | METHOD OF ENTRY:  |  |  |
| NUMBER OF PREMISES ENTERED _____   | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force   |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   | <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc) |  |  |

|  |  |  |  |
|--|--|--|--|
| ENTRY DATE<br><b>02/27/2019 23:36:12</b> | REPORTING OFFICER<br><b>BRANDON SCHINDLER</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>KARI REID</b> [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

Redact Before Release

OTHER PERSONS - RUNAWAY

OTHER PERSON # 1 NAME (Last, First, Middle)

ADDRESS:

HOME PHONE: WORK PHONE: MOBILE PHONE: OTHER PHONE:

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

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED?: (Y) Yes (N) No (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 16 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (99) Over 98 Years Old (NB) 1-6 Days Old (00) Unknown NIC: D.L. / ID No. (STATE) HEIGHT: Ft In WEIGHT: Lbs

COMPLEXION: HAIR STYLE: HAIR COLOR: FACAIL HAIR: Demeanor: SCAR / MARK: TATTOO: HAIR LENGTH: BUILD: EYE COLOR: CLOTHING DESCRIPTION: HAT COAT SHIRT PANTS/DRESS SHOES TATTOO LOC:

Redact Before Release

**OTHER PERSONS - RUNAWAY**

|                            |  |
|----------------------------|--|
| OTHER PERSON #<br><b>2</b> | NAME (Last, First, Middle)<br>[REDACTED] |
|----------------------------|--|

ADDRESS:  
[REDACTED]

|                           |             |               |              |
|---------------------------|-------------|---------------|--------------|
| HOME PHONE:<br>[REDACTED] | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|---------------------------|-------------|---------------|--------------|

|  |  |   |                             |
|--|--|---|-----------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input 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 | 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: <u>17</u><br>Range: _____ - _____<br><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 _____ |
|---|-----------------------------------|--|

|   |  |   |  |  |  |  |   |   |
|---|--|---|--|--|--|--|---|---|
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" 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 | <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 | <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 | <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 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 type="checkbox"/> (9) Unknown |   |   |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input 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 checked="" type="checkbox"/> (6) Unknown  |  |   |  |  |  | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" 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 type="checkbox"/> (7) Unknown   | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <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 |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   |  |  |  |  |   |   |

JUVENILE INFORMATION  
Redact Before Release

**NARRATIVE**

BOTH JUVENILES RETURNED TO METHODIST CHILDRENS HOME PRIOR TO OFFICERS COMPLETION OF THE RUNAWAY REPORT. NO INFORMATION WAS ENTERED INTO ACIC/NCIC. MVR IN USE.

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JUVENILE INFORMATION

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