

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 3/30/2019 10:23 AM	
INCIDENT NUMBER 2019-035603		UNIT ASSIGNED 2X53	CALL DATE 03/23/2019	CALL TIME 22:51:00	TYPE OF CALL DIS	
INCIDENT DATE 3/23/2019 10:51:00 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME			DISTRICT 54	

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1. DISTURBANCE	5.	Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
2.	6.	Completed <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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:			
<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)		METHOD OF ENTRY:	
NUMBER OF PREMISES ENTERED _____		<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)			
<input 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 03/24/2019 03:33:30	REPORTING OFFICER JORDAN WHITE - [REDACTED]	ORIGINAL APPROVING SUPERVISOR KARI REID - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1	NAME (Last, First, Middle) GIVENS,WILLIAM
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ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: 5019064913	MOBILE PHONE:	OTHER PHONE:
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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 03/17/1974
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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:
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AGE: Exact Age: 45 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 _____
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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	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 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						
<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 _____
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PANTS/DRESS _____												
SHOES _____												

Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON #	NAME (Last, First, Middle)
2	[REDACTED]

ADDRESS: [REDACTED]

HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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JUVENILE INFORMATION
Redact Before Release

NARRATIVE

I RESPONDED TO 2002 SOUTH FILLMORE IN REFERENCE TO A DISTURBANCE. UPON ARRIVAL CONTACT WAS MADE WITH MR. GIVENS AND OTHER STAFF MEMBERS. THEY ADVISED J-1 HAD BEEN DISRUPTIVE ALL DAY, HAD RUN AWAY, AND CUT HIS WRIST WITH BROKEN GLASS. THEY ADVISED THEY WANTED J-1 TRANSPORTED TO THE METHODIST BEHAVIORAL HOSPITAL IN MAUMELLE. THE STAFF WANTED LRPDS ASSISTANCE IN THIS MATTER, DUE TO J-1 BEING AN ESCAPE RISK. J-1 ONE THEN TRANSPORTED WITHOUT INCIDENT. MVR IN USE - 16C362.

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

LITTLE ROCK POLICE DEPARTMENT ABBREVIATED INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT				Report generated: 3/24/2019 3:45 AM
INCIDENT NUMBER 2019-035542	UNIT ASSIGNED 2X54	CALL DATE 03/23/2019	CALL TIME 19:40:00	TYPE OF CALL RUNAWY	
INCIDENT DATE 3/23/2019 7:40:00 PM	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME			DISTRICT 54	

OFFENSE
NON POLICE INCIDENT

CHILDREN ARRIVED BACK AT THE CENTER PRIOR TO OFFICERS ARRIVAL.

ENTRY DATE 03/24/2019 03:39:12	REPORTING OFFICER BRANDON SCHINDLER [REDACTED]	ORIGINAL APPROVING SUPERVISOR BRANDON SCHINDLER - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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LITTLE ROCK POLICE DEPARTMENT ABBREVIATED INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			Report generated: 3/24/2019 3:40 AM
INCIDENT NUMBER 2019-035562	UNIT ASSIGNED 2X54	CALL DATE 03/23/2019	CALL TIME 21:00:00	TYPE OF CALL OVERDO
INCIDENT DATE 3/23/2019 9:00:00 PM	LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME			DISTRICT 54

OFFENSE
NON POLICE INCIDENT

ASSISTED MEMS TO SECURE SCENE FOR MEDICAL

ENTRY DATE 03/24/2019 03:35:15	REPORTING OFFICER BRANDON SCHINDLER [REDACTED]	ORIGINAL APPROVING SUPERVISOR BRANDON SCHINDLER [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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