

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |   |                         |                                      |                               |
|--|--|---|-------------------------|--------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                         | Report generated: 5/11/2019 11:22 AM |                               |
| INCIDENT NUMBER<br><b>2019-054677</b>                    |  | UNIT ASSIGNED<br>1Y53   | CALL DATE<br>05/06/2019 | CALL TIME<br>11:48:00                | TYPE OF CALL<br><b>RUNAWY</b> |
| INCIDENT DATE<br><b>5/6/2019 11:40:00 AM</b>             |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br>2002 S FILLMORE ST<br>METHODIST CHILDREN'S HOME |                         |                                      | 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:   |  |
| <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 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 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 checked="" 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) |  |
| METHOD OF ENTRY:   |  | <input type="checkbox"/> (11) Firearm (Unknown)                      | <input type="checkbox"/> (50) Poison   |
| NUMBER OF PREMISES ENTERED _____   |  | <input type="checkbox"/> (12) Handgun                                | <input type="checkbox"/> (60) Explosives   |
| <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                          |  | <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<br>05/06/2019 14:03:18 | REPORTING OFFICER<br>TYRUS HARRIS - [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>ADAM GODWIN - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|--|---|--|

Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

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

ADDRESS:  
**2002 S FILMORE ST LITTLE ROCK AR 72204**

|             |                                  |               |              |
|-------------|----------------------------------|---------------|--------------|
| HOME PHONE: | WORK PHONE:<br><b>5019064913</b> | 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 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><b>03/26/1987</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: <b>32</b><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 | FACAIL 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 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">HAIR LENGTH:<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 type="checkbox"/> (6) Unknown</td> <td style="width:30%; padding: 5px;">EYE COLOR:<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 type="checkbox"/> (7) Unknown</td> <td style="width:40%; padding: 5px;">BUILD:<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</td> </tr> </table> |  |   |  |  |   | HAIR LENGTH:<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 type="checkbox"/> (6) Unknown  | EYE COLOR:<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 type="checkbox"/> (7) Unknown   | BUILD:<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 |
| HAIR LENGTH:<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 type="checkbox"/> (6) Unknown   | EYE COLOR:<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 type="checkbox"/> (7) Unknown   | BUILD:<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  |  |  |   |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;">CLOTHING DESCRIPTION<br/>HAT _____<br/>COAT _____<br/>SHIRT _____<br/>PANTS/DRESS _____<br/>SHOES _____</td> <td style="width:20%; padding: 5px;">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</td> </tr> </table>  |  |   |  |  |   | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  | 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 |  |
| CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   | 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 |   |  |  |   |   |  |  |

OTHER PERSONS - RUNAWAY

OTHER PERSON # 2 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: 17 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown. NIC: HEIGHT: Ft In. D.L. / ID No. (STATE) WEIGHT: Lbs

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

Redact Before Release

**NARRATIVE**

I RESPONDED TO THE METHODIST CHILDREN'S HOME AND MADE CONTACT WITH LITTLETON. LITTLETON STATED SHE RECEIVED A PHONE CALL FROM C2'S CARE WORKER STATING C2 WAS NOT AT SCHOOL. LITTLETON STATED SHE WENT UP TO HALL HIGH SCHOOL AND THE STAFF COULD NOT LOCATE C2. LITTLETON STATED SHE DROPPED C2 OFF AT SCHOOL AROUND 0825 HOURS ON 05/06/2019. LITTLETON STATED SHE GOT THE CALL AND RETURNED TO HALL HIGH SCHOOL AROUND 1132 HOURS ON 05/06/2019. LITTLETON STATED C2 WAS LAST OBSERVED WEARING A GRAY HOODIE, JEANS, AND SOME BLUE SHOES. I MADE A BROADCAST AND TOOK THE NCIC FORM TO COMMUNICATIONS SO C2 COULD BE ENTERED IN THE SYSTEM. MVR IN USE.

\*\*\*ADDITIONAL INFORMATION C.LAY ██████████ 05/06/2019 AT 1907 HOURS\*\*\*

██████████ HAS BEEN ENTERED INTO NCIC/ACIC BY COMMUNICATIONS OPERATOR  
BAKER ██████████

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