

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 8/5/2019 6:42 AM	
INCIDENT NUMBER 2019-094378		UNIF ASSIGNED 1X61	CALL DATE 07/29/2019	CALL TIME 14:39:00	TYPE OF CALL STNDBY
INCIDENT DATE 7/29/2019 2:30:00 PM			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6601 W 12TH ST		DISTRICT 61

OFFENSE				
INCIDENT OFFENSE TYPE			OFFENSE STATUS	
1. INFORMATION REPORT	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 checked="" 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 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"/> (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 type="checkbox"/> (40) Personal Weapons (hands, etc)		
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE 07/29/2019 16:32:51	REPORTING OFFICER MICHAEL MARTIN	ORIGINAL APPROVING SUPERVISOR RODNEY DAVIS	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # 1	NAME (Last, First, Middle) [REDACTED]
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ADDRESS:
[REDACTED]

HOME PHONE: [REDACTED]	WORK PHONE:	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 [REDACTED]
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input 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: <u>15</u> 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 <u>5</u> In <u>10</u> WEIGHT: Lbs <u>220</u>
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COMPLEXION: <input type="checkbox"/> (1) Light <input checked="" 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 checked="" type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input checked="" 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 checked="" 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 checked="" 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
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HAIR LENGTH: <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" 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 type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT <u>GREY</u> PANTS/DRESS <u>BLUE JEANS</u> SHOES <u>BLACK</u>	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
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Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # **2**
NAME (Last, First, Middle)

MURDOCK, TIFFANY

ADDRESS:
9102 TANYA DR B LITTLE ROCK AR 72204

HOME PHONE:
5015632363

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: _____
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 5 In 6

WEIGHT:
Lbs _____

COMPLEXION:
 (1) Light
 (2) Medium
 (3) Dark
 (4) Acne
 (5) Freckled
 (6) Ruddy
 (7) Other
 (8) Unknown

HAIR STYLE:
 (01) Afro
 (02) Wavy
 (03) Straight
 (04) Curly
 (05) Braided
 (06) Ponytail
 (07) Military
 (08) Processed
 (09) Wig/Toupee
 (10) Other
 (11) Unknown

HAIR COLOR:
 (1) Black
 (2) Blonde
 (3) Brown
 (4) Grey
 (5) Red
 (6) Sandy
 (7) Other
 (8) Unknown

FACIAL HAIR:
 (01) Clean Shaven
 (02) Unshaven
 (03) Full Beard
 (04) Must. (hvy)
 (05) Must. (thin)
 (06) Brows (hvy)
 (07) Brows (thin)
 (08) Side Burns
 (09) Goatee
 (10) Other
 (11) Unknown

DEMEANOR:
 (01) Angry
 (02) Apologetic
 (03) Calm
 (04) Irrational
 (05) Nervous
 (06) Polite
 (07) Professional
 (08) Stupor
 (09) Violent
 (10) Drunk / High
 (11) Other
 (12) Unknown

SCAR / MARK:
 (01) Head
 (02) Neck
 (03) Hand (rt)
 (04) Hand (lft)
 (05) Arm (rt)
 (06) Arm (lft)
 (07) Body
 (08) Leg (rt)
 (09) Leg (lft)
 (10) Other
 (11) None
 (12) Unknown

TATTOO:
 (1) Designs
 (2) Initials
 (3) Names
 (4) Pictures
 (5) Words
 (6) Numbers
 (7) Insignia
 (8) None
 (9) Unknown

HAIR LENGTH:
 (1) Long
 (2) Medium
 (3) Short
 (4) Bald(ing)
 (5) Other
 (6) Unknown

BUILD:
 (1) Light
 (2) Medium
 (3) Heavy
 (4) Muscular
 (5) Unknown

EYE COLOR:
 (1) Blue
 (2) Brown
 (3) Grey
 (4) Green
 (5) Hazel
 (6) Other
 (7) Unknown

CLOTHING DESCRIPTION

HAT _____
COAT _____
SHIRT WHITE
PANTS/DRESS BLUE JEANS
SHOES _____

TATTOO LOC:
 (01) Arm (lft)
 (02) Arm (rt)
 (03) Leg (lft)
 (04) Leg (rt)
 (05) Hand (lft)
 (06) Hand (rt)
 (07) Face
 (08) Neck
 (09) Finger(s)
 (10) Chest
 (11) Back

INCIDENT NUMBER 2019-094378

Report Contains Juvenile Information

Report generated: 8/5/2019 6:42 AM

JUVENILE INFORMATION

Redact Before Release

NARRATIVE

OFFICERS RESPONDED TO 6601 W 12TH STREET FOR A STAND BY TO PREVENT A DISTURBANCE. I MADE CONTACT WITH THE JUVENILE'S MOTHER, MS. TIFFANY MURDOCK. MS. MURDOCK INFORMED ME SHE NEEDED HER SON TRANSPORTED TO BRIDGEWAY FROM THE YOUTH CENTER. I TRANSPORTED THE JUVENILE TO BRIDGEWAY WITH NO INCIDENT.

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