

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 2/26/2020 2:23 PM	
INCIDENT NUMBER 2020-016611		UNIT ASSIGNED 2Y64	CALL DATE 02/11/2020	CALL TIME 18:14:00	TYPE OF CALL CRMJO
INCIDENT DATE 2/11/2020 6:13:00 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6501 W 12TH ST			DISTRICT 61

OFFENSE

INCIDENT OFFENSE TYPE				OFFENSE STATUS			
1. INFORMATION REPORT	5.	Attempted	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
2.	6.	Completed					
3.	7.	Attempted	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	
4.	8.	Completed					

SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	TYPE OF CRIMINAL ACTIVITY: <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
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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) 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)
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NARCAN USED: Yes No Other

ENTRY DATE 02/11/2020 21:57:49	REPORTING OFFICER ANTONIO MCNUTT	ORIGINAL APPROVING SUPERVISOR MICHAEL LUNDY	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS CENTERS FOR YOUTH AND FAMILY SERVICES
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ADDRESS:
6501 W 12TH ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: 5013502975	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	DATE OF BIRTH
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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>9</u> Range: _____ <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)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> 1 (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect
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THIS VICTIM RELATED TO WHICH OFFENSES?
 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown
 (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY:
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION
 HAT _____ SHIRT _____ SHOES _____
 COAT _____ PANTS/DRESS _____

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

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SUSPECT #1

SUSPECT #	NAME (Last, First, Middle)	AKA:
1	[REDACTED]	[REDACTED]

COMPLEXION: <input checked="" 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 LENGTH: <input checked="" type="checkbox"/> (1) Long <input 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	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" 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 BUILD: <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" 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 EYE COLOR: <input checked="" type="checkbox"/> (1) Blue <input 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	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 checked="" 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 checked="" 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 checked="" 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
CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

ADDED DESCRIPTION:
n/a

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OTHER PERSONS - PERSON REPORTING

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

ADDRESS: 6501 W 12TH ST LITTLE ROCK AR 72204

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: 39 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: FACIAL HAIR: Demeanor: SCAR / MARK: TATTOO: TATTOO LOC: BUILD: CLOTHING DESCRIPTION: HAT COAT SHIRT PANTS/DRESS SHOES

INCIDENT NUMBER 2020-016611

Report Contains Juvenile Information

Report generated: 2/26/2020 2:23 PM

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PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	77	1.00	UNKNOWN UNKNOW SIL UNKNOWN WATER SPRINKLER SYSTEM	0	1		0.00	

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

PROPERTY DESCRIPTION:

- | | | | |
|-------------------------------------|--|-------------------------------------|--|
| (01) Aircraft | (10) Drugs/Narcotics | (21) Negotiable Instruments | (32) Structures-Industrial/Manufacture |
| (02) Alcohol | (11) Drug/Narcotic Equipment | (22) Nonnegotiable Instruments | (33) Structures-Public/Community |
| (03) Automobiles | (12) Farm Equipment | (23) Office-Type Equipment | (34) Structures-Storage |
| (04) Bicycles | (13) Firearms | (24) Other Motor Vehicles | (35) Structures-Other |
| (05) Buses | (14) Gambling Equipment | (25) Purses/Handbags/Wallets | (36) Tools-Power/Hand/Lawnmower |
| (06) Clothes/Furs | (15) Heavy Equipment Construction/
Industry | (26) Radios/TVs/VCR | (37) Trucks |
| (07) Computer Hardware/
Software | (16) Household Good | (27) Recordings-Audio/Visual | (38) Vehicle Parts/Accessories |
| (08) Consumable Goods | (17) Jewelry/Precious Metal | (28) Recreational Vehicles | (39) Watercraft |
| (09) Credit Cards/Debit Cards | (18) Livestock | (29) Structures-Single Occupancy | (77) Other |
| | (19) Merchandise | (30) Structures-Other Dwellings | (88) Pending Inventory (of Property) |
| | (20) Money | (31) Structures-Commercial/Business | |

DRUG TYPE:

- | | | | | |
|-------------------|---------------|----------------------|---------------------------------------|-----------------------|
| (A) Crack Cocaine | (D) Heroin | (H) Other Narcotics | (L) Amphetamines/
Methamphetamines | (O) Other Depressants |
| (B) Cocaine | (E) Marijuana | (I) LSD | (M) Other Stimulants | (P) Other Drugs |
| (C) Hashish | (F) Morphine | (J) PCP | (N) Barbituates | (U) Unknown Type |
| | (G) Opium | (K) Other Hallucino. | | |

TYPE DRUG MEASUREMENT:

- | | | |
|-----------------------|---------------|------------|
| Units | Weight | |
| (DU) Dosage Unit | (GM) Gram | (OZ) Ounce |
| (Pills, etc) | (KG) Kilogram | (LB) Pound |
| (NP) Number of Plants | | |

FOR BURGLARIES:

Point of Entry: _____

Tools Apparently Used: _____

- | | |
|-----------------|------------------|
| Capacity | |
| (ML) Milliliter | (GL) Gallon |
| (LT) Liter | (FO) Fluid Ounce |

JUVENILE INFORMATION
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NARRATIVE

MRS. COURTNEY HELD STATED THE ABOVE LISTED JUVENILE DAMAGED THE WATER SPRINKLER SYSTEMS AT THE FACILITY IN AN ATTEMPTS TO FREE SOME OF THE RESIDENTS. MRS. HELD STATED THE CENTERS FOR YOUTH AND FAMILY SERVICES WOULD NOT BE FILING ANY CRIMINAL CHARGES AGAINST THE JUVENILE DUE TO HER MENTAL CAPACITY.

JUVENILE INFORMATION
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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