

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

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| <input checked="" type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | Report generated: 3/9/2020 1:19 PM | |
| INCIDENT NUMBER 2020-027279 | | UNIT ASSIGNED 1X61 | CALL DATE 03/08/2020 | CALL TIME 17:29:00 | TYPE OF CALL RUNAWAY |
| INCIDENT DATE 3/8/2020 5:15:00 PM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6501 W 12TH ST | | | DISTRICT 61 |

OFFENSE

| | | | | |
|--|--|--|--|--|
| INCIDENT OFFENSE TYPE | | OFFENSE STATUS | | |
| 1. RUNAWAY | 5. | Attempted 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | |
| 2. | 6. | Completed 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/> | |
| 3. | 7. | Attempted 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| 4. | 8. | Completed 5 <input type="checkbox"/> | 6 <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 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) | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) | | |
| NUMBER OF PREMISES ENTERED _____ | METHOD OF ENTRY: | <input type="checkbox"/> (11) Firearm (Unknown) | <input type="checkbox"/> (50) Poison | |
| <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 | | | | |

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| ENTRY DATE 03/08/2020 18:17:43 | REPORTING OFFICER GLADINA HARRIS | ORIGINAL APPROVING SUPERVISOR HAROLD SCRATCH | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

Redact Before Release

OTHER PERSONS - RUNAWAY

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|--|---|--|---|---|---|--|
| OTHER PERSON # 1 | NAME (Last, First, Middle) [REDACTED] | | | | | |
| ADDRESS: [REDACTED] | | | | | | |
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: | | | |
| 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 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: <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: [REDACTED] D.L. / ID No. (STATE) | HEIGHT: Ft <u>5</u> In <u>5</u> | WEIGHT: Lbs <u>140</u> | | | |
| 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 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 | 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 | 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 checked="" 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 |
| HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" 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>BLACK SHORT SLEEVE SHIRT</u> PANTS/DRESS <u>BLUE JEANS</u> SHOES _____ | | | 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 |

OTHER PERSONS - PERSON REPORTING

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|----------------------------|--|
| OTHER PERSON # 2 | NAME (Last, First, Middle) CROSBY, KATIE |
|----------------------------|--|

ADDRESS:
6501 W 12TH ST LITTLE ROCK AR

| | | | |
|-------------|---------------------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: [REDACTED] | MOBILE PHONE: | OTHER PHONE: |
|-------------|---------------------------|---------------|--------------|

| | | | |
|--|--|---|-----------------------------|
| 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 type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

| | | |
|--|-----------------------------------|--|
| AGE: Exact Age: <u>31</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 _____ In _____ WEIGHT: Lbs _____ |
|--|-----------------------------------|--|

| | | | | | | | |
|--|---|--|---|---|---|---|--|
| COMPLEXION: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <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 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 | 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 | 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 checked="" 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 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 | |
| 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 | 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 _____ PANTS/DRESS _____ SHOES _____ | | | | 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 |

INCIDENT NUMBER 2020-027279

Report Contains Juvenile Information

Report generated: 3/9/2020 1:19 PM

JUVENILE INFORMATION
Redact Before Release

NARRATIVE

ON 03/08/20 AT APPROXIMATELY 1729HRS, I WAS DISPATCHED TO 6501 W 12 STREET, CENTERS FOR FAMILY AND YOUTHS, IN REFERENCE TO A RUNAWAY JUVENILE. UPON ARRIVAL, I SPOKE TO MS. KATIE CROSBY, PROGRAM DIRECTOR. ACCORDING TO MS. CROSBY, THE 15YR OLD WHITE MALE IS AWARDED CUSTODY TO DHS AND WAS LIVING AT THE CENTER. MS. CROSBY SAID AS THE JUVENILES WERE OUTSIDE IN BACKYARD FOR A BREAK, THE 15YR OLD CLIMBED THE FENCE AND LEFT EASTBOUND ON 12TH STREET TOWARDS S UNIVERSITY. OFFICERS CIRCULATED THE AREA TO NO AVAIL. I INFORMED MS. CROSBY A REPORT WOULD BE FILED AND HE WOULD BE ENTERED AS A RUNAWAY IN THE SYSTEM.

*****SUPPLEMENTAL INFORMATION (E. HARRIS [REDACTED] 03/08/2020)*****

JUVENILE 1 WAS ENTERED INTO ACIC AS A RUNAWAY AND A NIC NUMBER WAS CREATED.

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