

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 7/16/2020 1:38 PM
INCIDENT NUMBER 2020-073623		UNIT ASSIGNED 1Z62	CALL DATE 07/03/2020	CALL TIME 11:39:00	TYPE OF CALL DIS
INCIDENT DATE 7/3/2020 11:43:13 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6501 W 12TH ST			DISTRICT 61

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"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary		<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	
		<input checked="" type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground	
		<input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center	
(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"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc)		<input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 07/03/2020 12:38:11	REPORTING OFFICER JONATHAN TOLENTINO [REDACTED]	ORIGINAL APPROVING SUPERVISOR SUZANNE JOHNSTON [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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OTHER PERSONS - CONTACT

OTHER PERSON # 1	NAME (Last, First, Middle) RICHARDSON, ANTHONY
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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>43</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 _____
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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="width: 50%; padding: 5px;">CLOTHING DESCRIPTION</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;">HAT _____</td> <td></td> </tr> <tr> <td style="padding: 5px;">COAT _____</td> <td></td> </tr> <tr> <td style="padding: 5px;">SHIRT _____</td> <td></td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS _____</td> <td></td> </tr> <tr> <td style="padding: 5px;">SHOES _____</td> <td></td> </tr> </table>						CLOTHING DESCRIPTION		HAT _____		COAT _____		SHIRT _____		PANTS/DRESS _____		SHOES _____	
CLOTHING DESCRIPTION																	
HAT _____																	
COAT _____																	
SHIRT _____																	
PANTS/DRESS _____																	
SHOES _____																	

OTHER PERSONS - CONTACT

OTHER PERSON #
2

NAME (Last, First, Middle)

MARTIN, ASHLEY

ADDRESS:

6501 W 12TH ST LITTLE ROCK AR 72205

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: 50

Range: _____ - _____ (BB) 7-364 Days Old
 (NN) Under 24 Hrs. Old (99) Over 98 Years Old
 (NB) 1-6 Days Old (00) Unknown

NIC:

HEIGHT:

Ft _____ In _____

D.L. / ID No. (STATE)

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 _____
PANTS/DRESS _____
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

NARRATIVE

OFFICERS WERE DISPATCHED TO 6501 WEST 12TH STREET (THE CENTERS) AT APPROXIMATELY 1139 HOURS IN REFERENCE TO A DISTURBANCE CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH MR. RICHARDSON WHO STATED HE WAS AT THE LISTED LOCATION LOOKING FOR HIS CHILDREN. MR. RICHARDSON SAID HIS MOTHER HAD PLACED HIS CHILDREN IN THE FACILITY WITHOUT HIS PERMISSION. MR. RICHARDSON ALSO STATED HIS MOTHER HAS LEGAL GUARDIANSHIP OVER HIS CHILDREN. MR. RICHARDSON SAID THE STAFF MEMBERS WOULD NOT GIVING HIM ANY INFORMATION REGARDING HIS CHILDREN. OFFICERS MADE CONTACT WITH MS. MARTIN WHO STATED MR. RICHARDSON WAS THERE ASKING QUESTIONS OVER CHILDREN AND SHE TRIED TO EXPLAIN TO MR. RICHARDSON THAT SHE COULD NOT GIVE OUT INFORMATION SINCE HE WAS NO THEIR LEGAL GUARDIAN. OFFICERS INFORMED MR. RICHARDSON ABOUT THE POLICIES THE FACILITY HAS. MR. RICHARDSON STATED HE WAS GOING TO GO TALK TO HIS MOTHER ABOUT THE CHILDREN. OFFICERS TOLD MR. RICHARDSON IF HE WOULD LIKE OFFICERS TO BE PRESENT WHILE HE TALKED TO HIS MOTHER THAT WAY NO DISTURBANCE WOULD OCCUR HE COULD CALL AND ASK FOR A STAND B TO PREVENT. MR. RICHARDSON LEFT WITHOUT INCIDENT. MVR IN USE.

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 NODRIVE-BY? YES NOGANG 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