

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | | |
|--|--|------------------------------|---|------------------------------|--------------------------------------|-----------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 12/4/2020 10:21 AM | |
| INCIDENT NUMBER 2020-133193 | | UNIT ASSIGNED 1X64 | CALL DATE 11/13/2020 | CALL TIME 10:46:00 | TYPE OF CALL ASLTJO | |
| INCIDENT DATE 11/13/2020 10:47:01 AM | | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6501 W 12TH ST THE CENTERS | | | DISTRICT 61 |

OFFENSE

| INCIDENT OFFENSE TYPE | | | | OFFENSE STATUS | | | | |
|--|--|----|---|----------------|-------------------------------------|---|--------------------------|--------------------------|
| 1. ASSAULT 3RD DEGREE | | 5. | | Attempted | 1 | 2 | 3 | 4 |
| 2. | | 6. | | Completed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | | 7. | | Attempted | 5 | 6 | 7 | 8 |
| 4. | | 8. | | Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SUSPECTS USED: | | | TYPE OF CRIMINAL ACTIVITY: | | | GANG RELATED INFO: | | |
| <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 | | | <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown | | |
| LOCATION CODE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <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 </div> <div style="width: 33%;"> <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 checked="" 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 </div> <div style="width: 33%;"> <input 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 </div> </div> | | | | | | | | |
| (FOR BURGLARY ONLY) <div style="display: flex; justify-content: space-between;"> <div> NUMBER OF PREMISES ENTERED _____ </div> <div> METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force </div> </div> | | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) </div> <div style="width: 50%;"> <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 </div> </div> | | | | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | | | | | | |

| | | | |
|-----------------------------------|--|--|--|
| ENTRY DATE 11/13/2020 11:33:43 | REPORTING OFFICER MICHAEL MARTIN [REDACTED] | ORIGINAL APPROVING SUPERVISOR GREGORY BIRKHEAD - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|--|--|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|-------------------------------|-------------------|---------------------------|---------------|-------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS IKILIAGWV, MICHAEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 6501 W 12TH ST LITTLE ROCK AR 72205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: [REDACTED] | | 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 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 11/27/1987 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 32 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) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table style="width:100%; border: none;"> <tr> <td style="width:50%;">(SE) Spouse</td> <td style="width:50%;">(AQ) Acquaintance</td> </tr> <tr> <td>(CS) Common-Law Spouse</td> <td>(FR) Friend</td> </tr> <tr> <td>(PA) Parent</td> <td>(NE) Neighbor</td> </tr> <tr> <td>(SB) Sibling</td> <td>(BE) Babysitter (baby)</td> </tr> <tr> <td>(CH) Child</td> <td>(BG) Boy/Girl Friend</td> </tr> <tr> <td>(GP) Grandparents</td> <td>(CF) Child of BF / GF</td> </tr> <tr> <td>(GC) Grandchild</td> <td>(HR) Homosexual Rel.</td> </tr> <tr> <td>(IL) Inlaw</td> <td>(XS) Ex-Spouse</td> </tr> <tr> <td>(SP) Stepparent</td> <td>(EE) Employee</td> </tr> <tr> <td>(SC) Stepchild</td> <td>(ER) Employer</td> </tr> <tr> <td>(SS) Stepsibling</td> <td>1 (OK) Otherwise Known</td> </tr> <tr> <td>(OF) Other Family</td> <td>(RU) Relationship Unknown</td> </tr> <tr> <td>(ST) Stranger</td> <td>(VO) Victim Was Suspect</td> </tr> </table> | (SE) Spouse | (AQ) Acquaintance | (CS) Common-Law Spouse | (FR) Friend | (PA) Parent | (NE) Neighbor | (SB) Sibling | (BE) Babysitter (baby) | (CH) Child | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | 1 (OK) Otherwise Known | (OF) Other Family | (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse | (AQ) Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CS) Common-Law Spouse | (FR) Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PA) Parent | (NE) Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SB) Sibling | (BE) Babysitter (baby) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (CH) Child | (BG) Boy/Girl Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GP) Grandparents | (CF) Child of BF / GF | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GC) Grandchild | (HR) Homosexual Rel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (IL) Inlaw | (XS) Ex-Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SP) Stepparent | (EE) Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SC) Stepchild | (ER) Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SS) Stepsibling | 1 (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (OF) Other Family | (RU) Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ST) Stranger | (VO) Victim Was Suspect | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THIS VICTIM RELATED 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (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: |
| 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 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] |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 14 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" 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 _____ | 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) |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | WEIGHT: Lbs _____ | |
| 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: 5-13-207 | | | | |
| 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.

SUSPECT #1

| | | | | | | |
|----------------|---|--|------|--|--|--|
| SUSPECT # 1 | NAME (Last, First, Middle) <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> | | AKA: | | | |
|----------------|---|--|------|--|--|--|

| | | | | | | |
|---|--|---|--|--|---|---|
| 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 checked="" 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 checked="" 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 checked="" 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 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 |
| HAIR LENGTH: <input 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 checked="" 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 checked="" type="checkbox"/> (5) Unknown | EYE COLOR: <input 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 checked="" 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 |

ADDED DESCRIPTION:

n/a

NARRATIVE

OFFICERS RESPONDED TO 6501 WEST 12TH STREET FOR AN ASSAULT REPORT. OFFICERS MADE CONTACT WITH MR. MICHAEL IKILIAGWV. MR. IKILIAGWV STATED THERE WAS A JUVENILE CLIENT AT THIS LOCATION THAT BECAME ANGRY AT HIM. SHE BEGAN TO THROW THINGS AT HIM, AND WOULD NOT CALM DOWN. HE EVENTUALLY CALMED HER DOWN, BUT HE STATED IN THE COMMOTION SHE HIT HIM IN THE FACE. HE STATED HE WAS NOT INJURED, BUT A REPORT NEEDED TO BE DONE FOR THE BUSINESS.

OFFICERS PROVIDED THE INCIDENT NUMBER FOR THE CALL, AND ADVISED HIM TO SEEK WARRANTS.

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 ☒ NOHATE/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