

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 1/22/2021 9:17 AM	
INCIDENT NUMBER <b>2020-148903</b>	UNIT ASSIGNED <b>2X70</b>	CALL DATE <b>12/26/2020</b>	CALL TIME <b>18:50:00</b>	TYPE OF CALL <b>BATTERY</b>	
INCIDENT DATE <b>12/26/2020 6:50:21 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>6425 W 12TH ST CENTER FOR YOUTH AND FAMILY</b>			DISTRICT <b>61</b>

## OFFENSE

INCIDENT OFFENSE TYPE 1. ASSAULT 3RD DEGREE 2. 3. 4.				OFFENSE STATUS Attempted Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>			
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 checked="" 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) NUMBER OF PREMISES ENTERED _____		METHOD OF ENTRY: <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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other							

ENTRY DATE <b>12/26/2020 19:39:48</b>	REPORTING OFFICER <b>SHUHAO KOU</b>	ORIGINAL APPROVING SUPERVISOR <b>ALEXANDER SULLIVAN</b>	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2020-148903

Report Contains Juvenile Information

Report generated: 1/22/2021 9:17 AM

Redact Before Release

## VICTIM

VICTIM #

NAME (Last, First, Middle) or BUSINESS

1

WHITE, TELESSIA

ADDRESS:

6425 W 12TH ST LITTLE ROCK AR 72205

HOME PHONE:

5015543840

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

09/18/1986

RES. STATUS:

☒ (R) Resident☐ (N) Nonresident ☐ (U) Unknown

MENTALLY AFFLICTED?

☐ (Y) Yes ☒ (N) No ☐ (U) Unk.

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 34

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)

RELATIONSHIP OF THIS VICTIM TO SUSPECTS

SUSPECT(S) VICTIM WAS: (by Suspect Number)

☐ (SE) Spouse 1 2 ☐ (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 ☐ (OK) Otherwise Known☐ (OF) Other Family ☐ (RU) Relationship Unknown☐ (ST) Stranger ☐ (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?

☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8VICTIM 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

INCIDENT NUMBER 2020-148903

Report Contains Juvenile Information

Report generated: 1/22/2021 9:17 AM

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## SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) <b>Juvenile Suspect</b>		AKA:	
ARRESTEE #	ADDRESS: <b>Juvenile Suspect Juvenile Suspect</b>			
HOME PHONE: 8888680023		WORK PHONE:	MOBILE PHONE:	OTHER PHONE: <b>Juvenile Suspect</b>
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 <b>Juvenile Suspect</b>
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>12</u> 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.

Redact Before Release

**SUSPECT #1**

SUSPECT #	NAME (Last, First, Middle)	AKA:
1	Juvenile Suspect	

  

<b>COMPLEXION:</b> <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	<b>HAIR STYLE:</b> <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	<b>HAIR COLOR:</b> <input type="checkbox"/> (1) Black <input checked="" 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	<b>FACIAL HAIR:</b> <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	<b>DEMEANOR:</b> <input checked="" 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	<b>SCAR / MARK:</b> <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 checked="" type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	<b>TATTOO:</b> <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 checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown
<b>HAIR LENGTH:</b> <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	<b>BUILD:</b> <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	<b>EYE COLOR:</b> <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	<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<b>TATTOO LOC:</b> <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

SUSPECT #2									
SUSPECT # 2		NAME (Last, First, Middle) Juvenile Suspect					AKA:		
ARRESTEE #		ADDRESS: Juvenile Suspect							
HOME PHONE: 8888680023			WORK PHONE:			MOBILE PHONE:		OTHER PHONE: Juvenile Suspect	
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 Juvenile Suspect Juvenile Suspect		
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: 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	
		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.

Redact Before Release

## SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) <b>Juvenile Suspect</b>		AKA:			
<b>COMPLEXION:</b> <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	<b>HAIR STYLE:</b> <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	<b>HAIR COLOR:</b> <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	<b>FACIAL HAIR:</b> <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	<b>DEMEANOR:</b> <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	<b>SCAR / MARK:</b> <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	<b>TATTOO:</b> <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
<b>HAIR LENGTH:</b> <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	<b>BUILD:</b> <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	<b>EYE COLOR:</b> <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	<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<b>TATTOO LOC:</b> <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

☒ JUVENILE INFORMATION  
Redact Before Release

**NARRATIVE**

ON 12/26/2020, AT APPROXIMATELY 1920 HOURS, OFFICER RESPONDED TO A BATTERY AT 6425 W 12TH (DESTINY HOUSE). OFFICER MADE CONTACT WITH THE EMPLOYEE NAMED TELESSIA WHITE. TELESSIA ADVISED SHE WAS AT THE CHILDREN'S HOSPITAL ESCORTING BOTH J1 AND J2 BACK TO 6425 W 12TH. TELESSIA ADVISED THE ASSAULT TOOK PLACE AT THE CHILDREN'S HOSPITAL. TELESSIA ADVISED J2 USED THE FOREHEAD TO BUMP INTO HERS. TELESSIA ADVISED J1 WAS BEING ESCORTED WITH MANY NURSES BUT J1 MANAGED TO KICK HER IN THE FOREHEAD. TELESSIA ADVISED SHE WAS NOT INJURED. OFFICER ATTEMPTED TO TALK WITH J1, BUT J1 WAS YELLING AT OFFICER AND ASKED OFFICER TO GET OUT.

TELESSIA WAS ADVISED HOW TO OBTAIN A COPY OF THE REPORT AND THE WARRANT PROCESS. MVR AND BWC IN USE.

INCIDENT NUMBER 2020-148903

Report Contains 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 ☒ 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



**Incident Brief Report**

Incident #: LRP2012260256

**Summary**

Location:	6425 W 12TH ST		
Loc Name:	YOUTH EMERGENCY SHELTER		
City:	LR		
Description:			
Building:		Subdiv:	
Floor:		Apt/Unit:	
Status:	Closed	Created:	18:07:02 12/26/2020
Inc Type:	STNDBY	Agency Type:	L
Mod Circ:		Priority:	5
Agency ID:	LRP	Area:	NW
Sector:	4	Beat:	61
Report #:			
Disposition:	N/SEE 148903 (LRP/2X70)		

**Dispatch**

Unit(s): LRP/2X70 (Officers: LRP/Kou Shuhao) (Primary)

**Comments**

20:00:47 12/26/2020 [Dispo N(LRP/2X70)] SEE 148903 18C449

18:07:02 12/26/2020 C1

MEET AT THIS LOC FOR COMP TO GET 2 CLIENTS IN THE BLDG WHO FLEE EVERY TIME THEY TRY TO GET THEM INSIDE...

**Persons**

Name:	, EMILY/ CENTERS FOR YOUTH	Role:	INITIAL CALLER
Address:		Apt/Unit:	
City:			
Phone:	(501) 766-6682	Contact?:	Yes
Gender:		DOB:	
Race:		Ethnicity:	
Height:		Age:	
Hair:		Bldg:	
Eyes:		Weight:	
Misc:		License #:	

**Vehicles**

**Incident Brief Report**

Incident #: LRP2012260281

**Summary**

Location:	6425 W 12TH ST		
Loc Name:	DESTINY HOUSE		
City:	LR		
Description:			
Building:		Subdiv:	
Floor:		Apt/Unit:	
Status:	Closed	Created:	18:50:21 12/26/2020
Inc Type:	BATTERY	Agency Type:	L
Mod Circ:	JO	Priority:	3
Agency ID:	LRP	Area:	NW
Sector:	4	Beat:	61
Report #:	LRP20148903		
Disposition:	R (LRP/2X70)		

**Dispatch**

Unit(s): LRP/2X70 (Officers: LRP/Kou Shuhao) (Primary)

**Comments**

19:06:53 12/26/2020	██████	P1
REQUESTED AVAILABLE UNIT		
19:02:58 12/26/2020	██████	P1
REQUESTED AVAILABLE UNIT		
18:55:51 12/26/2020	██████	P1
REQUESTED AVAILABLE UNIT		
18:50:21 12/26/2020	██████	C1
COMP STATES SHE WAS KICKED IN THE FACE BY ONE OF THE CLIENTS...NEEDS TO MAKE REPORT.. NO TO COVID		

**Persons**

Name:	WHITE, TALISEA	Role:	INITIAL CALLER
Address:		Apt/Unit:	
City:			
Phone:	(501)	Contact?:	Yes
Gender:		DOB:	
Race:		Ethnicity:	
		Age:	
Height:		Bldg:	
Hair:		Weight:	
Eyes:		License #:	
Misc:			

**Vehicles**