

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 8/5/2019 10:03 AM	
INCIDENT NUMBER 2019-093012		UNIF ASSIGNED	CALL DATE 07/26/2019	CALL TIME 11:17:00	TYPE OF CALL INFO
INCIDENT DATE 7/18/2019 7:30:00 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME			DISTRICT 54

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

ENTRY DATE 07/26/2019 12:00:57	REPORTING OFFICER LATRICE WILLIAMS	ORIGINAL APPROVING SUPERVISOR ANGELA EVERETT	<input type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS [REDACTED]
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ADDRESS:
[REDACTED]

HOME PHONE:	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 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]
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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>16</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)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) _____ (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 _____ (OK) Otherwise Known _____ (OF) Other Family _____ (RU) Relationship Unknown _____ (ST) Stranger _____ (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 _____

INCIDENT NUMBER 2019-093012

Report Contains Juvenile Information

Report generated: 8/5/2019 10:03 AM

Redact Before Release

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) [REDACTED]		AKA:	
ARRESTEE #	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 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 [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: 17 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: D.L. / ID No. (STATE)	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
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: 5-13-203				
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	

(A - automatic)

Suspect information continued on next page.

SUSPECT #2

SUSPECT # 2	NAME (Last, First, Middle) [REDACTED]	AKA:
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COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light	<input type="checkbox"/> (01) Afro	<input type="checkbox"/> (1) Black	<input type="checkbox"/> (01) Clean Shaven	<input type="checkbox"/> (01) Angry	<input type="checkbox"/> (01) Head	<input type="checkbox"/> (1) Designs
<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (02) Wavy	<input type="checkbox"/> (2) Blonde	<input type="checkbox"/> (02) Unshaven	<input type="checkbox"/> (02) Apologetic	<input type="checkbox"/> (02) Neck	<input type="checkbox"/> (2) Initials
<input type="checkbox"/> (3) Dark	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Brown	<input type="checkbox"/> (03) Full Beard	<input type="checkbox"/> (03) Calm	<input type="checkbox"/> (03) Hand (rt)	<input type="checkbox"/> (3) Names
<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Grey	<input type="checkbox"/> (04) Must. (hvy)	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (04) Hand (lft)	<input type="checkbox"/> (4) Pictures
<input type="checkbox"/> (5) Freckled	<input type="checkbox"/> (05) Braided	<input type="checkbox"/> (5) Red	<input type="checkbox"/> (05) Must. (thin)	<input type="checkbox"/> (05) Nervous	<input type="checkbox"/> (05) Arm (rt)	<input type="checkbox"/> (5) Words
<input type="checkbox"/> (6) Ruddy	<input type="checkbox"/> (06) Ponytail	<input type="checkbox"/> (6) Sandy	<input type="checkbox"/> (06) Brows (hvy)	<input type="checkbox"/> (06) Polite	<input type="checkbox"/> (06) Arm (lft)	<input type="checkbox"/> (6) Numbers
<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Military	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Brows (thin)	<input type="checkbox"/> (07) Professional	<input type="checkbox"/> (07) Body	<input type="checkbox"/> (7) Insignia
<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Side Burns	<input type="checkbox"/> (08) Stupor	<input type="checkbox"/> (08) Leg (rt)	<input type="checkbox"/> (8) None
	<input type="checkbox"/> (09) Wig/Toupee		<input type="checkbox"/> (09) Goatee	<input type="checkbox"/> (09) Violent	<input type="checkbox"/> (09) Leg (lft)	<input type="checkbox"/> (9) Unknown
HAIR LENGTH:	<input type="checkbox"/> (10) Other	EYE COLOR:	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other	TATTOO LOC:
<input type="checkbox"/> (1) Long	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (11) None	<input type="checkbox"/> (01) Arm (lft)
<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown		<input checked="" type="checkbox"/> (12) Unknown	<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)
<input type="checkbox"/> (3) Short	BUILD:	<input type="checkbox"/> (3) Grey				<input type="checkbox"/> (03) Leg (lft)
<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (4) Green				<input type="checkbox"/> (04) Leg (rt)
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)
<input checked="" type="checkbox"/> (6) Unknown	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (6) Other				<input type="checkbox"/> (06) Hand (rt)
	<input type="checkbox"/> (4) Muscular	<input checked="" type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face
	<input type="checkbox"/> (5) Unknown					<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

INCIDENT NUMBER 2019-093012

Report Contains Juvenile Information

Report generated: 8/5/2019 10:03 AM

Redact Before Release

SUSPECT #3

SUSPECT # 3	NAME (Last, First, Middle) [REDACTED]	AKA:
ARRESTEE #	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 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
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.	DATE OF BIRTH [REDACTED]
AGE: Exact Age: 13 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: _____
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	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)	
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	WEIGHT: Lbs _____
ARREST LOCATION:	ARREST DATE:	
CHARGE: 5-13-203		
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 #3

SUSPECT # 3	NAME (Last, First, Middle) [REDACTED]	AKA:
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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 checked="" type="checkbox"/> (8) 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	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 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	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 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	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 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

Redact Before Release

SUSPECT #4

SUSPECT # 4	NAME (Last, First, Middle) [REDACTED]	AKA:
ARRESTEE #	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 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 [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: 13 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:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	D.L. / ID No. (STATE)	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)	
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: 5-13-203		
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.

JUVENILE INFORMATION

Redact Before Release

SUSPECT #4

SUSPECT # 4	NAME (Last, First, Middle) [REDACTED]	AKA:
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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 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 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 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 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

SUSPECT #5

SUSPECT # 5	NAME (Last, First, Middle) [REDACTED]	AKA:
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ARRESTEE #	ADDRESS: [REDACTED]
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HOME PHONE:	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 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 [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: 16 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 _____	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
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ARREST LOCATION:	ARREST DATE:
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CHARGE: 5-13-203

ARRESTING OFFICERS			
OFFICER 1: _____ <input type="checkbox"/> MVR	OFFICER 5: _____ <input type="checkbox"/> MVR	OFFICER 6: _____ <input type="checkbox"/> MVR	OFFICER 7: _____ <input type="checkbox"/> MVR
OFFICER 2: _____ <input type="checkbox"/> MVR	OFFICER 3: _____ <input type="checkbox"/> MVR	OFFICER 4: _____ <input type="checkbox"/> MVR	OFFICER 8: _____ <input type="checkbox"/> MVR

Suspect information continued on next page.

SUSPECT #5

SUSPECT # 5	NAME (Last, First, Middle) [REDACTED]	AKA:
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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 checked="" type="checkbox"/> (8) 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	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 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	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 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	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (lvy) <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 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

OTHER PERSONS - CONTACT

OTHER PERSON # 6	NAME (Last, First, Middle) KORNEGAY, NIKITA
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ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: 5016610727	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input 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: _____ 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 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 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> <th colspan="2" style="text-align: left;">CLOTHING DESCRIPTION</th> </tr> <tr> <td style="width: 30%;">HAT</td> <td>_____</td> </tr> <tr> <td>COAT</td> <td>_____</td> </tr> <tr> <td>SHIRT</td> <td>_____</td> </tr> <tr> <td>PANTS/DRESS</td> <td>_____</td> </tr> <tr> <td>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 # 7	NAME (Last, First, Middle) HAYES, EDWARD
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ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: 5016610727	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 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: _____ 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 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 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 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 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

Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # 8	NAME (Last, First, Middle) LEWIS ,ASHLEY
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ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: 5016610727	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input 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: _____ 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 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	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	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 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="padding: 5px;">CLOTHING DESCRIPTION</td> </tr> <tr> <td style="padding: 5px;">HAT _____</td> </tr> <tr> <td style="padding: 5px;">COAT _____</td> </tr> <tr> <td style="padding: 5px;">SHIRT _____</td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS _____</td> </tr> <tr> <td style="padding: 5px;">SHOES _____</td> </tr> </table>							CLOTHING DESCRIPTION	HAT _____	COAT _____	SHIRT _____	PANTS/DRESS _____	SHOES _____
CLOTHING DESCRIPTION												
HAT _____												
COAT _____												
SHIRT _____												
PANTS/DRESS _____												
SHOES _____												

OTHER PERSONS - CONTACT

OTHER PERSON #	NAME (Last, First, Middle)
9	AYTCH,LAKIA

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: 5015900359	MOBILE PHONE:	OTHER PHONE:
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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 02/09/1987
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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>32</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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<table border="1" style="width:100%"> <tr> <td style="width:12.5%">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</td> <td style="width:12.5%">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</td> <td style="width:12.5%">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</td> <td style="width:50%"> CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ </td> </tr> </table>						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 _____ 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
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INCIDENT NUMBER 2019-093012

Report Contains Juvenile Information

Report generated: 8/5/2019 10:03 AM

JUVENILE INFORMATION
Redact Before Release

NARRATIVE

RECEIVED A REFERRAL (#1989520) FROM CRIMES AGAINST CHILDREN DIVISION IN REFERENCE TO J1 WHO SUSTAINED INJURY, DURING A FIGHT, AT THE LISTED LOCATION. IN A RECORDED STATEMENT J1 ADVISED ON JULY 18/19, 2019, AT APPROXIMATELY 1930 HOURS, HE HAD GOTTEN INTO A FIGHT WITH TWO (J2, J3, J4, J5) OF THE FOUR BOYS INSIDE OF HIS DORM ROOM. J1 STATED AFTER THE FIGHT ENDED, ONE OF THE BOYS (UNKNOWN WHO) WENT TO GET STAFF, NIKITA KORNEGAY (CON#6) AND EDWARD HAYES (CON#7), FOR HELP. J1 ADVISED WHEN KORNEGAY AND HAYES ARRIVED THEY OBSERVED HIS SWOLLEN LEFT EYE AND TOOK HIM TO THE RESIDENT NURSE, ASHLEY LEWIS (CON#8), FOR OBSERVATION. J1 STATED LEWIS GAVE HIM AN ICE PACK AND IBUPROFEN TO HELP WITH SWELLING AND PAIN. J1 WAS NOT TAKEN TO THE HOSPITAL THE EVENING OF THE INCIDENT, HOWEVER WAS TAKEN TO THE CHILDREN'S HOSPITAL JULY 22, 2019. ON JULY 26, 2019, I MADE CONTACT WITH DIRECTOR LAKIA AYTCH (CON#9), AT THE LISTED LOCATION, WHO WAS ABLE TO PROVIDE ME WITH INFORMATION OF ALL PARTIES INVOLVED. INVESTIGATION IS ONGOING.

Redact Before Release

ADDITIONAL HOMICIDE CIRCUMSTANCES

<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal	<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer	<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information
<input type="checkbox"/> (E) Criminal killed in commission of a crime		

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-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	DISABILITY (Anti-)	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group		
	<input type="checkbox"/> (27) Atheist/Agnostic		