

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

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|--|--|---|--------------------------------|------------------------------|--------------------------------------|--|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 9/22/2019 11:52 AM | |
| INCIDENT NUMBER 2019-114211 | | UNIF ASSIGNED 2Y53 | CALL DATE 09/10/2019 | CALL TIME 18:45:00 | TYPE OF CALL DIS | |
| INCIDENT DATE 9/10/2019 6:30:00 PM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME | | | DISTRICT 54 | |

OFFENSE

| | | | | | | | |
|-----------------------|----|-----------|---------------------------------------|----------------------------|----------------------------|----------------------------|--|
| INCIDENT OFFENSE TYPE | | | | OFFENSE STATUS | | | |
| 1. RUNAWAY | 5. | Attempted | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| 2. | 6. | Completed | 1 <input checked="" type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| 3. | 7. | Attempted | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | |
| 4. | 8. | Completed | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | |

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| 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 type="checkbox"/> (N) None / Unknown |
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| 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 checked="" 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 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 | | |

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| (FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (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 type="checkbox"/> (40) Personal Weapons (hands, etc) |
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NARCAN USED: Yes No Other

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| ENTRY DATE 09/10/2019 23:49:23 | REPORTING OFFICER JORDAN RUFF | ORIGINAL APPROVING SUPERVISOR CALEB MONROE | <input checked="" type="checkbox"/> MVR in use |
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OTHER PERSONS - PERSON REPORTING

| | |
|----------------------------|---|
| OTHER PERSON # 1 | NAME (Last, First, Middle) WALKER, MELVIN |
|----------------------------|---|

ADDRESS:
2002 S FILMORE ST LITTLE ROCK AR 72204

| | | | |
|-------------|----------------------------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: 5019064913 | MOBILE PHONE: | OTHER PHONE: |
|-------------|----------------------------------|---------------|--------------|

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|--|--|---|------------------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 02/11/1967 |
|--|--|---|------------------------------------|

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|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" 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: 52 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 checked="" type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown | HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input checked="" type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown | HAIR COLOR: <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input 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 checked="" type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown | SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown | TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="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 _____ | | | | | | | | | | | |

Redact Before Release

OTHER PERSONS - RUNAWAY

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|---------------------|--|
| OTHER PERSON # 2 | NAME (Last, First, Middle) [REDACTED] |
|---------------------|--|

ADDRESS:
[REDACTED]

| | | | |
|-------------|-------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|-------------|-------------|---------------|--------------|

| | | | |
|--|--|---|-----------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input 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 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>15</u> Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC: [REDACTED] D.L. / ID No. (STATE) | HEIGHT: Ft <u>5</u> In <u>5</u> WEIGHT: Lbs <u>115</u> |
|--|---|---|

| | | | | | | |
|---|---|---|--|--|--|---|
| COMPLEXION: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown HAIR 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 | 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 checked="" type="checkbox"/> (10) Other <input 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 checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown 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 | FACIAL HAIR: <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 | 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 | NONE |
| COAT | NONE |
| SHIRT | BLACK T-SHIRT |
| PANTS/DRESS | BLUE PANTS |
| SHOES | BLACK NIKE TENNIS SHOES |

INCIDENT NUMBER 2019-114211

Report Contains Juvenile Information

Report generated: 9/22/2019 11:52 AM

JUVENILE INFORMATION
Redact Before Release

NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION ON A DISTURBANCE CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH PR-1 (WALKER) WHO SAID JUV-1 HAD RUN AWAY FROM THE LOCATION AT APPROXIMATELY 1830 HOURS. WALKER SAID JUV-1 LEFT GOING SOUTH OF THE LOCATION ON FOOT. WALKER SAID JUV-1 WAS POSSIBLY SUICIDAL AND HAS SEVERAL DRUG ABUSE PROBLEMS. OFFICERS PUT OUT A BROADCAST WITH JUV-1'S DESCRIPTION. OFFICERS CIRCULATED THE AREA FOR JUV-1 WITH NEGATIVE RESULTS. AN NCIC PERSON SUPPLEMENT WAS COMPLETED AND GIVEN TO COMMUNICATIONS. MVR IN USE - 18C466

NO PHOTO AVAILABLE AT TIME OF REPORT ENTRY

****SUPP****12 SEPT 2019 1914 HOURS IN COMM BY ASTAGGERS [REDACTED]
REC'D A HIT CONFIRMATION FROM SHERWOOD ADVISING THEY HAD OFFICERS OUT WITH THIS SUBJECT AND WAS TRANSPORTING JUVINILE TO THEIR POLICE DEPARTMENT AT 2201 E KIEHL AVE IN THEIR JURISDICTION. I MADE CONTACT WITH THE REPORTING PARTY [MELVIN-501-366-7997] WHO REQUESTED SHERWOOD'S NUMBER TO SPEAK DIRECTLY TO THEM IN REGARDS PICKING UP THE JUVENILE. JUVENILE REMOVED FROM ALL SYSTEMS AS MISSING.

INCIDENT NUMBER 2019-114211

Report Contains Juvenile Information

Report generated: 9/22/2019 11:52 AM

JUVENILE INFORMATION

Redact Before Release

ADDITIONAL HOMICIDE CIRCUMSTANCES

- (A) Criminal attacked police officer, that officer killed criminal
- (B) Criminal attacked police officer, criminal killed by other officer

- (C) Criminal attacked a civilian
- (D) Criminal attempted flight from a crime
- (E) Criminal killed in commission of a crime

- (F) Criminal resisted arrest
- (G) Unable to determine / not enough information

RELATED CASE NUMBER(S)

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

HATE/BIAS RELATIONSHIP: (88) None YES, SEE BELOW

RACIAL (Anti-)

- (11) White
- (12) Black
- (13) American Indian / Alaskan Native
- (14) Asian / Pacific Islander
- (15) Multi-Racial Group

RELIGIOUS (Anti-)

- (21) Jewish
- (22) Catholic
- (23) Protestant
- (24) Islamic (Muslim)
- (25) Other Religion
- (26) Multi-Religious Group
- (27) Atheist/Agnostic

ETHNICITY / NATIONAL ORIGIN (Anti-)

- (32) Hispanic
- (33) Other Ethnicity

DISABILITY (Anti-)

- (51) Physical Disability
- (52) Mental Disability

SEXUAL (Anti-)

- (41) Male Homosexual (Gay)
- (42) Female Homosexual (Lesbian)
- (43) Homosexual (Gay and Lesbian)
- (44) Heterosexual
- (45) Bisexual