

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 10/28/2019 3:28 PM	
INCIDENT NUMBER 2019-134684		UNIT ASSIGNED 2Y52	CALL DATE 10/27/2019	CALL TIME 18:31:00	TYPE OF CALL FIGHT	
INCIDENT DATE 10/27/2019 6:31:00 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"/>
2.	6.	Completed <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	7.	Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
4.	8.	Completed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SUSPECTS USED:	TYPE OF CRIMINAL ACTIVITY:	GANG RELATED INFO:
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	<input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing	<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None / Unknown
LOCATION CODE:	<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (04) Church / Synagogue / Temple <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (42) Camp / Campground	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)
(FOR BURGLARY ONLY)	METHOD OF ENTRY:	
NUMBER OF PREMISES ENTERED _____	<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other		

ENTRY DATE 10/27/2019 21:10:31	REPORTING OFFICER [REDACTED]	ORIGINAL APPROVING SUPERVISOR CALEB MONROE - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS [REDACTED]		
ADDRESS: [REDACTED]			
HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH [REDACTED]
RES. STATUS: <input 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>17</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old	NIC: D.L. / ID No. (STATE)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)	
THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> 1 (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other		<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings	
CLOTHING DESCRIPTION			
HAT _____	SHIRT _____	SHOES _____	
COAT _____	PANTS/DRESS _____		

Redact Before Release

VICTIM

VICTIM # 2 NAME (Last, First, Middle) or BUSINESS [REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: [REDACTED] WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: [X] (M) Male [] (F) Female [] (U) Unk. ETHNICITY: [] (H) Hispanic [X] (N) Non-Hispanic [] (U) Unk. RACE: [] (W) White [X] (B) Black [] (I) American Indian [] (A) Asian / Pacific Islander [] (U) Unknown DATE OF BIRTH [REDACTED]

RES. STATUS: [X] (R) Resident [] (N) Nonresident [] (U) Unknown MENTALLY AFFLICTED?: [] (Y) Yes [X] (N) No [] (U) Unk. OCCUPATION / EMPLOYER:

AGE: Exact Age: 16 Range: [] (BB) 7-364 Days Old [] (NN) Under 24 Hrs. Old [] (NB) 1-6 Days Old [] (99) Over 98 Years Old [] (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 1 (OK) Otherwise Known (OF) Other Family (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES? [X] 1 [] 2 [] 3 [] 4 [] 5 [] 6 [] 7 [] 8

VICTIM TYPE: [X] (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

Redact Before Release

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]	AKA:
ARRESTEE #	ADDRESS: [REDACTED]	
HOME PHONE:	WORK PHONE:	MOBILE PHONE:
OTHER PHONE:		
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		DATE OF BIRTH [REDACTED]
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 checked="" type="checkbox"/> V1 <input checked="" 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		HEIGHT: Ft _____ In _____
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		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
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		(A -- automatic)
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.

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SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]		AKA:			
COMPLEXION: <input type="checkbox"/> (1) Light <input checked="" 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 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	HAIR STYLE: <input checked="" type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown BUILD: <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	HAIR COLOR: <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 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 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	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown 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 - PERSON REPORTING

OTHER PERSON #	NAME (Last, First, Middle)					
1	ADAMS,LASHONDRA					
ADDRESS:						
2002 S FILLMORE ST LITTLE ROCK AR						
HOME PHONE:		WORK PHONE:		MOBILE PHONE:		
		5016610720				
OTHER PHONE:						
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		
				DATE OF BIRTH 08/31/1983		
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:		NIC:		HEIGHT:		
Exact Age: <u>36</u>				Ft _____ In _____		
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		D.L. / ID No. (STATE)		WEIGHT:		
<input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown				Lbs _____		
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACAIL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apoletic <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	<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	<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:	BUILD:	EYE COLOR:	CLOTHING DESCRIPTION			TATTOO LOC:
<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 type="checkbox"/> (6) Unknown	<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	<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 type="checkbox"/> (7) Unknown				
HAT _____						
COAT _____						
SHIRT _____						
PANTS/DRESS _____						
SHOES _____						

JUVENILE INFORMATION
Redact Before Release**NARRATIVE**

OFFICERS RESPONDED TO LISTED LOCATION ON A FIGHT CALL. UPON ARRIVAL OFFICERS MADE CONTACT WITH PR1(ADAMS) WHO ADVISED THREE JUVENILES HAD BEEN IN A PHYSICAL ALTERCATION. ADAMS ADVISED SUSP1 (B/M JUVENILE), VIC1(B/F JUVENILE), AND VIC2(B/M JUVENILE) WERE ARGUING. SHE ADVISED SUSP1 PUNCHED VIC2 IN THE FACE AND THEN BOTH SUBJECTS STARTED FIGHTING. SHE ADVISED SUSP1 ALSO PULLED VIC1'S HAIR AND THEN THEY STARTED FIGHTING. OFFICERS MADE CONTACT WITH ALL THREE JUVENILES AND DID NOT OBSERVE ANY VISIBLE INJURIES ON VIC1 OR VIC2. SUSP1 HAD BRUISING AROUND HIS RIGHT EYE AND RED MARKS ON HIS ARMS. MEMS RESPONDED AND TRANSPORTED SUSP1 TO CHILDRENS HOSPITAL. VIC1 COMPLAINED OF A HEADACHE DUE TO HER HAIR BEING PULLED AND VIC2 ADVISED HE WAS PUNCHED IN THE FACE BUT WAS UNINJURED. OFFICERS COMPLETED LETHALITY ASSESSMENTS FOR BOTH VICTIMS. OFFICERS ADVISED WARRANTS. NO FURTHER INFORMATION AVAILABLE AT THIS TIME. 16C362 IS MVR EQUIPPED AND IN USE.

INCIDENT NUMBER 2019-134684

Report Contains Juvenile Information

Report generated: 10/28/2019 3:28 PM

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