

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 11/15/2019 11:46 AM	
INCIDENT NUMBER 2019-139678		UNIF ASSIGNED 1Y54	CALL DATE 11/08/2019	CALL TIME 10:40:00	TYPE OF CALL DISWP	
INCIDENT DATE 11/8/2019 10:40:00 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME			DISTRICT 54	

OFFENSE

INCIDENT OFFENSE TYPE				OFFENSE STATUS			
1. DISTURBANCE	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"/>	

SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:		GANG RELATED INFO:	
<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"/> (J) Juvenile Gang	
<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"/> (G) Other Gang	
		<input type="checkbox"/> (T) Transport / Transmit / Import	<input type="checkbox"/> (U) Using / Consuming	<input type="checkbox"/> (N) None / Unknown	
		<input type="checkbox"/> (D) Distributing / Selling	<input type="checkbox"/> (P) Possessing / Concealing		

LOCATION CODE:			WEAPON FORCE: <small>(on 11-15, an "A" denotes Automatic or Semi-Automatic)</small>		
<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"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison
<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"/> (12) Handgun	<input type="checkbox"/> (60) Explosives
<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"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device
<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"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills
<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"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation
<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"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other
<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"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown
<input type="checkbox"/> (08) Department / Discount Store	<input type="checkbox"/> (23) Service / Gas Station			<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None
<input type="checkbox"/> (09) Drug Store / DR Office / Hospital	<input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)			<input type="checkbox"/> (40) Personal Weapons (hands, etc)	
<input type="checkbox"/> (10) Field / Woods	<input checked="" 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) METHOD OF ENTRY:					
NUMBER OF PREMISES ENTERED _____					
<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force					

NARCAN USED: Yes No Other

ENTRY DATE 11/08/2019 11:36:29	REPORTING OFFICER DAVID MATTOX	ORIGINAL APPROVING SUPERVISOR ADAM GODWIN	<input checked="" type="checkbox"/> MVR in use
-----------------------------------	-----------------------------------	--	--

Redact Before Release

OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1	NAME (Last, First, Middle) LITTLETON, TINA
----------------------------	--

ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72201

HOME PHONE: 9064913	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 03/26/1987
--	--	---	------------------------------------

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>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 _____
--	-----------------------------------	--

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 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 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 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 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 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 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 type="checkbox"/> (7) 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 _____						

Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # 2	NAME (Last, First, Middle) [REDACTED]																																																																																																																																										
ADDRESS: [REDACTED]																																																																																																																																											
HOME PHONE:		WORK PHONE:		MOBILE PHONE:		OTHER PHONE:																																																																																																																																					
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown		DATE OF BIRTH [REDACTED]																																																																																																																																					
RES. STATUS: <input 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"/> (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 _____																																																																																																																																						
<table style="width:100%; border:none;"> <tr> <td style="width:12.5%;">COMPLEXION:</td> <td style="width:12.5%;">HAIR STYLE:</td> <td style="width:12.5%;">HAIR COLOR:</td> <td style="width:12.5%;">FACAIL HAIR:</td> <td style="width:12.5%;">DEMEANOR:</td> <td style="width:12.5%;">SCAR / MARK:</td> <td style="width:12.5%;">TATTOO:</td> </tr> <tr> <td><input type="checkbox"/> (1) Light</td> <td><input type="checkbox"/> (01) Afro</td> <td><input type="checkbox"/> (1) Black</td> <td><input type="checkbox"/> (01) Clean Shaven</td> <td><input type="checkbox"/> (01) Angry</td> <td><input type="checkbox"/> (01) Head</td> <td><input type="checkbox"/> (1) Designs</td> </tr> <tr> <td><input type="checkbox"/> (2) Medium</td> <td><input type="checkbox"/> (02) Wavy</td> <td><input type="checkbox"/> (2) Blonde</td> <td><input type="checkbox"/> (02) Unshaven</td> <td><input type="checkbox"/> (02) Apologetic</td> <td><input type="checkbox"/> (02) Neck</td> <td><input type="checkbox"/> (2) Initials</td> </tr> <tr> <td><input type="checkbox"/> (3) Dark</td> <td><input type="checkbox"/> (03) Straight</td> <td><input type="checkbox"/> (3) Brown</td> <td><input type="checkbox"/> (03) Full Beard</td> <td><input type="checkbox"/> (03) Calm</td> <td><input type="checkbox"/> (03) Hand (rt)</td> <td><input type="checkbox"/> (3) Names</td> </tr> <tr> <td><input type="checkbox"/> (4) Acne</td> <td><input type="checkbox"/> (04) Curly</td> <td><input type="checkbox"/> (4) Grey</td> <td><input type="checkbox"/> (04) Must. (hvy)</td> <td><input type="checkbox"/> (04) Irrational</td> <td><input type="checkbox"/> (04) Hand (lft)</td> <td><input type="checkbox"/> (4) Pictures</td> </tr> <tr> <td><input type="checkbox"/> (5) Freckled</td> <td><input type="checkbox"/> (05) Braided</td> <td><input type="checkbox"/> (5) Red</td> <td><input type="checkbox"/> (05) Must. (thin)</td> <td><input type="checkbox"/> (05) Nervous</td> <td><input type="checkbox"/> (05) Arm (rt)</td> <td><input type="checkbox"/> (5) Words</td> </tr> <tr> <td><input type="checkbox"/> (6) Ruddy</td> <td><input type="checkbox"/> (06) Ponytail</td> <td><input type="checkbox"/> (6) Sandy</td> <td><input type="checkbox"/> (06) Brows (hvy)</td> <td><input type="checkbox"/> (06) Polite</td> <td><input type="checkbox"/> (06) Arm (lft)</td> <td><input type="checkbox"/> (6) Numbers</td> </tr> <tr> <td><input type="checkbox"/> (7) Other</td> <td><input type="checkbox"/> (07) Military</td> <td><input type="checkbox"/> (7) Other</td> <td><input type="checkbox"/> (07) Brows (thin)</td> <td><input type="checkbox"/> (07) Professional</td> <td><input type="checkbox"/> (07) Body</td> <td><input type="checkbox"/> (7) Insignia</td> </tr> <tr> <td><input type="checkbox"/> (8) Unknown</td> <td><input type="checkbox"/> (08) Processed</td> <td><input type="checkbox"/> (8) Unknown</td> <td><input type="checkbox"/> (08) Side Burns</td> <td><input type="checkbox"/> (08) Stupor</td> <td><input type="checkbox"/> (08) Leg (rt)</td> <td><input type="checkbox"/> (8) None</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (09) Wig/Toupee</td> <td></td> <td><input type="checkbox"/> (09) Goatee</td> <td><input type="checkbox"/> (09) Violent</td> <td><input type="checkbox"/> (09) Leg (lft)</td> <td><input type="checkbox"/> (9) Unknown</td> </tr> <tr> <td>HAIR LENGTH:</td> <td><input type="checkbox"/> (10) Other</td> <td>EYE COLOR:</td> <td><input type="checkbox"/> (10) Other</td> <td><input type="checkbox"/> (10) Drunk / High</td> <td><input type="checkbox"/> (10) Other</td> <td>TATTOO LOC:</td> </tr> <tr> <td><input type="checkbox"/> (1) Long</td> <td><input type="checkbox"/> (11) Unknown</td> <td><input type="checkbox"/> (1) Blue</td> <td><input type="checkbox"/> (11) Unknown</td> <td><input type="checkbox"/> (11) Other</td> <td><input type="checkbox"/> (11) None</td> <td><input type="checkbox"/> (01) Arm (lft)</td> </tr> <tr> <td><input type="checkbox"/> (2) Medium</td> <td></td> <td><input type="checkbox"/> (2) Brown</td> <td></td> <td><input type="checkbox"/> (12) Unknown</td> <td><input type="checkbox"/> (12) Unknown</td> <td><input type="checkbox"/> (02) Arm (rt)</td> </tr> <tr> <td><input type="checkbox"/> (3) Short</td> <td>BUILD:</td> <td><input type="checkbox"/> (3) Grey</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (03) Leg (lft)</td> </tr> <tr> <td><input type="checkbox"/> (4) Bald(ing)</td> <td><input type="checkbox"/> (1) Light</td> <td><input type="checkbox"/> (4) Green</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (04) Leg (rt)</td> </tr> <tr> <td><input type="checkbox"/> (5) Other</td> <td><input type="checkbox"/> (2) Medium</td> <td><input type="checkbox"/> (5) Hazel</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (05) Hand (lft)</td> </tr> <tr> <td><input type="checkbox"/> (6) Unknown</td> <td><input type="checkbox"/> (3) Heavy</td> <td><input type="checkbox"/> (6) Other</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (06) Hand (rt)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (4) Muscular</td> <td><input type="checkbox"/> (7) Unknown</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (07) Face</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (5) Unknown</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (08) Neck</td> </tr> </table>							COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACAIL 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 type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input 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 type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input 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 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 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 type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face		<input type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck
COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACAIL 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 type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input 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 type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input 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 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 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 type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face																																																																																																																																					
	<input type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck																																																																																																																																					
CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____				<input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back																																																																																																																																							

JUVENILE INFORMATION
Redact Before Release

NARRATIVE

LITTLETON (PERSON REPORTING), AN EMPLOYEE OF THE LISTED FACILITY, ADVISED A CLIENT (LISTED JUVENILE) HAD BEEN ACTING OUT BUT WAS CURRENTLY CALM. LITTLETON STATED THEY HAVE CONSTANT BEHAVIORAL ISSUES WITH HER AND BEFORE OUR ARRIVAL, SHE SPOKE ABOUT PLACING A BATTERY IN A MICROWAVE AND HAD PICKED UP SOME SCISSORS. SHE SAID AUTHORIZATION WAS RECEIVED TO HAVE HER TRANSPORTED TO THE METHODIST BEHAVIORAL FACILITY IN MAUMELLE. LITTLETON ALSO ADVISED HER DHS CASEWORK HAD BEEN NOTIFIED OF THE MATTER. THEY CONDUCTED A TRANSPORT TO THE LOCATION AND I FOLLOWED. NOTHING FURTHER.

INCIDENT NUMBER 2019-139678

Report Contains Juvenile Information

Report generated: 11/15/2019 11:46 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