

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|--|--|---|--------------------------------|---------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | Report generated: 11/25/2019 12:24 PM | |
| INCIDENT NUMBER 2019-142261 | | UNIT ASSIGNED 2X42 | CALL DATE 11/14/2019 | CALL TIME 16:24:00 | TYPE OF CALL RUNAWY |
| INCIDENT DATE 11/14/2019 4:00:00 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"/> |
| 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 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 checked="" 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 | | |
| (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 type="checkbox"/> (40) Personal Weapons (hands, etc) | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

| | | | |
|-----------------------------------|-----------------------------------|--|--|
| ENTRY DATE 11/14/2019 22:48:18 | REPORTING OFFICER JORDAN BUEFF | ORIGINAL APPROVING SUPERVISOR CAL FR MONROE | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|-----------------------------------|--|--|

INCIDENT NUMBER 2019-142261

Report Contains Juvenile Information

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Redact Before Release

OTHER PERSONS - PERSON REPORTING

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

ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

| | | | |
|---------------------------|-------------|---------------|--------------|
| HOME PHONE: 5019064913 | 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 02/11/1967 |
|--|--|---|-----------------------------|

| | | |
|--|--|------------------------|
| 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 _____ |
|--|-----------------------------------|--|

| | | | | | | | | |
|--|---|--|---|---|--|--|---|---|
| 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 | FACAIL 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 _____ | | | | | | | | |

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OTHER PERSONS - RUNAWAY

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

ADDRESS: [REDACTED]

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

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

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

AGE: Exact Age 15 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (99) Over 98 Years Old (NB) 1-6 Days Old (00) Unknown NIC: [REDACTED] HEIGHT: Ft 6 In 1 D.L. / ID No. (STATE) WEIGHT: Lbs 220

COMPLEXION: (1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown HAIR STYLE: (01) Afro (02) Wavy (03) Straight (04) Curly (05) Braided (06) Ponytail (07) Military (08) Processed (09) Wig/Toupee (10) Other (11) Unknown HAIR COLOR: (1) Black (2) Blonde (3) Brown (4) Grey (5) Red (6) Sandy (7) Other (8) Unknown EYE COLOR: (1) Blue (2) Brown (3) Grey (4) Green (5) Hazel (6) Other (7) Unknown FACIAL HAIR: (01) Clean Shaven (02) Unshaven (03) Full Beard (04) Must. (hvy) (05) Must. (thin) (06) Brows (hvy) (07) Brows (thin) (08) Side Burns (09) Goatee (10) Other (11) Unknown Demeanor: (01) Angry (02) Apologetic (03) Calm (04) Irrational (05) Nervous (06) Polite (07) Professional (08) Stupor (09) Violent (10) Drunk / High (11) Other (12) Unknown SCAR / MARK: (01) Head (02) Neck (03) Hand (rt) (04) Hand (lft) (05) Arm (rt) (06) Arm (lft) (07) Body (08) Leg (rt) (09) Leg (lft) (10) Other (11) None (12) Unknown TATTOO: (1) Designs (2) Initials (3) Names (4) Pictures (5) Words (6) Numbers (7) Insignia (8) None (9) Unknown TATTOO LOC: (01) Arm (lft) (02) Arm (rt) (03) Leg (lft) (04) Leg (rt) (05) Hand (lft) (06) Hand (rt) (07) Face (08) Neck (09) Finger(s) (10) Chest (11) Back CLOTHING DESCRIPTION: HAT NONE COAT GREY JACKET SHIRT UNKNOWN PANTS/DRESS GREY SWEATPANTS COVERED IN MUD SHOES RED TENNIS SHOES

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JUVENILE INFORMATION

Redact Before Release

NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION ON A RUNAWAY JUVENILE REPORT CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH PR-1 (WALKER). WALKER ADVISED AT APPROXIMATELY 1600 HOURS, JUV-1 JUMPED THE FENCE AT THE LISTED LOCATION. WALKER ADVISED JUV-1 HAS RUNAWAY IN THE PAST. HE BELIEVES JUV-1 MAY BE GOING TO HIS PARENTS RESIDENCE LOCATED AT 17 W. MCKEEN ST., PARIS, ARKANSAS, 72855. OFFICERS PUT OUT A BROADCAST WITH THE DESCRIPTION OF JUV-1. OFFICERS COMPLETED AN NCIC MISSING PERSONS SUPPLEMENT WHICH WAS GIVEN TO COMMUNICATIONS. MVR IN USE - 18C467

ADDITIONAL INFORMATION AURQUHART COMM [REDACTED] 11/15/2019 0032HRS

SUBJECT ENTERED INTO ALL SYSTEMS AS MISSING. LOGAN COUNTY ALERTED THAT THE SUBJECT MAY BE HEADED TO THEIR AREA VIA TERMINAL MESSAGE. ALL PERTINENT NUMBERS ADDED TO THE EXISTING REPORT.

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JUVENILE INFORMATION

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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-)

- (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