

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |   |                                |                                      |                               |
|--|--|---|--------------------------------|--------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                | Report generated: 11/25/2019 9:56 PM |                               |
| INCIDENT NUMBER<br><b>2019-143471</b>                    |  | UNIF ASSIGNED<br><b>2X41</b>  | CALL DATE<br><b>11/17/2019</b> | CALL TIME<br><b>18:35:00</b>         | TYPE OF CALL<br><b>ASLTJO</b> |
| INCIDENT DATE<br><b>11/17/2019 6:35:00 PM</b>            |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>2002 S FILLMORE ST<br/>METHODIST CHILDREN'S HOME</b> |                                |                                      | DISTRICT<br><b>54</b>         |

| 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 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<br><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<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |  |
| GANG RELATED INFO:   |    |  |  |
| <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" 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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (10) Field / Woods <input checked="" type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used<br><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  |  |
| WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)   |    |  |  |
| <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)   |    |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |    |  |  |

|                                   |                                      |   |  |
|-----------------------------------|--------------------------------------|---|--|
| ENTRY DATE<br>11/18/2019 00:43:42 | REPORTING OFFICER<br>BARRON LAWRENCE | ORIGINAL APPROVING SUPERVISOR<br>SPURGEON LEAVY | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|--------------------------------------|---|--|

INCIDENT NUMBER 2019-143471

Report Contains Juvenile Information

Report generated: 11/25/2019 9:56 PM

Redact Before Release

VICTIM

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

ADDRESS: [REDACTED]

HOME PHONE: 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: 12 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: (SE) Spouse (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparents (GC) Grandchild (IL) Inlaw (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family (ST) Stranger (AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysitter (baby) (BG) Boy/Girl Friend (CF) Child of BF / GF (HR) Homosexual Rel. (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RU) Relationship Unknown (VO) Victim Was Suspect

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

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION HAT SHIRT SHOES COAT PANTS/DRESS

INCIDENT NUMBER 2019-143471

Report Contains Juvenile Information

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SUSPECT #1

|   |   |  |
|---|---|--|
| SUSPECT #<br>1  | NAME (Last, First, Middle)<br>[REDACTED]  | AKA:   |
| ARRESTEE #  | ADDRESS:<br>[REDACTED]  |  |
| HOME PHONE:   | WORK PHONE:   | MOBILE PHONE:  |
|   |   | OTHER PHONE:<br>[REDACTED]   |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |   | DATE OF BIRTH<br>[REDACTED]  |
| MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |   | OCCUPATION / EMPLOYER:   |
| AGE:<br>Exact Age: 16<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown   | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:   |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |   | HEIGHT:<br>Ft _____<br>In _____  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><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:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
| ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |   | WEIGHT:<br>Lbs _____   |
| ARREST LOCATION:  |   | D.L. / ID No. (STATE)  |
|   |   | ARREST DATE:   |
| CHARGE: 5-13-203  |   |  |

(A-- automatic)

|                    |                              |                  |                              |
|--------------------|------------------------------|------------------|------------------------------|
| 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.

Redact Before Release

**SUSPECT #1**

|                |   |      |
|----------------|---|------|
| SUSPECT #<br>1 | NAME (Last, First, Middle)<br><div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div> | AKA: |
|----------------|---|------|

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

**CLOTHING DESCRIPTION:**  
 HAT \_\_\_\_\_  
 COAT \_\_\_\_\_  
 SHIRT \_\_\_\_\_  
 PANTS/DRESS \_\_\_\_\_  
 SHOES \_\_\_\_\_

**ADDED DESCRIPTION:**

n/a

INCIDENT NUMBER 2019-143471

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SUSPECT #2

|  |   |  |
|--|---|--|
| SUSPECT #<br>2   | NAME (Last, First, Middle)<br>[REDACTED]  | AKA:   |
| ARRESTEE #   | ADDRESS:<br>[REDACTED]  |  |
| HOME PHONE:  | WORK PHONE:   | MOBILE PHONE:<br>[REDACTED]  |
| OTHER PHONE:<br>[REDACTED]   | SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  | DATE OF BIRTH<br>[REDACTED]   |  |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:   |
| AGE:<br>Exact Age: 12<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:   |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   | D.L. / ID No. (STATE)   | HEIGHT:<br>Ft _____<br>In _____  |
| WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass | (A -- automatic)  |  |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8  | ARREST TYPE:<br><input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |  |
| ARREST LOCATION:   | ARREST DATE:  |  |
| CHARGE: 5-13-203   |   |  |
| ARRESTING OFFICERS   |   |  |
| OFFICER 1: _____ <input type="checkbox"/> MVR  | OFFICER 5: _____ <input type="checkbox"/> MVR   |  |
| OFFICER 2: _____ <input type="checkbox"/> MVR  | OFFICER 6: _____ <input type="checkbox"/> MVR   |  |
| OFFICER 3: _____ <input type="checkbox"/> MVR  | OFFICER 7: _____ <input type="checkbox"/> MVR   |  |
| OFFICER 4: _____ <input type="checkbox"/> MVR  | OFFICER 8: _____ <input type="checkbox"/> MVR   |  |

Suspect information continued on next page.

Redact Before Release

**SUSPECT #2**

|                       |   |      |
|-----------------------|---|------|
| SUSPECT #<br><b>2</b> | NAME (Last, First, Middle)<br><div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div> | AKA: |
|-----------------------|---|------|

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

**ADDED DESCRIPTION:**  
n/a

INCIDENT NUMBER 2019-143471

Report Contains Juvenile Information

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SUSPECT #3


|  |   |   |
|--|---|---|
| SUSPECT #<br>3   | NAME (Last, First, Middle)<br>[REDACTED]  | AKA:  |
| ARRESTEE #   | ADDRESS:<br>[REDACTED]  |   |
| HOME PHONE:  | WORK PHONE:   | MOBILE PHONE:   |
| OTHER PHONE:   |   |   |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |
| DATE OF BIRTH<br>[REDACTED]  |   |   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  | OCCUPATION / EMPLOYER:  |
| AGE:<br>Exact Age: 17<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:  |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   | D.L. / ID No. (STATE)   | HEIGHT:<br>Ft _____<br>In _____   |
| WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass | (A-- automatic c)   |   |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8  | ARREST TYPE:<br><input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody   |   |
| ARREST LOCATION:   | ARREST DATE:  |   |
| CHARGE: 5-13-203   |   |   |
| ARRESTING OFFICERS   |   |   |
| OFFICER 1: _____ <input type="checkbox"/> MVR  | OFFICER 5: _____ <input type="checkbox"/> MVR   |   |
| OFFICER 2: _____ <input type="checkbox"/> MVR  | OFFICER 6: _____ <input type="checkbox"/> MVR   |   |
| OFFICER 3: _____ <input type="checkbox"/> MVR  | OFFICER 7: _____ <input type="checkbox"/> MVR   |   |
| OFFICER 4: _____ <input type="checkbox"/> MVR  | OFFICER 8: _____ <input type="checkbox"/> MVR   |   |

Suspect information continued on next page.

JUVENILE INFORMATION

Redact Before Release

SUSPECT #3

|                |  |      |
|----------------|--|------|
| SUSPECT #<br>3 | NAME (Last, First, Middle)<br> | AKA: |
|----------------|--|------|

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

ADDED DESCRIPTION:

n/a



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**OTHER PERSONS - CONTACT**

|                            |  |
|----------------------------|--|
| OTHER PERSON #<br><b>1</b> | NAME (Last, First, Middle)<br><b>HOLDER, VALERIE</b> |
|----------------------------|--|

ADDRESS:  
**2002 S FILLMORE ST LITTLE ROCK AR**

|                                  |             |               |              |
|----------------------------------|-------------|---------------|--------------|
| HOME PHONE:<br><b>5019064913</b> | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|----------------------------------|-------------|---------------|--------------|

|  |  |   |                                    |
|--|--|---|------------------------------------|
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><b>12/05/1962</b> |
|--|--|---|------------------------------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: |
|--|--|------------------------|

|   |                                   |  |
|---|-----------------------------------|--|
| AGE:<br>Exact Age: <b>56</b><br>Range: _____ - _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | NIC:<br><br>D.L. / ID No. (STATE) | HEIGHT:<br>Ft _____ In _____<br><br>WEIGHT:<br>Lbs _____ |
|---|-----------------------------------|--|

|   |   |  |   |   |   |   |   |   |
|---|---|--|---|---|---|---|---|---|
| COMPLEXION:<br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown  | HAIR STYLE:<br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input checked="" type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | HAIR COLOR:<br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input checked="" type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | EYE COLOR:<br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | FACIAL HAIR:<br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input checked="" type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | DEMEANOR:<br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input checked="" type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | SCAR / MARK:<br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | TATTOO:<br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <b>CLOTHING DESCRIPTION</b><br/> HAT _____<br/> COAT _____<br/> SHIRT _____<br/> PANTS/DRESS _____<br/> SHOES _____ </td> <td style="width:50%; padding: 5px;"> <b>TATTOO LOC:</b><br/> <input type="checkbox"/> (01) Arm (lft)<br/> <input type="checkbox"/> (02) Arm (rt)<br/> <input type="checkbox"/> (03) Leg (lft)<br/> <input type="checkbox"/> (04) Leg (rt)<br/> <input type="checkbox"/> (05) Hand (lft)<br/> <input type="checkbox"/> (06) Hand (rt)<br/> <input type="checkbox"/> (07) Face<br/> <input type="checkbox"/> (08) Neck<br/> <input type="checkbox"/> (09) Finger(s)<br/> <input type="checkbox"/> (10) Chest<br/> <input type="checkbox"/> (11) Back </td> </tr> </table> |   |  |   |   |   |   | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |  |   |   |   |   |   |   |

INCIDENT NUMBER 2019-143471

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OTHER PERSONS - CONTACT

OTHER PERSON # 2

NAME (Last, First, Middle)

MCDONALD,COURTLAND

ADDRESS:

2002 S FILLMORE ST LITTLE ROCK AR

HOME PHONE: 5019064913

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 09/02/1996

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown

MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk.

OCCUPATION / EMPLOYER:

AGE: Exact Age: 23

Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (99) Over 98 Years Old (NB) 1-6 Days Old (00) Unknown

NIC:

HEIGHT:

Ft In

D.L. / ID No. (STATE)

WEIGHT:

Lbs

COMPLEXION:

HAIR STYLE:

HAIR COLOR:

FACIAL HAIR:

DEMEANOR:

SCAR / MARK:

TATTOO:

- (1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown

- (01) Afro (02) Wavy (03) Straight (04) Curly (05) Braided (06) Ponytail (07) Military (08) Processed (09) Wig/Toupee (10) Other (11) Unknown

- (1) Black (2) Blonde (3) Brown (4) Grey (5) Red (6) Sandy (7) Other (8) Unknown

- (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

- (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

- (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

- (1) Designs (2) Initials (3) Names (4) Pictures (5) Words (6) Numbers (7) Insignia (8) None (9) Unknown

- HAIR LENGTH: (1) Long (2) Medium (3) Short (4) Bald(ing) (5) Other (6) Unknown

- BUILD: (1) Light (2) Medium (3) Heavy (4) Muscular (5) Unknown

- EYE COLOR: (1) Blue (2) Brown (3) Grey (4) Green (5) Hazel (6) Other (7) Unknown

CLOTHING DESCRIPTION

HAT COAT SHIRT PANTS/DRESS SHOES

- 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

INCIDENT NUMBER 2019-143471

Report Contains Juvenile Information

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JUVENILE INFORMATION  
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## NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION FOR AN ASSAULT JUST OCCURRED. UPON ARRIVAL OFFICERS MADE CONTACT WITH STAFF MEMBER CONT-1 (HOLDER) AND CONT-2(MCDONALD). HOLDER ADVISED THAT SUSP-1, SUSP-2, AND SUSP-3 GOT INTO A PHYSICAL DISTURBANCE WITH VICT-1. OFFICERS THEN MADE CONTACT WITH CONT-1 WHO ADVISED THAT VICT-1 HAD BEEN REPEATEDLY CALLING THEM NIGGERS AND ADVISED TODAY HE HAD ENOUGH AND STEPPED ON HIS FOOT. CONT-2 AND CONT-3 ADVISED THAT VICT-1 HAD BEEN CALLING THEM DEROGATORY NAMES AND STEPPED ON HIS FOOT AS WELL. CONT-2 ADVISED THAT HIMSELF AND VICT-1 WERE IN A VERBAL ALTERCATION AFTERWARDS AND PUNCHED HIM IN HIS FACE WITH HIS FIST. VICT-1 HAD MINOR INJURIES TO HIS FOOT. VICT-1 DENIED MEDICAL TREATMENT. OFFICERS OBSERVED THAT VICT-1 RESIDED IN A DORMITORY TO HIMSELF AND, SUSPECTS- 1, 2 AND, 3 ALSO RESIDED IN SEPARATE DORMITORIES. OFFICERS ADVISED WARRANTS. NO FURTHER POLICE ACTION WAS NEEDED.

INCIDENT NUMBER 2019-143471

# Report Contains Juvenile Information

Report generated: 11/25/2019 9:56 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