

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 12/18/2019 9:20 AM	
INCIDENT NUMBER <b>2019-151984</b>		UNIT ASSIGNED <b>2X54</b>	CALL DATE <b>12/07/2019</b>	CALL TIME <b>21:55:00</b>	TYPE OF CALL <b>RUNAWY</b>
INCIDENT DATE <b>12/7/2019 9:50:00 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>2002 S FILLMORE ST METHODIST CHILDREN'S HOME</b>			DISTRICT <b>54</b>

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 type="checkbox"/> (24) Specialty Store (TV, Fur, 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)		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)		
METHOD OF ENTRY:		<input type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison	
NUMBER OF PREMISES ENTERED _____		<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives	
<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<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 12/07/2019 23:54:01	REPORTING OFFICER JORDAN RUFF	ORIGINAL APPROVING SUPERVISOR DERRICK THREADGILL	<input checked="" type="checkbox"/> MVR in use
-----------------------------------	----------------------------------	---	--

Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

OTHER PERSON #	NAME (Last, First, Middle)
1	<b>KAMANDA,NEMAHUN</b>

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE: 5012376402	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 08/19/1996
--	---	---	-----------------------------

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: <u>23</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	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  TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back									
<table border="1" style="width:100%"> <tr> <td style="width:50%">CLOTHING DESCRIPTION</td> <td style="width:50%">HAT _____</td> </tr> <tr> <td>COAT</td> <td>_____</td> </tr> <tr> <td>SHIRT</td> <td>_____</td> </tr> <tr> <td>PANTS/DRESS</td> <td>_____</td> </tr> <tr> <td>SHOES</td> <td>_____</td> </tr> </table>						CLOTHING DESCRIPTION	HAT _____	COAT	_____	SHIRT	_____	PANTS/DRESS	_____	SHOES	_____
CLOTHING DESCRIPTION	HAT _____														
COAT	_____														
SHIRT	_____														
PANTS/DRESS	_____														
SHOES	_____														

INCIDENT NUMBER 2019-151984

Report Contains Juvenile Information

Report generated: 12/18/2019 9:20 AM

Redact Before Release

OTHER PERSONS - RUNAWAY

OTHER PERSON # NAME (Last, First, Middle)

2

ADDRESS:

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

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 (NB) 1-6 Days Old (99) Over 98 Years Old (00) Unknown

NIC:

HEIGHT:

Ft 5 In 4

D.L. / ID No. (STATE)

WEIGHT:

Lbs 140

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:

BUILD:

EYE COLOR:

CLOTHING DESCRIPTION

HAT UNKNOWN COAT ORANGE HALL HIGH SCHOOL SWEATER SHIRT UNKNOWN PANTS/DRESS KHAKI PANTS SHOES 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

INCIDENT NUMBER 2019-151984

Report Contains Juvenile Information

Report generated: 12/18/2019 9:20 AM

JUVENILE INFORMATION  
Redact Before Release

### NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION ON A RUNAWAY JUVENILE CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH PR-1 (KAMANDA). KAMANDA ADVISED SHE AND OTHER STAFF MEMBERS WENT LOOKING FOR JUV-1, BUT WERE UNABLE TO LOCATE HIM. SHE SAID JUV-1 WAS LAST SEEN AT APPROXIMATELY 2015 HOURS. KAMANDA SAID SHE DID NOT KNOW WHERE JUV-1 MAY HAVE GONE. OFFICERS PUT OUT A BROADCAST WITH THE DESCRIPTION OF JUV-1 AND COMPLETED A N.C.I.C. PERSON SUPPLEMENT WHICH WAS TURNED IN TO COMMUNICATIONS. MVR IN USE - 18C475

AT APPROXIMATELY 2259 HOURS, OFFICERS RESPONDED TO THE LOCATION AGAIN. KAMANDA ADVISED JUV-1 RETURNED AT APPROXIMATELY 2240 HOURS.

\*\*\*SUPPLEMENTAL INFORMATION C.LAY [REDACTED] 12/14/2019 AT 1821 HOURS\*\*\*

JUVENILE WAS CLEARED FROM NCIC ON 12/08/2019 AT 0019 HOURS. SEE ABOVE SUPPLEMENT.

INCIDENT NUMBER 2019-151984

# Report Contains Juvenile Information

Report generated: 12/18/2019 9:20 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