

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 12/28/2019 10:14 AM	
INCIDENT NUMBER <b>2019-156893</b>		UNIT ASSIGNED <b>1Y50</b>	CALL DATE <b>12/19/2019</b>	CALL TIME <b>12:23:00</b>	TYPE OF CALL <b>DIS</b>
INCIDENT DATE <b>12/19/2019 12:18:00 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. DISTURBANCE <span style="float: right;">5.</span> 2. <span style="float: right;">6.</span> 3. <span style="float: right;">7.</span> 4. <span style="float: right;">8.</span>	Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>

SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing	GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (N) None / Unknown
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LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input checked="" type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center
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(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 <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"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (99) None
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NARCAN USED:  Yes     No     Other

ENTRY DATE 12/19/2019 18:58:41	REPORTING OFFICER AARON PAIGE - [REDACTED]	ORIGINAL APPROVING SUPERVISOR ASHLEY HARRIS - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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INCIDENT NUMBER 2019-156893

Report Contains Juvenile Information

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JUVENILE INFORMATION

Redact Before Release

**OTHER PERSONS - CONTACT**

OTHER PERSON #

NAME (Last, First, Middle)

1

**WALKER, MELVIN**

ADDRESS:

2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

5019064913

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  
02/11/1967

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

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

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 52

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:

- (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

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

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

Redact Before Release

**OTHER PERSONS - CONTACT**

OTHER PERSON # <b>2</b>	NAME (Last, First, Middle) <div style="background-color: black; width: 200px; height: 20px; margin: 5px 0;"></div>
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ADDRESS:

HOME PHONE:	WORK PHONE: <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>	MOBILE PHONE:	OTHER PHONE:
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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 <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>
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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:
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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 _____
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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  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%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">CLOTHING DESCRIPTION</th> </tr> <tr> <td style="padding: 5px;">HAT _____</td> </tr> <tr> <td style="padding: 5px;">COAT _____</td> </tr> <tr> <td style="padding: 5px;">SHIRT _____</td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS _____</td> </tr> <tr> <td style="padding: 5px;">SHOES _____</td> </tr> </table>						CLOTHING DESCRIPTION	HAT _____	COAT _____	SHIRT _____	PANTS/DRESS _____	SHOES _____
CLOTHING DESCRIPTION											
HAT _____											
COAT _____											
SHIRT _____											
PANTS/DRESS _____											
SHOES _____											

INCIDENT NUMBER 2019-156893

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Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # 3

NAME (Last, First, Middle)

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: 17

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:

- (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:

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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:

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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

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

INCIDENT NUMBER 2019-156893

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JUVENILE INFORMATION  
Redact Before Release

## NARRATIVE

OFFICERS RESPONDED TO 2002 SOUTH FILLMORE STREET AND MADE CONTACT WITH MELVIN WALKER. MR. WALKER ADVISED JUVENILE 1 HAD GOTTEN UPSET AND ATTEMPTED TO FIGHT JUVENILE 2. MR. WALKER ADVISED JUVENILE 1 ASKED JUVENILE 2 FOR A ITEM AND JUVENILE 2 DECLINED. MR. WALKER ADVISED JUVENILE 1 BECAME UPSET AND TRIED TO FIGHT JUVENILE 2. MR. WALKER ADVISED HE WAS ABLE TO KEEP JUVENILE 1 AWAY FROM JUVENILE 2 BY PLACING JUVENILE 2 IN THE MAIN OFFICER. MR. WALKER ADVISED JUVENILE 1 THEN BEGAN KICKING AT THE DOOR IN ATTEMPT TO GET INTO THE OFFICE. MR. WALKER ADVISED JUVENILE 1 DID NOT DAMAGE THE DOOR AND WAS UNABLE TO GAIN ACCESS TO THE OFFICE. OFFICERS MADE CONTACT WITH JUVENILE 1 AND JUVENILE 2 AND THEY BOTH STATED THE INCIDENT WAS OVER. JUVENILE 1 STATED TO OFFICERS SHE HAD CALMED DOWN AND NO LONGER WANTED FIGHT. NO FURTHER POLICE ACTION WAS TAKEN. MVR IN USE.

INCIDENT NUMBER 2019-156893

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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