

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 11/19/2020 9:08 AM	
INCIDENT NUMBER <b>2020-005460</b>		UNIT ASSIGNED 2X54	CALL DATE 01/13/2020	CALL TIME 23:33:00	TYPE OF CALL <b>RUNAWY</b>
INCIDENT DATE <b>1/13/2020 9:00:00 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME			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 checked="" 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 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)	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 01/14/2020 04:52:03	REPORTING OFFICER BRANDON LIKINS	ORIGINAL APPROVING SUPERVISOR CALEB MONROE	<input checked="" type="checkbox"/> MVR in use
-----------------------------------	-------------------------------------	---	--

Redact Before Release

OTHER PERSONS - RUNAWAY

OTHER PERSON #

NAME (Last, First, Middle)

1

ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: [X] (M) Male [ ] (F) Female [ ] (U) Unk.

ETHNICITY: [ ] (H) Hispanic [X] (N) Non-Hispanic [ ] (U) Unk.

RACE: [X] (W) White [ ] (B) Black [ ] (I) American Indian [ ] (A) Asian / Pacific Islander [ ] (U) Unknown

DATE OF BIRTH

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

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

OCCUPATION / EMPLOYER:

AGE:

Exact Age: 17

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 \_\_\_\_\_ In \_\_\_\_\_

D.L. / ID No. (STATE)

WEIGHT:

Lbs \_\_\_\_\_

COMPLEXION:

HAIR STYLE:

HAIR COLOR:

FACIAL HAIR:

DEMEANOR:

SCAR / MARK:

TATTOO:

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

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

- [X] (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 [X] (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 [X] (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 [X] (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 [X] (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 - PERSON REPORTING**

OTHER PERSON #	NAME (Last, First, Middle)
2	<b>NISWONGER, STEPHANIE</b>

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR

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

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 checked="" type="checkbox"/> (W) White <input 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
--	---	---	---------------

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

COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown											
<table border="1" style="width:100%"> <tr> <td style="width:30%">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</td> <td style="width:30%">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</td> <td style="width:30%">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</td> </tr> </table>						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									
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															
<table border="1" style="width:100%"> <tr> <td style="width:50%">CLOTHING DESCRIPTION</td> <td style="width:50%">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</td> </tr> <tr> <td>HAT _____</td> <td></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	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	HAT _____		COAT _____		SHIRT _____		PANTS/DRESS _____		SHOES _____	
CLOTHING DESCRIPTION	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																
HAT _____																	
COAT _____																	
SHIRT _____																	
PANTS/DRESS _____																	
SHOES _____																	

JUVENILE INFORMATION  
Redact Before Release**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION FOR A RUNAWAY JUVENILE. UPON ARRIVAL, OFFICERS MADE CONTACT WITH NISWONGER (PR). NISWONGER TOLD OFFICERS JUVENILE (RUN) HAD LAST BEEN SEEN AT APPROXIMATELY 2100 HOURS, WHEN EVERYONE GOES TO BED. NISWONGER ALSO STATED JUVENILE HAD BEEN TEXTING AN EMPLOYEE OF THE CHILDREN'S HOME AND SAYING HE WAS GOING TO COME BACK SOON. OFFICERS GATHERED THE NECESSARY INFORMATION FOR THE NCIC SUPPLEMENT FORM. A RUNAWAY JUVENILE BROADCAST WAS MADE. AT APPROXIMATELY 0000 HOURS ON 01/14/2020, COMMUNICATIONS ADVISED JUVENILE HAD RETURNED. OFFICERS WENT TO THE CHILDREN'S HOME AND MADE CONTACT WITH JUVENILE, VERIFYING JUVENILES RETURN. MVR IN USE.

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