

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|--|--|---|--------------------------------|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | Report generated: 7/18/2020 9:23 PM | |
| INCIDENT NUMBER 2020-032197 | | UNIT ASSIGNED 1X54 | CALL DATE 03/21/2020 | CALL TIME 16:41:00 | TYPE OF CALL ASLTRP |
| INCIDENT DATE 3/21/2020 4:45:00 PM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME | | | DISTRICT 54 |

| OFFENSE | | | | |
|--|--|--|--|--|
| INCIDENT OFFENSE TYPE | | OFFENSE STATUS | | |
| 1. ASSAULT 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 | <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 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 | |
| <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 checked="" 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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) | | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | | |

| | | | |
|--|--|--|--|
| ENTRY DATE 03/22/2020 18:21:14 | REPORTING OFFICER JUSTIN SIMS [REDACTED] | ORIGINAL APPROVING SUPERVISOR TIMOTHY WHITE [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|--|--|--|

Redact Before Release

VICTIM

| | | | |
|--|---|--|------------------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS [REDACTED] | | |
| ADDRESS: [REDACTED] | | | |
| HOME PHONE: | | 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 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 [REDACTED] |
| 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: | |
| AGE: Exact Age: <u>12</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) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) | |
| THIS VICTIM RELATED TO WHICH OFFENSES? <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 | | <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boy/Girl Friend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF / GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) Inlaw <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> 1 (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other | | | |
| VICTIM INJURY: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

Redact Before Release

SUSPECT #1

| | | |
|--|---|---|
| SUSPECT # 1 | NAME (Last, First, Middle) [REDACTED] | AKA: |
| ARRESTEE # | ADDRESS: [REDACTED] | |
| HOME PHONE: | 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 [REDACTED] | | |
| 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: |
| AGE: Exact Age: 17 Range: - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC: |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | D.L. / ID No. (STATE) | HEIGHT: Ft _____ In _____ |
| WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass | (A -- automatic) | |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <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: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody | |
| ARREST LOCATION: | ARREST DATE: | |
| CHARGE: 5-13-207 | | |
| 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 # 1 | NAME (Last, First, Middle) [REDACTED] | AKA: |
|----------------|--|------|

| | | | | | | |
|---|--|---|--|--|---|---|
| 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown |
| HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input checked="" 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 checked="" 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 checked="" type="checkbox"/> (7) Unknown | CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | 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 |

ADDED DESCRIPTION:

n/a

Redact Before Release

OTHER PERSONS - PERSON REPORTING

| | |
|----------------------------|---|
| OTHER PERSON # 1 | NAME (Last, First, Middle) MCHUGHES, SHEILA |
|----------------------------|---|

ADDRESS: [REDACTED]

| | | | |
|---|-------------|---------------|--------------|
| HOME PHONE: [REDACTED] | 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 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 [REDACTED] |
|--|---|---|---|

| | | |
|--|--|------------------------|
| 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: |
|--|--|------------------------|

| | | |
|--|-----------------------------------|--|
| AGE: Exact Age: <u>66</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 | 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 colspan="2" style="text-align: left; padding: 5px;">CLOTHING DESCRIPTION</th> </tr> <tr> <td style="width:30%; padding: 5px;">HAT</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">COAT</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">SHIRT</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">SHOES</td> <td style="padding: 5px;">_____</td> </tr> </table> | | | | | | | CLOTHING DESCRIPTION | | HAT | _____ | COAT | _____ | SHIRT | _____ | PANTS/DRESS | _____ | SHOES | _____ |
| CLOTHING DESCRIPTION | | | | | | | | | | | | | | | | | | |
| HAT | _____ | | | | | | | | | | | | | | | | | |
| COAT | _____ | | | | | | | | | | | | | | | | | |
| SHIRT | _____ | | | | | | | | | | | | | | | | | |
| PANTS/DRESS | _____ | | | | | | | | | | | | | | | | | |
| SHOES | _____ | | | | | | | | | | | | | | | | | |

Redact Before Release

OTHER PERSONS - CONTACT

| | |
|----------------------------|--|
| OTHER PERSON # 2 | NAME (Last, First, Middle) DAVIS, JAMES |
|----------------------------|--|

ADDRESS:
[REDACTED]

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

| | | | |
|---|---|--|------------------------------------|
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input 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 [REDACTED] |
|---|---|--|------------------------------------|

| | | |
|---|---|-------------------------------|
| 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: |
|---|---|-------------------------------|

| | | |
|--|---|--|
| AGE: Exact Age: <u>58</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: | HAIR STYLE: | HAIR COLOR: | FACIAL HAIR: | DEMEANOR: | SCAR / MARK: | TATTOO: |
| <input type="checkbox"/> (1) Light | <input type="checkbox"/> (01) Afro | <input type="checkbox"/> (1) Black | <input type="checkbox"/> (01) Clean Shaven | <input type="checkbox"/> (01) Angry | <input type="checkbox"/> (01) Head | <input type="checkbox"/> (1) Designs |
| <input type="checkbox"/> (2) Medium | <input type="checkbox"/> (02) Wavy | <input type="checkbox"/> (2) Blonde | <input type="checkbox"/> (02) Unshaven | <input type="checkbox"/> (02) Apologetic | <input type="checkbox"/> (02) Neck | <input type="checkbox"/> (2) Initials |
| <input type="checkbox"/> (3) Dark | <input type="checkbox"/> (03) Straight | <input type="checkbox"/> (3) Brown | <input type="checkbox"/> (03) Full Beard | <input type="checkbox"/> (03) Calm | <input type="checkbox"/> (03) Hand (rt) | <input type="checkbox"/> (3) Names |
| <input type="checkbox"/> (4) Acne | <input type="checkbox"/> (04) Curly | <input type="checkbox"/> (4) Grey | <input type="checkbox"/> (04) Must. (hvy) | <input type="checkbox"/> (04) Irrational | <input type="checkbox"/> (04) Hand (lft) | <input type="checkbox"/> (4) Pictures |
| <input type="checkbox"/> (5) Freckled | <input type="checkbox"/> (05) Braided | <input type="checkbox"/> (5) Red | <input type="checkbox"/> (05) Must. (thin) | <input type="checkbox"/> (05) Nervous | <input type="checkbox"/> (05) Arm (rt) | <input type="checkbox"/> (5) Words |
| <input type="checkbox"/> (6) Ruddy | <input type="checkbox"/> (06) Ponytail | <input type="checkbox"/> (6) Sandy | <input type="checkbox"/> (06) Brows (hvy) | <input type="checkbox"/> (06) Polite | <input type="checkbox"/> (06) Arm (lft) | <input type="checkbox"/> (6) Numbers |
| <input type="checkbox"/> (7) Other | <input type="checkbox"/> (07) Military | <input type="checkbox"/> (7) Other | <input type="checkbox"/> (07) Brows (thin) | <input type="checkbox"/> (07) Professional | <input type="checkbox"/> (07) Body | <input type="checkbox"/> (7) Insignia |
| <input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (08) Processed | <input type="checkbox"/> (8) Unknown | <input type="checkbox"/> (08) Side Burns | <input type="checkbox"/> (08) Stupor | <input type="checkbox"/> (08) Leg (rt) | <input type="checkbox"/> (8) None |
| | <input type="checkbox"/> (09) Wig/Toupee | | <input type="checkbox"/> (09) Goatee | <input type="checkbox"/> (09) Violent | <input type="checkbox"/> (09) Leg (lft) | <input type="checkbox"/> (9) Unknown |
| HAIR LENGTH: | <input type="checkbox"/> (10) Other | EYE COLOR: | <input type="checkbox"/> (10) Other | <input type="checkbox"/> (10) Drunk / High | <input type="checkbox"/> (10) Other | TATTOO LOC: |
| <input type="checkbox"/> (1) Long | <input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (1) Blue | <input type="checkbox"/> (11) Unknown | <input type="checkbox"/> (11) Other | <input type="checkbox"/> (11) None | <input type="checkbox"/> (01) Arm (lft) |
| <input type="checkbox"/> (2) Medium | | <input type="checkbox"/> (2) Brown | | <input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (12) Unknown | <input type="checkbox"/> (02) Arm (rt) |
| <input type="checkbox"/> (3) Short | BUILD: | <input type="checkbox"/> (3) Grey | | | | <input type="checkbox"/> (03) Leg (lft) |
| <input type="checkbox"/> (4) Bald(ing) | <input type="checkbox"/> (1) Light | <input type="checkbox"/> (4) Green | | | | <input type="checkbox"/> (04) Leg (rt) |
| <input type="checkbox"/> (5) Other | <input type="checkbox"/> (2) Medium | <input type="checkbox"/> (5) Hazel | | | | <input type="checkbox"/> (05) Hand (lft) |
| <input type="checkbox"/> (6) Unknown | <input type="checkbox"/> (3) Heavy | <input type="checkbox"/> (6) Other | | | | <input type="checkbox"/> (06) Hand (rt) |
| | <input type="checkbox"/> (4) Muscular | <input type="checkbox"/> (7) Unknown | | | | <input type="checkbox"/> (07) Face |
| | <input type="checkbox"/> (5) Unknown | | | | | <input type="checkbox"/> (08) Neck |
| | | | | | | <input type="checkbox"/> (09) Finger(s) |
| | | | | | | <input type="checkbox"/> (10) Chest |
| | | | | | | <input type="checkbox"/> (11) Back |

| | |
|-----------------------------|-------|
| CLOTHING DESCRIPTION | |
| HAT | _____ |
| COAT | _____ |
| SHIRT | _____ |
| PANTS/DRESS | _____ |
| SHOES | _____ |

Redact Before Release

OTHER PERSONS - CONTACT

| | |
|----------------------------|--|
| OTHER PERSON # 3 | NAME (Last, First, Middle) BARRET, KAYLYNN |
|----------------------------|--|

ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

| | | | |
|---------------------------|-------------|---------------|--------------|
| HOME PHONE: [REDACTED] | 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 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 [REDACTED] |
|--|--|---|-----------------------------|

| | | |
|--|--|------------------------|
| 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: |
|--|--|------------------------|

| | | |
|--|-----------------------------------|--|
| AGE: Exact Age: <u>49</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 | 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 |
| HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short | 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 | CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | 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 |

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NARRATIVE

OFFICERS WERE DISPATCHED TO 2002 S FILLMORE FOR AN ASSAULT REPORT. OFFICERS MADE CONTACT WITH MS. MCHUGHES WHO ADVISED HER DAUGHTER, JUVENILE1, WAS ASSAULTED THIS MORNING BY SUSPECT1 IN THE RESIDENTIAL AREA OF THE FACILITY. OFFICERS MADE CONTACT WITH MS. BARRET, PROGRAM DIRECTOR, WHO ADVISED HER STAFF TOLD HER JUVENILE1 INSTIGATED A DISTURBANCE WITH SUSPECT 1 BY STICKING HER FOOT OUT TO TRIP HER AS SUSPECT 1 WAS WALKING BY. SUSPECT1 PROCEEDS TO GET MAD AND PUT HER HANDS AROUND JUVENILE 1'S NECK IN ATTEMPTS TO CHOKE HER. STAFF ADVISED SUSPECT1 HANDS WERE ON JUVENILE 1'S NECK FOR LESS THAN THREE SECONDS DUE TO STAFF REDIRECTING THE SUSPECT. JUVENILE 1 DID NOT HAVE ANY BRUISING AT THE TIME OF THE REPORT. MS. BARRET ADVISED THEIR CAMERA SYSTEM IN THE FACILITY IS FUNCTIONING AND WILL BE ABLE TO RECOVER FOOTAGE AT A LATER TIME. MS. MCHUGHES ADVISED SUSPECT 1 IS A DANGER TO JUVENILE 1 DUE TO THE GAP IN AGE AND SIZE DIFFERENCE AND SHE WANTS CHARGES FILED FOR THE ASSAULT. MS. MCHUGHES ADVISED SHE WAS WITHDRAWING JUVENILE1 FROM THE FACILITY AS SOON AS POSSIBLE. MS. MCHUGHES RECEIVED A COPY OF THE INCIDENT NUMBER. MVR IN USE.

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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