

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 11/20/2020 2:07 PM	
INCIDENT NUMBER <b>2020-044770</b>		UNIF ASSIGNED <b>2X54</b>	CALL DATE <b>04/26/2020</b>	CALL TIME <b>01:47:00</b>	TYPE OF CALL <b>RUNAWY</b>
INCIDENT DATE <b>4/26/2020 12:00:00 AM</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:		GANG RELATED INFO:	
<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"/> (J) Juvenile Gang	
<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"/> (G) Other Gang	
		<input type="checkbox"/> (T) Transport / Transmit / Import	<input type="checkbox"/> (U) Using / Consuming	<input type="checkbox"/> (N) None / Unknown	
		<input type="checkbox"/> (D) Distributing / Selling	<input type="checkbox"/> (P) Possessing / Concealing		

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)		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"/> (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:  Yes  No  Other

ENTRY DATE <b>04/26/2020 03:17:05</b>	REPORTING OFFICER <b>JORDAN RUFF</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>CALEB MONROE</b> [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

OTHER PERSON # 1	NAME (Last, First, Middle) <b>STATON, LINDA</b>
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ADDRESS:  
2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE: [REDACTED]	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 [REDACTED]
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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:
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AGE: Exact Age: <u>57</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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<b>COMPLEXION:</b> <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  <b>HAIR LENGTH:</b> <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	<b>HAIR STYLE:</b> <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  <b>BUILD:</b> <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	<b>HAIR COLOR:</b> <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  <b>EYE COLOR:</b> <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	<b>FACIAL HAIR:</b> <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	<b>DEMEANOR:</b> <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	<b>SCAR / MARK:</b> <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	<b>TATTOO:</b> <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  <b>TATTOO LOC:</b> <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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**CLOTHING DESCRIPTION**

HAT \_\_\_\_\_

COAT \_\_\_\_\_

SHIRT \_\_\_\_\_

PANTS/DRESS \_\_\_\_\_

SHOES \_\_\_\_\_

Redact Before Release

**OTHER PERSONS - RUNAWAY**

OTHER PERSON # <b>2</b>	NAME (Last, First, Middle) <b>CASNAVE, DALLAS</b>
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ADDRESS:  
**2002 S FILLMORE ST LITTLE ROCK AR 72204**

HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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 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]
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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>18</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: [REDACTED]	HEIGHT: Ft <u>5</u> In <u>6</u>
D.L. / ID No. (STATE)		WEIGHT: Lbs <u>130</u>

<b>COMPLEXION:</b> <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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	<b>HAIR STYLE:</b> <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 checked="" type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	<b>HAIR COLOR:</b> <input checked="" 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	<b>FACIAL HAIR:</b> <input checked="" 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	<b>DEMEANOR:</b> <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	<b>SCAR / MARK:</b> <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	<b>TATTOO:</b> <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	
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JUVENILE INFORMATION

Redact Before Release

**OTHER PERSONS - RUNAWAY**

OTHER PERSON #	NAME (Last, First, Middle)
3	[REDACTED]

ADDRESS: [REDACTED]

HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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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 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]
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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: [REDACTED] D.L. / ID No. (STATE)	HEIGHT: Ft <u>5</u> In <u>7</u> WEIGHT: Lbs <u>150</u>
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COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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 checked="" 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 checked="" type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR: <input checked="" 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 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 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:50%">HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown</td> <td style="width:50%">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> </tr> </table>						HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" 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								
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<table border="1" style="width:100%"> <tr> <td style="width:50%">EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" 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> <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> </table>						EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" 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	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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<table border="1" style="width:100%"> <tr> <td style="width:50%">CLOTHING DESCRIPTION</td> <td style="width:50%">HAT: UNKNOWN</td> </tr> <tr> <td>COAT</td> <td>UNKNOWN</td> </tr> <tr> <td>SHIRT</td> <td>UNKNOWN</td> </tr> <tr> <td>PANTS/DRESS</td> <td>UNKNOWN</td> </tr> <tr> <td>SHOES</td> <td>UNKNOWN</td> </tr> </table>						CLOTHING DESCRIPTION	HAT: UNKNOWN	COAT	UNKNOWN	SHIRT	UNKNOWN	PANTS/DRESS	UNKNOWN	SHOES	UNKNOWN
CLOTHING DESCRIPTION	HAT: UNKNOWN														
COAT	UNKNOWN														
SHIRT	UNKNOWN														
PANTS/DRESS	UNKNOWN														
SHOES	UNKNOWN														

Redact Before Release

**OTHER PERSONS - RUNAWAY**

OTHER PERSON #  
4

NAME (Last, First, Middle)  
[REDACTED]

ADDRESS:  
[REDACTED]

HOME PHONE:  
[REDACTED]

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: 14  
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 5 In 2

D.L. / ID No. (STATE)

WEIGHT:  
Lbs 132

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) Stupid  
 (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

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

CLOTHING DESCRIPTION  
HAT \_\_\_\_\_ UNKNOWN  
COAT \_\_\_\_\_ UNKNOWN  
SHIRT \_\_\_\_\_ UNKNOWN  
PANTS/DRESS \_\_\_\_\_ UNKNOWN  
SHOES \_\_\_\_\_ UNKNOWN

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OTHER PERSONS - RUNAWAY

OTHER PERSON # 5 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: 14 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 5 In 6 D.L. / ID No. (STATE) WEIGHT: Lbs 150

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 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

CLOTHING DESCRIPTION HAT NONE COAT NONE SHIRT BLACK T-SHIRT PANTS/DRESS BROWN PANTS SHOES RED SHOES

**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION ON A RUNAWAY JUVENILE REPORT CALL. DISPATCH ADVISED FOUR JUVENILES HAD RUNAWAY FROM THIS LOCATION. UPON ARRIVAL, OFFICERS MADE CONTACT WITH PR-1 (STATON). STATON ADVISED BETWEEN 0000-0145 HOURS, JUV-1, JUV-2, JUV-3, AND JUV-4 ALL RAN AWAY FROM THE LISTED LOCATION. AT APPROXIMATELY 0230 HOURS, OFFICERS WERE INFORMED BY UALR P.D. THEY HAD FOUND JUV-4 NEAR THE INTERSECTION OF W. 28TH ST. AND S. UNIVERSITY AVE. (UALR P.D. INCIDENT# 20-00113). UALR P.D. ADVISED THEY SAW JUV-2 AND JUV-3 RUN AWAY WHEN THEY MADE CONTACT WITH JUV-4. JUV-4 WAS RETURNED TO THE LOCATION BY UALR P.D. JUV-4 ADVISED THEY WERE ON THEIR WAY BACK TO THE LISTED LOCATION WHEN HE WAS STOPPED BY UALR P.D.

OFFICERS PUT OUT A BROADCAST WITH THE DESCRIPTIONS OF JUV-1, JUV-2, AND JUV-3. AN NCIC MISSING PERSON SUPPLEMENT WAS COMPLETED FOR EACH JUVENILE AND TURNED IN TO COMMUNICATIONS.

AT APPROXIMATELY 0330 HOURS, OFFICERS MADE CONTACT WITH STATON AGAIN WHO ADVISED JUV-1, JUV-2, AND JUV-3 HAD ALL RETURNED TO THE LOCATION. OFFICERS CONFIRMED ALL JUVENILES HAD RETURNED. JUV-1, JUV-2, AND JUV-3 WERE ALL ENTERED AND REMOVED FROM NCIC BY COMMUNICATIONS. MVR IN USE - 18C477

JUVENILE INFORMATION  
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<b>ADDITIONAL HOMICIDE CIRCUMSTANCES</b>			
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal	<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest	
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer	<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information	
<input type="checkbox"/> (E) Criminal killed in commission of a crime			
<b>RELATED CASE NUMBER(S)</b>			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>HATE/BIAS RELATIONSHIP:</b> <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
<b>RACIAL (Anti-)</b>	<b>RELIGIOUS (Anti-)</b>	<b>ETHNICITY / NATIONAL ORIGIN (Anti-)</b>	<b>SEXUAL (Anti-)</b>
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	<b>DISABILITY (Anti-)</b>	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group		
	<input type="checkbox"/> (27) Atheist/Agnostic		