

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

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|--|--|---|--------------------------------|-------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | Report generated: 6/18/2020 6:49 PM | |
| INCIDENT NUMBER 2020-062101 | | UNIT ASSIGNED 2X54 | CALL DATE 06/07/2020 | CALL TIME 04:44:00 | TYPE OF CALL DIS |
| INCIDENT DATE 6/7/2020 4:40:00 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDREN'S HOME | | | DISTRICT 54 |

| OFFENSE | | | |
|--|---|--|--|
| INCIDENT OFFENSE TYPE | | | OFFENSE STATUS |
| 1. DISTURBANCE | 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"/> (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"/> (G) Other Gang |
| | | <input type="checkbox"/> (C) Cultivate / Manufacture / Publish | <input type="checkbox"/> (N) None / Unknown |
| | | <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 | |
| LOCATION CODE: | <input type="checkbox"/> (16) Lake / Waterway | <input type="checkbox"/> (44) Daycare Facility | <input type="checkbox"/> (51) Rest Area |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal | <input type="checkbox"/> (17) Liquor Store | <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal | <input type="checkbox"/> (52) School - College / University |
| <input type="checkbox"/> (02) Bank / Savings & Loan | <input type="checkbox"/> (18) Parking Lot / Garage | <input type="checkbox"/> (46) Farm Facility | <input type="checkbox"/> (53) School - Elementary / Secondary |
| <input type="checkbox"/> (03) Bar / Night Club | <input type="checkbox"/> (19) Rental / Storage Facility | <input type="checkbox"/> (47) Gambling / Casino / Racetrack | <input type="checkbox"/> (54) Shelter - Mission / Homeless |
| <input type="checkbox"/> (04) Church / Synagogue / Temple | <input checked="" type="checkbox"/> (20) Residence / House | <input type="checkbox"/> (48) Industrial Site | <input type="checkbox"/> (55) Shopping Mall |
| <input type="checkbox"/> (05) Commercial / Office Building | <input type="checkbox"/> (21) Restaurant | <input type="checkbox"/> (49) Military Installation | <input type="checkbox"/> (56) Tribal Lands |
| <input type="checkbox"/> (06) Construction Site | <input type="checkbox"/> (22) School / College | <input type="checkbox"/> (50) Park / Playground | <input type="checkbox"/> (57) Community Center |
| <input type="checkbox"/> (07) Convenience Store | <input type="checkbox"/> (23) Service / Gas Station | | |
| <input type="checkbox"/> (08) Department / Discount Store | <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) | | |
| <input type="checkbox"/> (09) Drug Store / DR Office / Hospital | <input type="checkbox"/> (25) Other / Unknown | | |
| <input type="checkbox"/> (10) Field / Woods | <input type="checkbox"/> (37) Abandoned/Condemned Structure | | |
| <input type="checkbox"/> (11) Government / Public Building | <input type="checkbox"/> (38) Amusement Park | | |
| <input type="checkbox"/> (12) Grocery / Supermarket | <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds | | |
| <input type="checkbox"/> (13) Highway / Road / Alley | <input type="checkbox"/> (40) ATM Separate from Bank | | |
| <input type="checkbox"/> (14) Hotel / Motel / Etc | <input type="checkbox"/> (41) Auto Dealership New / Used | | |
| <input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (42) Camp / Campground | | |
| (FOR BURGLARY ONLY) | METHOD OF ENTRY: | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) | |
| NUMBER OF PREMISES ENTERED _____ | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | <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 checked="" type="checkbox"/> (99) None |
| | | <input type="checkbox"/> (40) Personal Weapons (hands, etc) | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

| | | | |
|--|---|---|--|
| ENTRY DATE 06/07/2020 05:44:40 | REPORTING OFFICER JORDAN RUFF | ORIGINAL APPROVING SUPERVISOR ADAM GODWIN | <input checked="" type="checkbox"/> MVR in use |
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OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1 NAME (Last, First, Middle) DONLEY, SHANIEKA

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72204

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

COMPLEXION: HAIR STYLE: HAIR COLOR: FACIAL HAIR: DEMEANOR: SCAR / MARK: TATTOO: HAIR LENGTH: BUILD: EYE COLOR: TATTOO LOC: CLOTHING DESCRIPTION: HAT COAT SHIRT PANTS/DRESS SHOES

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OTHER PERSONS - CONTACT

OTHER PERSON # 2 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: D.L. / ID No. (STATE) HEIGHT: Ft In WEIGHT: Lbs

COMPLEXION: HAIR STYLE: HAIR COLOR: FACIAL HAIR: DEMEANOR: SCAR / MARK: TATTOO: HAIR LENGTH: BUILD: EYE COLOR: TATTOO LOC: CLOTHING DESCRIPTION: HAT COAT SHIRT PANTS/DRESS SHOES

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NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION ON A DISTURBANCE CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH PR-1 (DONLEY). DONLEY ADVISED JUV-1 WAS WALKING THROUGH THE HALLS YELLING. OFFICERS MADE CONTACT WITH JUV-1. JUV-1 ADVISED HE JUST WANTED A SNACK. OFFICERS GOT JUV-1 A SNACK AND HE SAID HE WOULD CALM DOWN. OFFICERS ADVISED DONLEY TO CALL POLICE AGAIN IF JUV-1 CAUSED ANYMORE ISSUES. MVR IN USE - 15C328

JUVENILE INFORMATION

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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