

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 8/3/2020 2:20 AM	
INCIDENT NUMBER <b>2020-087694</b>		UNIT ASSIGNED <b>3X53</b>	CALL DATE <b>08/02/2020</b>	CALL TIME <b>20:35:00</b>	TYPE OF CALL <b>RUNAWAY</b>
INCIDENT DATE <b>8/2/2020 8:41:48 PM</b>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST		DISTRICT <b>54</b>

## OFFENSE

INCIDENT OFFENSE TYPE	OFFENSE STATUS
1. RUNAWAY <span style="float: right;">5.</span> 2. <span style="float: right;">6.</span> 3. <span style="float: right;">7.</span> 4. <span style="float: right;">8.</span>	Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>

SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown	TYPE OF CRIMINAL ACTIVITY: <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting <input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming <input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing	GANG RELATED INFO: <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (N) None / Unknown
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LOCATION CODE: <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (02) Bank / Savings & Loan <input type="checkbox"/> (03) Bar / Night Club <input type="checkbox"/> (04) Church / Synagogue / Temple <input type="checkbox"/> (05) Commercial / Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (16) Lake / Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot / Garage <input type="checkbox"/> (19) Rental / Storage Facility <input checked="" type="checkbox"/> (20) Residence / House <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School / College <input type="checkbox"/> (23) Service / Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc) <input type="checkbox"/> (25) Other / Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds <input type="checkbox"/> (40) ATM Separate from Bank <input type="checkbox"/> (41) Auto Dealership New / Used <input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling / Casino / Racetrack <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College / University <input type="checkbox"/> (53) School - Elementary / Secondary <input type="checkbox"/> (54) Shelter - Mission / Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center
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(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None
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NARCAN USED:  Yes     No     Other

ENTRY DATE 08/02/2020 23:20:32	REPORTING OFFICER DESIDARIO PULLIE - [REDACTED]	ORIGINAL APPROVING SUPERVISOR SCOTT MILES - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

OTHER PERSON # <b>1</b>	NAME (Last, First, Middle) <b>HARRIS, CLARK</b>
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ADDRESS:  
**2002 S FILMORE ST LITTLE ROCK AR 72204**

HOME PHONE: <b>5016129641</b>	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 <b>08/11/1975</b>
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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>45</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC:  D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____  WEIGHT: Lbs _____
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COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown  TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th 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	_____
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HAT	_____																
COAT	_____																
SHIRT	_____																
PANTS/DRESS	_____																
SHOES	_____																

Redact Before Release

**OTHER PERSONS - MISSING**

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

HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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JUVENILE INFORMATION  
Redact Before Release

**NARRATIVE**

UPON ARRIVAL, OFFICERS MADE CONTACT WITH HARRIS. HARRIS STATED JUV-1 FLED FROM THE LOCATION AT APPROXIMATELY 2200 HOURS IN A UNKNOWN DIRECTION OF TRAVEL. HARRIS ADVISED JUV-1 HAS RAN PRIOR, BUT STATED HE BELIEVE JUV-1 WENT TO A STORE IN THE SURROUNDING AREA. OFFICERS CIRCULATED THE AREA WITH NEGATIVE RESULTS. HARRIS REQUESTED JUV-1 BE REPORTED MISSING. OFFICERS CONDUCTED A RUNAWAY JUV-1 BROADCAST. MVR 18C470 IN USE.

\*\*\*SUPPLEMENTAL INFORMATION J.MCAFEE [REDACTED] 0803 0209 HOURS\*\*\*

OFFICER MAYS 4Y60 RESPONDED ON A CHECK SUBJECT AT THE VALERO ON CANTRELL. SEE INCIDENT 2020-087808. UPON ARRIVAL, OFFICERS MADE CONTACT WITH JUV-1. JUV-1 WAS TRANSPORTED BACK TO THE LOCATION HE RAN AWAY FROM. JUV-1 WAS NOT ENTERED INTO ACIC/NCIC DUE TO BEING LOCATED BEFORE ENTERING.

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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