

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 9/4/2020 1:48 PM
INCIDENT NUMBER 2020-101754		UNIT ASSIGNED 1X54	CALL DATE 09/03/2020	CALL TIME 08:51:00	TYPE OF CALL RUNAWY
INCIDENT DATE 9/3/2020 8:52:22 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST			DISTRICT 54

OFFENSE				
INCIDENT OFFENSE TYPE			OFFENSE STATUS	
1. INFORMATION REPORT	5.	Attempted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
2.	6.	Completed	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
3.	7.	Attempted	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
4.	8.	Completed	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
SUSPECTS USED:		TYPE OF CRIMINAL ACTIVITY:		
<input type="checkbox"/> (A) Alcohol	<input type="checkbox"/> (D) Drugs	<input type="checkbox"/> (B) Buying / Receiving	<input type="checkbox"/> (C) Cultivate / Manufacture / Publish	
<input type="checkbox"/> (C) Computer Equip	<input checked="" type="checkbox"/> (N) Not Applicable / Unknown	<input type="checkbox"/> (E) Exploiting Children	<input type="checkbox"/> (O) Operating / Promoting / Assisting	
		<input type="checkbox"/> (T) Transport / Transmit / Import	<input type="checkbox"/> (U) Using / Consuming	
		<input type="checkbox"/> (D) Distributing / Selling	<input type="checkbox"/> (P) Possessing / Concealing	
GANG RELATED INFO:				
<input type="checkbox"/> (J) Juvenile Gang				
<input type="checkbox"/> (G) Other Gang				
<input type="checkbox"/> (N) None / Unknown				
LOCATION CODE:				
<input type="checkbox"/> (01) Air / Bus / Train Terminal	<input type="checkbox"/> (16) Lake / Waterway	<input type="checkbox"/> (44) Daycare Facility	<input type="checkbox"/> (51) Rest Area	
<input type="checkbox"/> (02) Bank / Savings & Loan	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (45) Dock / Wharf / Freight Terminal	<input type="checkbox"/> (52) School - College / University	
<input type="checkbox"/> (03) Bar / Night Club	<input type="checkbox"/> (18) Parking Lot / Garage	<input type="checkbox"/> (46) Farm Facility	<input type="checkbox"/> (53) School - Elementary / Secondary	
<input type="checkbox"/> (04) Church / Synagogue / Temple	<input type="checkbox"/> (19) Rental / Storage Facility	<input type="checkbox"/> (47) Gambling / Casino / Racetrack	<input 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 type="checkbox"/> (40) Personal Weapons (hands, etc)		
NARCAN USED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE 09/04/2020 12:29:25	REPORTING OFFICER RASHAUD WILLIAMS [REDACTED]	ORIGINAL APPROVING SUPERVISOR ROBERT OLDHAM [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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OTHER PERSONS - PERSON REPORTING

OTHER PERSON #
1

NAME (Last, First, Middle)

GIPSON,CANA

ADDRESS:

2002 S FILLMORE ST LITTLE ROCK AR

HOME PHONE:
5019064913

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
08/14/1994

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

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

OCCUPATION / EMPLOYER:

AGE:
Exact Age: 26
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:
 (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

EYE COLOR:
 (1) Blue
 (2) Brown
 (3) Grey
 (4) Green
 (5) Hazel
 (6) Other
 (7) 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 _____
COAT _____
SHIRT _____
PANTS/DRESS _____
SHOES _____

OTHER PERSONS - CONTACT

OTHER PERSON # 2	NAME (Last, First, Middle) <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>																	
ADDRESS: <div style="background-color: black; width: 100%; height: 20px; margin: 5px 0;"></div>																		
HOME PHONE:		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 <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>												
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>14</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												
HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		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		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												
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		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;">CLOTHING DESCRIPTION</th> </tr> <tr> <td style="width: 30%;">HAT</td> <td>_____</td> </tr> <tr> <td>COAT</td> <td>_____</td> </tr> <tr> <td>SHIRT</td> <td>_____</td> </tr> <tr> <td>PANTS/DRESS</td> <td>_____</td> </tr> <tr> <td>SHOES</td> <td>_____</td> </tr> </table>							CLOTHING DESCRIPTION		HAT	_____	COAT	_____	SHIRT	_____	PANTS/DRESS	_____	SHOES	_____
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HAT	_____																	
COAT	_____																	
SHIRT	_____																	
PANTS/DRESS	_____																	
SHOES	_____																	

NARRATIVE

OFFICERS RESPONDED TO 2002 S. FILLMORE STREET (METHODIST) IN REFERENCE TO A RUNAWAY REPORT. OFFICERS MADE CONTACT WITH CANA GIPSON WHO STATED J1 RAN AWAY, BUT RETURN BEFORE OFFICERS ARRIVED. NO POLICE ACTIONS WERE TAKEN AND MVR WAS IN USE.

ADDITIONAL HOMICIDE CIRCUMSTANCES

<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		

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-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<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	DISABILITY (Anti-)	<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		