

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 10/26/2020 5:21 PM	
INCIDENT NUMBER <b>2020-122997</b>		UNIT ASSIGNED <b>2Y50</b>	CALL DATE <b>10/20/2020</b>	CALL TIME <b>16:50:00</b>	TYPE OF CALL <b>RUNAWY</b>	
INCIDENT DATE <b>10/20/2020 5:26:26 PM</b>			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>2002 S FILLMORE ST METHODIST CHILDRENS HOME</b>			DISTRICT <b>54</b>

## OFFENSE

INCIDENT OFFENSE TYPE				OFFENSE STATUS			
1. RUNAWAY	5.	Attempted	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
2.	6.	Completed	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>
3.	7.	Attempted	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
4.	8.	Completed	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<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"/> (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"/> (53) School - Elementary / Secondary
<input type="checkbox"/> (02) Bank / Savings & Loan	<input type="checkbox"/> (18) Parking Lot / Garage	<input type="checkbox"/> (46) Farm Facility	<input type="checkbox"/> (54) Shelter - Mission / Homeless	<input type="checkbox"/> (55) Shopping Mall
<input type="checkbox"/> (03) Bar / Night Club	<input type="checkbox"/> (19) Rental / Storage Facility	<input type="checkbox"/> (47) Gambling / Casino / Racetrack	<input type="checkbox"/> (48) Industrial Site	<input type="checkbox"/> (56) Tribal Lands
<input type="checkbox"/> (04) Church / Synagogue / Temple	<input type="checkbox"/> (20) Residence / House	<input type="checkbox"/> (49) Military Installation	<input type="checkbox"/> (50) Park / Playground	<input type="checkbox"/> (57) Community Center
<input type="checkbox"/> (05) Commercial / Office Building	<input type="checkbox"/> (21) Restaurant			
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (22) School / College			
<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 checked="" 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:	
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 10/20/2020 19:41:03	REPORTING OFFICER CHAD STANGE	ORIGINAL APPROVING SUPERVISOR MICHAEL WILBANKS	<input checked="" type="checkbox"/> MVR in use
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**OTHER PERSONS - PERSON REPORTING**

OTHER PERSON #	NAME (Last, First, Middle)
1	<b>ADAMS, LASHONDRA</b>

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72202

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 <div style="background-color:black; height:15px; width:100%;"></div>
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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>37</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 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>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>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>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>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>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	<table border="1" style="width:100%"> <tr> <th colspan="2">CLOTHING DESCRIPTION</th> </tr> <tr> <td>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	_____	<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
CLOTHING DESCRIPTION																		
HAT	_____																	
COAT	_____																	
SHIRT	_____																	
PANTS/DRESS	_____																	
SHOES	_____																	

Redact Before Release

**OTHER PERSONS - CONTACT**

<b>OTHER PERSON #</b> 2	<b>NAME (Last, First, Middle)</b> [REDACTED]		
<b>ADDRESS:</b> [REDACTED]			
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>
<b>OTHER PHONE:</b>	<b>SEX:</b> <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	<b>RACE:</b> <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
<b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	<b>DATE OF BIRTH</b> [REDACTED]	
<b>OCCUPATION / EMPLOYER:</b>			
<b>AGE:</b> Exact Age: 12 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		<b>NIC:</b>	<b>HEIGHT:</b> Ft _____ In _____
	<b>D.L. / ID No. (STATE)</b>	<b>WEIGHT:</b> Lbs _____	
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<b>CLOTHING DESCRIPTION</b>			
HAT _____			
COAT _____			
SHIRT _____			
PANTS/DRESS _____			
SHOES _____			

JUVENILE INFORMATION  
Redact Before Release**NARRATIVE**

OFFICERS WERE ORIGINALLY SENT TO A RESIDENCE ON BUCHANAN FOR AN ASSAULT REPORT CALLED IN BY JUVENILE 1. WHILE EN ROUTE, OFFICERS WERE INFORMED JUVENILE 1 HAD LEFT THE INCIDENT FACILITY. JUVENILE 1 WAS LOCATED AND RETURNED TO THE FACILITY AND CONTACT WAS MADE WITH ADAMS. ADAMS ADVISED JUVENILE 1 SIMPLY WALKED AWAY FROM THE FACILITY, WHICH HE APPARENTLY DOES FREQUENTLY. ADAMS ADVISED THE DOORS LOCK, BUT ONLY TO OUTSIDE VISITORS. ANYONE INSIDE CAN LEAVE AT WILL. OFFICERS SUGGESTED ADAMS COORDINATE WITH DHS FOR A MORE SECURE FACILITY FOR JUVENILE 1. MVR IN 18C477 IN USE.

INCIDENT NUMBER 2020-122997

Report Contains Juvenile Information

Report generated: 10/26/2020 5:21 PM

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