

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |   |                                |                                     |                              |
|--|--|---|--------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                | Report generated: 2/23/2021 4:09 PM |                              |
| INCIDENT NUMBER<br><b>2021-004856</b>                    |  | UNIT ASSIGNED<br><b>1X54</b>  | CALL DATE<br><b>01/19/2021</b> | CALL TIME<br><b>09:11:00</b>        | TYPE OF CALL<br><b>DISWP</b> |
| INCIDENT DATE<br><b>1/19/2021 9:11:16 AM</b>             |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>2002 S FILLMORE ST</b> |                                |                                     | DISTRICT<br><b>54</b>        |

| OFFENSE  |  |  |  |  |
|--|--|--|--|--|
| INCIDENT OFFENSE TYPE  |  |  | OFFENSE STATUS   |  |
| 1. CRIMINAL MISCHIEF 2ND DEGREE MISD   | 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 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 checked="" 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) |  |  |
| METHOD OF ENTRY:   |  | <input type="checkbox"/> (11) Firearm (Unknown)                      |  |  |
| NUMBER OF PREMISES ENTERED _____   |  | <input type="checkbox"/> (12) Handgun                                |  |  |
| <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                          |  | <input type="checkbox"/> (13) Rifle                                  |  |  |
|  |  | <input type="checkbox"/> (14) Shotgun                                |  |  |
|  |  | <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"/> (50) Poison                                 |  |  |
|  |  | <input type="checkbox"/> (60) Explosives                             |  |  |
|  |  | <input type="checkbox"/> (65) Fire / Incendiary Device               |  |  |
|  |  | <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills     |  |  |
|  |  | <input type="checkbox"/> (85) Asphyxiation                           |  |  |
|  |  | <input type="checkbox"/> (90) Other                                  |  |  |
|  |  | <input type="checkbox"/> (95) Unknown                                |  |  |
|  |  | <input type="checkbox"/> (99) None                                   |  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |  |  |  |  |

|  |   |  |  |
|--|---|--|--|
| ENTRY DATE<br><b>01/19/2021 10:43:40</b> | REPORTING OFFICER<br><b>MICHAEL MCCLENDON</b> | ORIGINAL APPROVING SUPERVISOR<br><b>REGGIE PARKS</b> | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

**VICTIM**

VICTIM # **1** NAME (Last, First, Middle) or BUSINESS  
**METHODIST CHILDREN HOME**

ADDRESS:  
**2002 S FILLMORE ST LITTLE ROCK AR 72204**

HOME PHONE: WORK PHONE: **5019064913** 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: **01/01/2011**

RES. STATUS:  (R) Resident  (N) Nonresident  (U) Unknown  
 MENTALLY AFFLICTED?:  (Y) Yes  (N) No  (U) Unk.  
 OCCUPATION / EMPLOYER:

AGE: Exact Age: 10  
 Range: \_\_\_\_\_  (BB) 7-364 Days Old  (NN) Under 24 Hrs. Old  (NB) 1-6 Days Old  (99) Over 98 Years Old  (00) Unknown  
 NIC: \_\_\_\_\_  
 D.L. / ID No. (STATE) \_\_\_\_\_

RELATIONSHIP OF THIS VICTIM TO SUSPECTS  
 SUSPECT(S) VICTIM WAS: (by Suspect Number)  
 \_\_\_\_\_ (SE) Spouse \_\_\_\_\_ (AQ) Acquaintance  
 \_\_\_\_\_ (CS) Common-Law Spouse \_\_\_\_\_ (FR) Friend  
 \_\_\_\_\_ (PA) Parent \_\_\_\_\_ (NE) Neighbor  
 \_\_\_\_\_ (SB) Sibling \_\_\_\_\_ (BE) Babysitter (baby)  
 \_\_\_\_\_ (CH) Child \_\_\_\_\_ (BG) Boy/Girl Friend  
 \_\_\_\_\_ (GP) Grandparents \_\_\_\_\_ (CF) Child of BF / GF  
 \_\_\_\_\_ (GC) Grandchild \_\_\_\_\_ (HR) Homosexual Rel.  
 \_\_\_\_\_ (IL) Inlaw \_\_\_\_\_ (XS) Ex-Spouse  
 \_\_\_\_\_ (SP) Stepparent \_\_\_\_\_ (EE) Employee  
 \_\_\_\_\_ (SC) Stepchild \_\_\_\_\_ (ER) Employer  
 \_\_\_\_\_ (SS) Stepsibling \_\_\_\_\_ (OK) Otherwise Known  
 \_\_\_\_\_ (OF) Other Family \_\_\_\_\_ (RU) Relationship Unknown  
 \_\_\_\_\_ (ST) Stranger \_\_\_\_\_ (VO) Victim Was Suspect

THIS VICTIM RELATED TO WHICH OFFENSES?  
 1  2  3  4  5  6  7  8

VICTIM TYPE:  (I) Individual  (B) Business  (F) Financial Inst.  (U) Unknown  
 (G) Government  (R) Religious  (S) Society / Public  (O) Other

VICTIM INJURY:  
 (N) None  (M) Apparent Minor Injury  (B) Apparent Broken Bones  
 (I) Possible Internal Injury  (T) Loss of Teeth  (L) Severe Laceration  
 (O) Other Major Injury  (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE:  (01) Argument  (02) Assault on Law Enf Officer  (03) Drug Deal  
 (04) Gangland  (05) Juvenile Gang  (06) Lover's Quarrel  (07) Mercy Killings  
 (08) Other Felony Involved  (09) Other Circumstances  (10) Unknown Circumstances  (20) Criminal Killed by Private Citizen  
 (21) Criminal Killed by Police Officer  (30) Child Playing w/ Weapon  (31) Gun-Cleaning Accident  (32) Hunting Accident  
 (33) Other Negligent Weapon Handling  (34) Other Negligent Killings

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

Redact Before Release

**SUSPECT #1**

|  |  |   |                                 |   |
|--|--|---|---------------------------------|---|
| SUSPECT #<br>1   | NAME (Last, First, Middle)<br>[REDACTED]   |   | AKA:                            |   |
| ARRESTEE #   | ADDRESS:<br>[REDACTED]   |   |                                 |   |
| HOME PHONE:  |  | WORK PHONE:   | MOBILE PHONE:                   | OTHER PHONE:  |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                                 | DATE OF BIRTH<br>[REDACTED]   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   | OCCUPATION / EMPLOYER:  |                                 |   |
| AGE:<br>Exact Age: 14<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:  | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br><br>(A - automatic) |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department   |  | D.L. / ID No. (STATE)   | WEIGHT:<br>Lbs _____            |   |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |  | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |                                 |   |
| ARREST LOCATION:   |  | ARREST DATE:  |                                 |   |
| CHARGE:  |  |   |                                 |   |
| ARRESTING OFFICERS   |  |   |                                 |   |
| OFFICER 1: _____   | <input type="checkbox"/> MVR   | OFFICER 5: _____  | <input type="checkbox"/> MVR    |   |
| OFFICER 2: _____   | <input type="checkbox"/> MVR   | OFFICER 6: _____  | <input type="checkbox"/> MVR    |   |
| OFFICER 3: _____   | <input type="checkbox"/> MVR   | OFFICER 7: _____  | <input type="checkbox"/> MVR    |   |
| OFFICER 4: _____   | <input type="checkbox"/> MVR   | OFFICER 8: _____  | <input type="checkbox"/> MVR    |   |

Suspect information continued on next page.

Redact Before Release

**SUSPECT #1**

|                |   |      |
|----------------|---|------|
| SUSPECT #<br>1 | NAME (Last, First, Middle)<br><div style="background-color:black; width:100px; height:15px; margin-top:5px;"></div> | AKA: |
|----------------|---|------|

  

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown | <b>HAIR STYLE:</b><br><input checked="" type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input checked="" type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input checked="" type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input checked="" type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input checked="" type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
|---|--|---|--|--|---|--|

**CLOTHING DESCRIPTION:**  
 HAT \_\_\_\_\_  
 COAT \_\_\_\_\_  
 SHIRT \_\_\_\_\_  
 PANTS/DRESS \_\_\_\_\_  
 SHOES \_\_\_\_\_

ADDED DESCRIPTION:

n/a

INCIDENT NUMBER 2021-004856

Report Contains Juvenile Information

Report generated: 2/23/2021 4:09 PM

Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

|  |   |  |   |   |  |   |
|--|---|--|---|---|--|---|
| <b>OTHER PERSON #</b><br>1   | <b>NAME (Last, First, Middle)</b><br><b>JACKSON, LAKISHA</b>  |  |   |   |  |   |
| <b>ADDRESS:</b><br>2002 S FILLMORE ST LITTLE ROCK AR 72204   |   |  |   |   |  |   |
| <b>HOME PHONE:</b>   |   | <b>WORK PHONE:</b><br>5019064913   |   | <b>MOBILE PHONE:</b>  |  | <b>OTHER PHONE:</b>   |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |   | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.  |   | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |  | <b>DATE OF BIRTH</b><br>04/27/1975  |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |   | <b>MENTALLY AFFLICTED?:</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |   | <b>OCCUPATION / EMPLOYER:</b>   |  |   |
| <b>AGE:</b><br>Exact Age: <u>45</u><br>Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  |   |  | <b>NIC:</b><br><br>D.L. / ID No. (STATE)  |   | <b>HEIGHT:</b><br>Ft _____ In _____<br><br><b>WEIGHT:</b><br>Lbs _____   |   |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>FACIAL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  |   |  | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown   |   |  |   |
| <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown  |   |  | <b>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |   |  |   |

INCIDENT NUMBER 2021-004856

Report Contains Juvenile Information

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**OTHER PERSONS - CONTACT**

|  |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
|--|---|---|------------------------------|--|-------------------------------------|---|--|---|--|--|--|--|--|
| <b>OTHER PERSON #</b><br>2   | <b>NAME (Last, First, Middle)</b><br><b>BAKER, SHQUERIA</b> |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| <b>ADDRESS:</b><br>2002 S FILLMORE ST LITTLE ROCK AR 72204   |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| <b>HOME PHONE:</b><br>5019064913   |   | <b>WORK PHONE:</b><br>5019064913  |                              | <b>MOBILE PHONE:</b>   | <b>OTHER PHONE:</b>                 |   |  |   |  |  |  |  |  |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |   | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   |                              | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   | <b>DATE OF BIRTH</b><br>02/14/1993  |   |  |   |  |  |  |  |  |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |   | <b>MENTALLY AFFLICTED?:</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |                              | <b>OCCUPATION / EMPLOYER:</b>  |                                     |   |  |   |  |  |  |  |  |
| <b>AGE:</b><br>Exact Age: <u>27</u><br>Range: _____ - _____<br><input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                     |   |   | <b>NIC:</b>                  |  | <b>HEIGHT:</b><br>Ft _____ In _____ |   |  |   |  |  |  |  |  |
|  |   |   | <b>D.L. / ID No. (STATE)</b> |  | <b>WEIGHT:</b><br>Lbs _____         |   |  |   |  |  |  |  |  |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown |   | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown |                              | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown |                                     | <b>FACAIL HAIR:</b><br><input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown |  | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |  | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown |  | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown |  |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown  |   | <b>BUILD:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   |                              | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  |                                     | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back                           |  |   |  |  |  |  |  |
| <b>CLOTHING DESCRIPTION</b>  |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| HAT _____  |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| COAT _____   |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| SHIRT _____  |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| PANTS/DRESS _____  |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |
| SHOES _____  |   |   |                              |  |                                     |   |  |   |  |  |  |  |  |

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**OTHER PERSONS - CONTACT**

|  |                            |   |                       |   |                   |   |
|--|----------------------------|---|-----------------------|---|-------------------|---|
| OTHER PERSON #   | NAME (Last, First, Middle) |   |                       |   |                   |   |
| 3  | <b>HARDAGE, KATE</b>       |   |                       |   |                   |   |
| ADDRESS:   |                            |   |                       |   |                   |   |
| 2002 S FILLMORE ST LITTLE ROCK AR 72204  |                            |   |                       |   |                   |   |
| HOME PHONE:  |                            | WORK PHONE:   |                       | MOBILE PHONE:   |                   | OTHER PHONE:  |
|  |                            | 5019064913  |                       |   |                   |   |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.   |                            | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown   |                   | DATE OF BIRTH   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown   |                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |                       | OCCUPATION / EMPLOYER:  |                   |   |
| AGE:   |                            |   | NIC:                  |   | HEIGHT:           |   |
| Exact Age: _____   |                            |   |                       |   | Ft _____ In _____ |   |
| 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  |                            |   | D.L. / ID No. (STATE) |   | WEIGHT:           |   |
| <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   |                            |   |                       |   | Lbs _____         |   |
| COMPLEXION:  |                            | HAIR STYLE:   |                       | HAIR COLOR:   |                   | FACIAL HAIR:  |
| <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown |                            | <input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown |                       | <input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown  |                   | <input type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown            |
| HAIR LENGTH:   |                            | EYE COLOR:  |                       | DEMEANOR:   |                   | SCAR / MARK:  |
| <input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown   |                            | <input type="checkbox"/> (1) Blue<br><input type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown  |                       | <input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input type="checkbox"/> (12) Unknown |                   | <input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input type="checkbox"/> (12) Unknown |
| BUILD:   |                            | TATTOO:   |                       | TATTOO LOC:   |                   |   |
| <input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown   |                            | <input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input type="checkbox"/> (9) Unknown  |                       | <input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back   |                   |   |
| CLOTHING DESCRIPTION   |                            |   |                       |   |                   |   |
| HAT _____  |                            |   |                       |   |                   |   |
| COAT _____   |                            |   |                       |   |                   |   |
| SHIRT _____  |                            |   |                       |   |                   |   |
| PANTS/DRESS _____  |                            |   |                       |   |                   |   |
| SHOES _____  |                            |   |                       |   |                   |   |

INCIDENT NUMBER 2021-004856

Report Contains Juvenile Information

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| PROPERTY |       |     |  |          |       | DRUG INFORMATION |          |         |
|----------|-------|-----|--|----------|-------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY | Description (ser#, color, make, model) | PROP TAG | VALUE | TYPE             | QUANTITY | MEASURE |

|   |    |      |                                       |   |     |  |      |  |
|---|----|------|---------------------------------------|---|-----|--|------|--|
| 4 | 30 | 3.00 | NA WINDOW + WINDOW THREE WINDOW PANES | 0 | 300 |  | 0.00 |  |
|---|----|------|---------------------------------------|---|-----|--|------|--|

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

| PROPERTY DESCRIPTION:            | (10) Drugs/Narcotics                        | (21) Negotiable Instruments         | (32) Structures-Industrial/Manufacture |
|----------------------------------|---|-------------------------------------|--|
| (01) Aircraft                    | (11) Drug/Narcotic Equipment                | (22) Nonnegotiable Instruments      | (33) Structures-Public/Community       |
| (02) Alcohol                     | (12) Farm Equipment                         | (23) Office-Type Equipment          | (34) Structures-Storage                |
| (03) Automobiles                 | (13) Firearms                               | (24) Other Motor Vehicles           | (35) Structures-Other                  |
| (04) Bicycles                    | (14) Gambling Equipment                     | (25) Purses/Handbags/Wallets        | (36) Tools-Power/Hand/Lawnmower        |
| (05) Buses                       | (15) Heavy Equipment Construction/ Industry | (26) Radios/TVs/VCR                 | (37) Trucks                            |
| (06) Clothes/Furs                | (16) Household Good                         | (27) Recordings-Audio/Visual        | (38) Vehicle Parts/Accessories         |
| (07) Computer Hardware/ Software | (17) Jewelry/Precious Metal                 | (28) Recreational Vehicles          | (39) Watercraft                        |
| (08) Consumable Goods            | (18) Livestock                              | (29) Structures-Single Occupancy    | (77) Other                             |
| (09) Credit Cards/Debit Cards    | (19) Merchandise                            | (30) Structures-Other Dwellings     | (88) Pending Inventory (of Property)   |
|                                  | (20) Money                                  | (31) Structures-Commercial/Business |  |

| DRUG TYPE:        | (D) Heroin    | (H) Other Narcotics  | (L) Amphetamines/ Methamphetamines | (O) Other Depressants |
|-------------------|---------------|----------------------|------------------------------------|-----------------------|
| (A) Crack Cocaine | (E) Marijuana | (I) LSD              | (M) Other Stimulants               | (P) Other Drugs       |
| (B) Cocaine       | (F) Morphine  | (J) PCP              | (N) Barbituates                    | (U) Unknown Type      |
| (C) Hashish       | (G) Opium     | (K) Other Hallucino. |                                    |                       |

| TYPE DRUG MEASUREMENT:        |               |            |
|-------------------------------|---------------|------------|
| Units                         | Weight        |            |
| (DU) Dosage Unit (Pills, etc) | (GM) Gram     | (OZ) Ounce |
| (NP) Number of Plants         | (KG) Kilogram | (LB) Pound |

FOR BURGLARIES: Point of Entry: \_\_\_\_\_  
 Tools Apparently Used: \_\_\_\_\_

Capacity  
 (ML) Milliliter (GL) Gallon  
 (LT) Liter (FO) Fluid Ounce



INCIDENT NUMBER 2021-004856

Report Contains Juvenile Information

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### NARRATIVE

OFFICERS RESPONDED TO 2002 SOUTH FILLMORE STREET IN REFERENCE TO A DISTURBANCE WITH A WEAPON. UPON ARRIVAL, OFFICERS MADE CONTACT WITH CARE TAKERS, LAKISHA JACKSON AND SHQUERIA BAKER, WHO STATED THAT JUVENILE 1 HAD USED A WINDOW BLIND AND ROCKS TO BREAK 3 WINDOWS OF THE BUILDING. OFFICERS MADE CONTACT WITH JUVENILE 1, WHO WAS ANGRILY PACING AND WOULD NOT RESPOND TO OFFICERS. OFFICERS ESCORTED JUVENILE 1 TO HIS ROOM. THERAPIST KATE HARDAGE RESPONDED TO THE SCENE AND WAS ABLE TO CALM THE JUVENILE DOWN. OFFICERS GAVE BAKER A COPY OF THE INCIDENT NUMBER. BWC IN USE.

INCIDENT NUMBER 2021-004856

Report Contains Juvenile Information

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JUVENILE INFORMATION

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