

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|  |  |  |                                |                                     |                              |
|--|--|--|--------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>  |                                | Report generated: 2/11/2021 7:26 AM |                              |
| INCIDENT NUMBER<br><b>2021-012829</b>                    |  | UNIT ASSIGNED<br><b>1X41</b>   | CALL DATE<br><b>02/10/2021</b> | CALL TIME<br><b>09:44:00</b>        | TYPE OF CALL<br><b>DISWP</b> |
| INCIDENT DATE<br><b>2/10/2021 9:44:51 AM</b>             |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>2002 S FILLMORE ST<br/>Methodist Childrens Home</b> |                                |                                     | DISTRICT<br><b>54</b>        |

## 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:   |  |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown |  | <input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |  |
|   |  | GANG RELATED INFO:   |  |
|   |  | <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><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 checked="" 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)   |  |
| 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 checked="" type="checkbox"/> (99) None  |  |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other  |  |  |  |

|                                   |   |  |  |
|-----------------------------------|---|--|--|
| ENTRY DATE<br>02/10/2021 10:49:37 | REPORTING OFFICER<br>MARK WILLIAMS [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br>REGGIE PARKS - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|-----------------------------------|---|--|--|

Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

|   |  |   |  |  |  |   |
|---|--|---|--|--|--|---|
| <b>OTHER PERSON #</b><br>1  | <b>NAME (Last, First, Middle)</b><br><b>WILLIAMS,AUTUMN</b>  |   |  |  |  |   |
| <b>ADDRESS:</b><br>2002 S FILLMORE LITTLE ROCK AR 7206  |  |   |  |  |  |   |
| <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>03/10/1997   |  |  |   |
| <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>23</u><br>Range: _____<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 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 | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input checked="" 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 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 | <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. (lvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (lvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input checked="" 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 checked="" 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 checked="" 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 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>CLOTHING DESCRIPTION</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____   |  |   |  |  |  |   |

Redact Before Release

**OTHER PERSONS - PERSON REPORTING**

| <b>OTHER PERSON #</b><br>2  | <b>NAME (Last, First, Middle)</b><br>[REDACTED] |  |                              |   |                                     |  |  |  |  |  |  |  |       |      |       |       |       |             |       |       |       |   |  |
|---|---|--|------------------------------|---|-------------------------------------|--|--|--|--|--|--|--|-------|------|-------|-------|-------|-------------|-------|-------|-------|---|--|
| <b>ADDRESS:</b><br>[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<br><input 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>[REDACTED]   |  |  |  |  |  |  |       |      |       |       |       |             |       |       |       |   |  |
| <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 checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.  |                              | <b>OCCUPATION / EMPLOYER:</b>   |                                     |  |  |  |  |  |  |  |       |      |       |       |       |             |       |       |       |   |  |
| <b>AGE:</b><br>Exact Age: <u>14</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>                  |   | <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 checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Aene<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 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 |                              | <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 |                                     | <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 checked="" type="checkbox"/> (10) Other<br><input 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 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 checked="" 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 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  |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <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><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   | _____   |  |                              |   |                                     |  |  |  |  |  |  |  |       |      |       |       |       |             |       |       |       |   |  |

JUVENILE INFORMATION  
Redact Before Release**NARRATIVE**

WILLIAMS SAID THAT [REDACTED] WAS REFUSING TO GO TO SCHOOL. WILLIAMS SAID [REDACTED] BEGAN THROWING A BOWL OF APPLES AT A WALL. WILLIAMS AND ANOTHER WORKER WERE IN THE SAME ROOM CLOSE TO THE WALL WHEN THE APPLES WERE THROWN. NEITHER HAD INJURIES FROM THE INCIDENT. WILLIAMS SAID STAFF HAS BEEN TRYING TO CONTACT [REDACTED] CASE WORKER SINCE MONDAY BUT HE HAS NOT ANSWERED THE PHONE NOR RETURNED ANY PHONE CALLS. THE DEPARTMENT DIRECTOR WAS CONTACTED AND ARRANGEMENTS WERE BEING MADE TO GET [REDACTED] TO AN ACUTE TREATMENT CENTER IN MAUMELLE.

INCIDENT NUMBER 2021-012829

Report Contains Juvenile Information

Report generated: 2/11/2021 7:26 AM

JUVENILE INFORMATION

Redact Before Release

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