

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			Report generated: 9/22/2021 5:30 AM	
INCIDENT NUMBER <b>2021-116100</b>		UNIT ASSIGNED <b>3X55</b>	CALL DATE <b>09/22/2021</b>	CALL TIME <b>02:39:00</b>	TYPE OF CALL <b>CRMISC</b>	
INCIDENT DATE <b>9/22/2021 2:39:39 AM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>2002 S FILLMORE ST</b>			DISTRICT <b>54</b>	

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)		
METHOD OF ENTRY:		<input type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison	
NUMBER OF PREMISES ENTERED _____		<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives	
<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<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 checked="" 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 type="checkbox"/> No <input type="checkbox"/> Other				

ENTRY DATE 09/22/2021 05:11:30	REPORTING OFFICER BREONNA JOHNSON	ORIGINAL APPROVING SUPERVISOR CHAD STANGE	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

**OTHER PERSONS - CONTACT**

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

HOME PHONE: <b>5016143418</b>	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH <b>06/06/1997</b>
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>24</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown	NIC:  D.L. / ID No. (STATE)	HEIGHT: Ft _____ In _____  WEIGHT: Lbs _____
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COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk / High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR / MARK: <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO: <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	
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Redact Before Release

**OTHER PERSONS - CONTACT**

OTHER PERSON #	NAME (Last, First, Middle)
2	[REDACTED]

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72204

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

**OTHER PERSONS - CONTACT**

<b>OTHER PERSON #</b> 3	<b>NAME (Last, First, Middle)</b> [REDACTED]																																																																																																																																										
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<table style="width:100%; border:none;"> <tr> <td style="width:12.5%;"><b>COMPLEXION:</b></td> <td style="width:12.5%;"><b>HAIR STYLE:</b></td> <td style="width:12.5%;"><b>HAIR COLOR:</b></td> <td style="width:12.5%;"><b>FACAIL HAIR:</b></td> <td style="width:12.5%;"><b>DEMEANOR:</b></td> <td style="width:12.5%;"><b>SCAR / MARK:</b></td> <td style="width:12.5%;"><b>TATTOO:</b></td> </tr> <tr> <td><input type="checkbox"/> (1) Light</td> <td><input type="checkbox"/> (01) Afro</td> <td><input type="checkbox"/> (1) Black</td> <td><input type="checkbox"/> (01) Clean Shaven</td> <td><input type="checkbox"/> (01) Angry</td> <td><input type="checkbox"/> (01) Head</td> <td><input type="checkbox"/> (1) Designs</td> </tr> <tr> <td><input type="checkbox"/> (2) Medium</td> <td><input type="checkbox"/> (02) Wavy</td> <td><input type="checkbox"/> (2) Blonde</td> <td><input type="checkbox"/> (02) Unshaven</td> <td><input type="checkbox"/> (02) Apologetic</td> <td><input type="checkbox"/> (02) Neck</td> <td><input type="checkbox"/> (2) Initials</td> </tr> <tr> <td><input type="checkbox"/> (3) Dark</td> <td><input type="checkbox"/> (03) Straight</td> <td><input type="checkbox"/> (3) Brown</td> <td><input type="checkbox"/> (03) Full Beard</td> <td><input type="checkbox"/> (03) Calm</td> <td><input type="checkbox"/> (03) Hand (rt)</td> <td><input type="checkbox"/> (3) Names</td> </tr> <tr> <td><input type="checkbox"/> (4) Acne</td> <td><input type="checkbox"/> (04) Curly</td> <td><input type="checkbox"/> (4) Grey</td> <td><input type="checkbox"/> (04) Must. (hvy)</td> <td><input type="checkbox"/> (04) Irrational</td> <td><input type="checkbox"/> (04) Hand (lft)</td> <td><input type="checkbox"/> (4) Pictures</td> </tr> <tr> <td><input type="checkbox"/> (5) Freckled</td> <td><input type="checkbox"/> (05) Braided</td> <td><input type="checkbox"/> (5) Red</td> <td><input type="checkbox"/> (05) Must. (thin)</td> <td><input type="checkbox"/> (05) Nervous</td> <td><input type="checkbox"/> (05) Arm (rt)</td> <td><input type="checkbox"/> (5) Words</td> </tr> <tr> <td><input type="checkbox"/> (6) Ruddy</td> <td><input type="checkbox"/> (06) Ponytail</td> <td><input type="checkbox"/> (6) Sandy</td> <td><input type="checkbox"/> (06) Brows (hvy)</td> <td><input type="checkbox"/> (06) Polite</td> <td><input type="checkbox"/> (06) Arm (lft)</td> <td><input type="checkbox"/> (6) Numbers</td> </tr> <tr> <td><input type="checkbox"/> (7) Other</td> <td><input type="checkbox"/> (07) Military</td> <td><input type="checkbox"/> (7) Other</td> <td><input type="checkbox"/> (07) Brows (thin)</td> <td><input type="checkbox"/> (07) Professional</td> <td><input type="checkbox"/> (07) Body</td> <td><input type="checkbox"/> (7) Insignia</td> </tr> <tr> <td><input type="checkbox"/> (8) Unknown</td> <td><input type="checkbox"/> (08) Processed</td> <td><input type="checkbox"/> (8) Unknown</td> <td><input type="checkbox"/> (08) Side Burns</td> <td><input type="checkbox"/> (08) Stupor</td> <td><input type="checkbox"/> (08) Leg (rt)</td> <td><input type="checkbox"/> (8) None</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (09) Wig/Toupee</td> <td></td> <td><input type="checkbox"/> (09) Goatee</td> <td><input type="checkbox"/> (09) Violent</td> <td><input type="checkbox"/> (09) Leg (lft)</td> <td><input type="checkbox"/> (9) Unknown</td> </tr> <tr> <td><b>HAIR LENGTH:</b></td> <td><input type="checkbox"/> (10) Other</td> <td><b>EYE COLOR:</b></td> <td><input type="checkbox"/> (10) Other</td> <td><input type="checkbox"/> (10) Drunk / High</td> <td><input type="checkbox"/> (10) Other</td> <td><b>TATTOO LOC:</b></td> </tr> <tr> <td><input type="checkbox"/> (1) Long</td> <td><input type="checkbox"/> (11) Unknown</td> <td><input type="checkbox"/> (1) Blue</td> <td><input type="checkbox"/> (11) Unknown</td> <td><input type="checkbox"/> (11) Other</td> <td><input type="checkbox"/> (11) None</td> <td><input type="checkbox"/> (01) Arm (lft)</td> </tr> <tr> <td><input type="checkbox"/> (2) Medium</td> <td></td> <td><input type="checkbox"/> (2) Brown</td> <td></td> <td><input type="checkbox"/> (12) Unknown</td> <td><input type="checkbox"/> (12) Unknown</td> <td><input type="checkbox"/> (02) Arm (rt)</td> </tr> <tr> <td><input type="checkbox"/> (3) Short</td> <td><b>BUILD:</b></td> <td><input type="checkbox"/> (3) Grey</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (03) Leg (lft)</td> </tr> <tr> <td><input type="checkbox"/> (4) Bald(ing)</td> <td><input type="checkbox"/> (1) Light</td> <td><input type="checkbox"/> (4) Green</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (04) Leg (rt)</td> </tr> <tr> <td><input type="checkbox"/> (5) Other</td> <td><input type="checkbox"/> (2) Medium</td> <td><input type="checkbox"/> (5) Hazel</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (05) Hand (lft)</td> </tr> <tr> <td><input type="checkbox"/> (6) Unknown</td> <td><input type="checkbox"/> (3) Heavy</td> <td><input type="checkbox"/> (6) Other</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (06) Hand (rt)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (4) Muscular</td> <td><input type="checkbox"/> (7) Unknown</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (07) Face</td> </tr> <tr> <td></td> <td><input type="checkbox"/> (5) Unknown</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> (08) Neck</td> </tr> </table>							<b>COMPLEXION:</b>	<b>HAIR STYLE:</b>	<b>HAIR COLOR:</b>	<b>FACAIL HAIR:</b>	<b>DEMEANOR:</b>	<b>SCAR / MARK:</b>	<b>TATTOO:</b>	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (01) Afro	<input type="checkbox"/> (1) Black	<input type="checkbox"/> (01) Clean Shaven	<input type="checkbox"/> (01) Angry	<input type="checkbox"/> (01) Head	<input type="checkbox"/> (1) Designs	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (02) Wavy	<input type="checkbox"/> (2) Blonde	<input type="checkbox"/> (02) Unshaven	<input type="checkbox"/> (02) Apologetic	<input type="checkbox"/> (02) Neck	<input type="checkbox"/> (2) Initials	<input type="checkbox"/> (3) Dark	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Brown	<input type="checkbox"/> (03) Full Beard	<input type="checkbox"/> (03) Calm	<input type="checkbox"/> (03) Hand (rt)	<input type="checkbox"/> (3) Names	<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Grey	<input type="checkbox"/> (04) Must. (hvy)	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (04) Hand (lft)	<input type="checkbox"/> (4) Pictures	<input type="checkbox"/> (5) Freckled	<input type="checkbox"/> (05) Braided	<input type="checkbox"/> (5) Red	<input type="checkbox"/> (05) Must. (thin)	<input type="checkbox"/> (05) Nervous	<input type="checkbox"/> (05) Arm (rt)	<input type="checkbox"/> (5) Words	<input type="checkbox"/> (6) Ruddy	<input type="checkbox"/> (06) Ponytail	<input type="checkbox"/> (6) Sandy	<input type="checkbox"/> (06) Brows (hvy)	<input type="checkbox"/> (06) Polite	<input type="checkbox"/> (06) Arm (lft)	<input type="checkbox"/> (6) Numbers	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Military	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Brows (thin)	<input type="checkbox"/> (07) Professional	<input type="checkbox"/> (07) Body	<input type="checkbox"/> (7) Insignia	<input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Side Burns	<input type="checkbox"/> (08) Stupor	<input type="checkbox"/> (08) Leg (rt)	<input type="checkbox"/> (8) None		<input type="checkbox"/> (09) Wig/Toupee		<input type="checkbox"/> (09) Goatee	<input type="checkbox"/> (09) Violent	<input type="checkbox"/> (09) Leg (lft)	<input type="checkbox"/> (9) Unknown	<b>HAIR LENGTH:</b>	<input type="checkbox"/> (10) Other	<b>EYE COLOR:</b>	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other	<b>TATTOO LOC:</b>	<input type="checkbox"/> (1) Long	<input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (11) None	<input type="checkbox"/> (01) Arm (lft)	<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown		<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)	<input type="checkbox"/> (3) Short	<b>BUILD:</b>	<input type="checkbox"/> (3) Grey				<input type="checkbox"/> (03) Leg (lft)	<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (4) Green				<input type="checkbox"/> (04) Leg (rt)	<input type="checkbox"/> (5) Other	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)	<input type="checkbox"/> (6) Unknown	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (6) Other				<input type="checkbox"/> (06) Hand (rt)		<input type="checkbox"/> (4) Muscular	<input type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face		<input type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck
<b>COMPLEXION:</b>	<b>HAIR STYLE:</b>	<b>HAIR COLOR:</b>	<b>FACAIL HAIR:</b>	<b>DEMEANOR:</b>	<b>SCAR / MARK:</b>	<b>TATTOO:</b>																																																																																																																																					
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<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Grey	<input type="checkbox"/> (04) Must. (hvy)	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (04) Hand (lft)	<input type="checkbox"/> (4) Pictures																																																																																																																																					
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<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown		<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)																																																																																																																																					
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<input type="checkbox"/> (5) Other	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)																																																																																																																																					
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	<input type="checkbox"/> (4) Muscular	<input type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face																																																																																																																																					
	<input type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck																																																																																																																																					
<b>CLOTHING DESCRIPTION</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____				<input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back																																																																																																																																							

Redact Before Release

**OTHER PERSONS - CONTACT**

OTHER PERSON # 4	NAME (Last, First, Middle) [REDACTED]
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ADDRESS:  
2002 S FILLMORE ST LITTLE ROCK AR 72204

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 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 [REDACTED]
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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: 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	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						
<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						
<b>CLOTHING DESCRIPTION</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____						

JUVENILE INFORMATION  
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**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED ADDRESS IN RELATION TO A CRIMINAL MISCHIEF REPORTED BY A B/M FREDDIE BROWN (06/06/1997). MR. BROWN ADVISED 3 JUVENILES HAD RETURNED BACK TO THE RESIDENTS AFTER BEING GONE UNKNOWINGLY. MR. BROWN STATED THEY NOTICED THE JUVENILES GONE AT 0115 HOURS. MR. BROWN STATED THE JUVENILES WERE CAUGHT AT 0220 HOURS COMING BACK. MR. BROWN STATED HE HEARD ALARMS GOING OFF WHILE THE JUVENILES HAD BEEN GONE. MR. BROWN ADVISED NO ITEMS RETURNED WITH THE JUVENILES BUT WANTED TO MAKE A REPORT ABOUT IT IN CASES OFFICERS HAD CALLS IN THE AREA. OFFICERS GAVE MR. BROWN THE INCIDENT NUMBER. MVR/BWC IN USE.

JUVENILE INFORMATION  
Redact Before Release

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>HATE/BIAS RELATIONSHIP:</b> <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
<b>RACIAL (Anti-)</b>	<b>RELIGIOUS (Anti-)</b>	<b>ETHNICITY / NATIONAL ORIGIN (Anti-)</b>	<b>SEXUAL (Anti-)</b>
<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	<b>DISABILITY (Anti-)</b>	<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		