

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 9/26/2021 6:15 AM	
INCIDENT NUMBER 2021-117865		UNIF ASSIGNED 3X51	CALL DATE 09/25/2021	CALL TIME 22:04:00	TYPE OF CALL BATTERY
INCIDENT DATE 9/25/2021 10:04:53 PM			LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST		DISTRICT 54

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:		GANG RELATED INFO:	
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <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 <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		<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 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"/> (15) Jail / Penitentiary	<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"/> (F) Forcible <input type="checkbox"/> (N) No Force		<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives		
		<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device		
		<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills		
		<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation		
		<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other		
		<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown		
		<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input type="checkbox"/> (99) None		
		<input type="checkbox"/> (40) Personal Weapons (hands, etc)			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other					

ENTRY DATE 09/26/2021 05:14:38	REPORTING OFFICER ANDREW HUTCHISON	ORIGINAL APPROVING SUPERVISOR CHAD STANGE	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1	NAME (Last, First, Middle) LITTLETON, TINA
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ADDRESS:
2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown	DATE OF BIRTH 03/26/1987
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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: 34 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	FACAIL 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 TATTOO LOC: <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">CLOTHING DESCRIPTION</td> <td style="width:50%;"></td> </tr> <tr> <td style="padding: 5px;">HAT</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">COAT</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">SHIRT</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">PANTS/DRESS</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">SHOES</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>						CLOTHING DESCRIPTION		HAT		COAT		SHIRT		PANTS/DRESS		SHOES	
CLOTHING DESCRIPTION																	
HAT																	
COAT																	
SHIRT																	
PANTS/DRESS																	
SHOES																	

Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # 2

NAME (Last, First, Middle) [Redacted]

ADDRESS:

2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

OTHER PHONE:

SEX: [X] (M) Male [] (F) Female [] (U) Unk.

ETHNICITY: [] (H) Hispanic [X] (N) Non-Hispanic [] (U) Unk.

RACE: [] (W) White [X] (B) Black [] (I) American Indian [] (A) Asian / Pacific Islander [] (U) Unknown

DATE OF BIRTH [Redacted]

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

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

OCCUPATION / EMPLOYER:

AGE: Exact Age: 14 Range: [] (BB) 7-364 Days Old [] (NN) Under 24 Hrs. Old [] (NB) 1-6 Days Old [] (99) Over 98 Years Old [] (00) Unknown

NIC: HEIGHT: Ft _____ In _____

D.L. / ID No. (STATE) WEIGHT: Lbs _____

COMPLEXION: [] (1) Light [] (2) Medium [] (3) Dark [] (4) Acne [] (5) Freckled [] (6) Ruddy [] (7) Other [] (8) Unknown

HAIR STYLE: [] (01) Afro [] (02) Wavy [] (03) Straight [] (04) Curly [] (05) Braided [] (06) Ponytail [] (07) Military [] (08) Processed [] (09) Wig/Toupee [] (10) Other [] (11) Unknown

HAIR COLOR: [] (1) Black [] (2) Blonde [] (3) Brown [] (4) Grey [] (5) Red [] (6) Sandy [] (7) Other [] (8) Unknown

EYE COLOR: [] (1) Blue [] (2) Brown [] (3) Grey [] (4) Green [] (5) Hazel [] (6) Other [] (7) Unknown

FACIAL HAIR: [] (01) Clean Shaven [] (02) Unshaven [] (03) Full Beard [] (04) Must. (hvy) [] (05) Must. (thin) [] (06) Brows (hvy) [] (07) Brows (thin) [] (08) Side Burns [] (09) Goatee [] (10) Other [] (11) Unknown

DEMEANOR: [] (01) Angry [] (02) Apologetic [] (03) Calm [] (04) Irrational [] (05) Nervous [] (06) Polite [] (07) Professional [] (08) Stupor [] (09) Violent [] (10) Drunk / High [] (11) Other [] (12) Unknown

SCAR / MARK: [] (01) Head [] (02) Neck [] (03) Hand (rt) [] (04) Hand (lft) [] (05) Arm (rt) [] (06) Arm (lft) [] (07) Body [] (08) Leg (rt) [] (09) Leg (lft) [] (10) Other [] (11) None [] (12) Unknown

TATTOO: [] (1) Designs [] (2) Initials [] (3) Names [] (4) Pictures [] (5) Words [] (6) Numbers [] (7) Insignia [] (8) None [] (9) Unknown

TATTOO LOC: [] (01) Arm (lft) [] (02) Arm (rt) [] (03) Leg (lft) [] (04) Leg (rt) [] (05) Hand (lft) [] (06) Hand (rt) [] (07) Face [] (08) Neck [] (09) Finger(s) [] (10) Chest [] (11) Back

HAIR LENGTH: [] (1) Long [] (2) Medium [] (3) Short [] (4) Bald(ing) [] (5) Other [] (6) Unknown

BUILD: [] (1) Light [] (2) Medium [] (3) Heavy [] (4) Muscular [] (5) Unknown

CLOTHING DESCRIPTION

HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____

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NARRATIVE

OFFICERS MADE CONTACT WITH THE COMPLAINANT AND STAFF MEMBER, MS. LITTLETON. MS. LITTLETON ADVISED J1 WAS ACTING OUT AND THREATENING TO DRINK HAND SANITIZER TO HARM HIMSELF. MEMS WAS CALLED AND RESPONDED TO THE SCENE. MEMS AND MS. LITTLETON AGREED J1 WOULD STAY IN THE CUSTODY OF THE FACILITY AND SPEAK TO A COUNSELOR. NO POLICE ACTION TAKEN. MVR IN USE.

JUVENILE INFORMATION

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ADDITIONAL HOMICIDE CIRCUMSTANCES		<input type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal	<input type="checkbox"/> (D) Criminal attempted flight from a crime	<input type="checkbox"/> (G) Unable to determine / not enough information	
<input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer	<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	
HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> YES, SEE BELOW			
RACIAL (Anti-)	RELIGIOUS (Anti-)	ETHNICITY / NATIONAL ORIGIN (Anti-)	SEXUAL (Anti-)
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian / Alaskan Native	<input type="checkbox"/> (23) Protestant	DISABILITY (Anti-)	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian / Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group		
	<input type="checkbox"/> (27) Atheist/Agnostic		