

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |   |                                |                              |                                     |
|---|--|---|--------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                |                              | Report generated: 7/13/2022 5:33 AM |
| INCIDENT NUMBER<br><b>2022-082463</b>         |  | UNIT ASSIGNED   | CALL DATE<br><b>07/12/2022</b> | CALL TIME<br><b>22:20:00</b> | TYPE OF CALL<br><b>ALMBRG</b>       |
| INCIDENT DATE<br><b>7/12/2022 10:20:32 PM</b> |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6501 W 12TH ST</b> |                                |                              | DISTRICT<br><b>61</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 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) |  |
| NUMBER OF PREMISES ENTERED _____   | METHOD OF ENTRY:   | <input type="checkbox"/> (11) Firearm (Unknown)                      | <input type="checkbox"/> (50) Poison   |
| <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<br><b>07/13/2022 01:39:40</b> | REPORTING OFFICER<br><b>ETHAN WILLIAMS</b> [REDACTED] | ORIGINAL APPROVING SUPERVISOR<br><b>JAMES PHILLIPS</b> [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

**OTHER PERSONS - CONTACT**

|                            |   |
|----------------------------|---|
| OTHER PERSON #<br><b>1</b> | NAME (Last, First, Middle)<br><b>,REFUSED</b> |
|----------------------------|---|

ADDRESS: **AR**

|             |             |               |              |
|-------------|-------------|---------------|--------------|
| HOME PHONE: | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
|-------------|-------------|---------------|--------------|

|  |   |   |               |
|--|---|---|---------------|
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H)Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | DATE OF BIRTH |
|--|---|---|---------------|

|  |  |                        |
|--|--|------------------------|
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" 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: _____<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 | NIC:<br><br>D.L. / ID No. (STATE) | HEIGHT:<br>Ft _____ In _____<br><br>WEIGHT:<br>Lbs _____ |
|--|-----------------------------------|--|

|  |   |  |   |   |   |   |
|--|---|--|---|---|---|---|
| COMPLEXION:<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 checked="" type="checkbox"/> (8) Unknown | HAIR STYLE:<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 checked="" type="checkbox"/> (11) Unknown | HAIR COLOR:<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 checked="" type="checkbox"/> (8) Unknown | FACAIL HAIR:<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 | DEMEANOR:<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 checked="" type="checkbox"/> (12) Unknown | SCAR / MARK:<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 | TATTOO:<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 |
|--|---|--|---|---|---|---|

|   |  |   |  |  |
|---|--|---|--|--|
| HAIR LENGTH:<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 checked="" type="checkbox"/> (6) Unknown | BUILD:<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 | EYE COLOR:<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 checked="" type="checkbox"/> (7) Unknown | CLOTHING DESCRIPTION<br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____ | TATTOO LOC:<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 |
|---|--|---|--|--|

**NARRATIVE**

OFFICERS RESPONDED TO AN ALARM AT 6501 W. 12TH STREET. OFFICER CHECKED THE PERIMETER OF THE BUILDING AND EVERYTHING APPEARED TO BE SECURE THERE WERE NO SIGNS OF FORCED ENTRY.

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