

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 9/28/2022 4:41 PM	
INCIDENT NUMBER <b>2022-115700</b>		UNIFORM ASSIGNED <b>2Y54</b>	CALL DATE <b>09/27/2022</b>	CALL TIME <b>20:30:00</b>	TYPE OF CALL <b>MISPER</b>
INCIDENT DATE <b>9/27/2022 8:30:34 PM</b>		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) <b>2002 S FILLMORE ST</b>			DISTRICT <b>54</b>

OFFENSE			
INCIDENT OFFENSE TYPE		OFFENSE STATUS	
1. RUNAWAY	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"/> (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	
		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 checked="" 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	WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic)	
<input type="checkbox"/> (12) Grocery / Supermarket	<input type="checkbox"/> (38) Amusement Park	<input type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison
<input type="checkbox"/> (13) Highway / Road / Alley	<input type="checkbox"/> (39) Arena / Stadium / Fairgrounds	<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives
<input type="checkbox"/> (14) Hotel / Motel / Etc	<input type="checkbox"/> (40) ATM Separate from Bank	<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire / Incendiary Device
<input type="checkbox"/> (15) Jail / Penitentiary	<input type="checkbox"/> (41) Auto Dealership New / Used	<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills
	<input type="checkbox"/> (42) Camp / Campground	<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation
(FOR BURGLARY ONLY)	METHOD OF ENTRY:	<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (90) Other
NUMBER OF PREMISES ENTERED _____	<input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force	<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (95) Unknown
		<input type="checkbox"/> (35) Motor Vehicle (as weapon)	<input checked="" 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 <b>09/28/2022 02:14:39</b>	REPORTING OFFICER <b>BRANDON LIKINS</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>MICHAEL WILBANKS</b> [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

**VICTIM**

<b>VICTIM #</b> 1	<b>NAME (Last, First, Middle) or BUSINESS</b>  <b>NONE</b>		
<b>ADDRESS:</b>  UNKNOWN LITTLE ROCK AR			
<b>HOME PHONE:</b> 1111111111		<b>WORK PHONE:</b>	<b>MOBILE PHONE:</b>
<b>OTHER PHONE:</b>			
<b>SEX:</b> <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	<b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	<b>RACE:</b> <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	<b>DATE OF BIRTH</b>
<b>RES. STATUS:</b> <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	<b>OCCUPATION / EMPLOYER:</b>	
<b>AGE:</b> Exact Age: _____ Range: _____ - _____ <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		<b>NIC:</b>  D.L. / ID No. (STATE)	<b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b> 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 _____ 1 (RU) Relationship Unknown _____ (ST) Stranger _____ (VO) Victim Was Suspect
<b>THIS VICTIM RELATED TO WHICH OFFENSES?</b> <input checked="" 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			
<b>VICTIM TYPE:</b> <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input checked="" type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other			
<b>VICTIM INJURY:</b> <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
<b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings			
<b>CLOTHING DESCRIPTION</b> HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____			

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**SUSPECT #1**

<b>SUSPECT #</b> 1	<b>NAME (Last, First, Middle)</b>  <b>,NONE</b>		<b>AKA:</b>	
<b>ARRESTEE #</b>	<b>ADDRESS:</b>  <b>UNKNOWN AR</b>			
<b>HOME PHONE:</b>		<b>WORK PHONE:</b>		<b>MOBILE PHONE:</b>
<b>OTHER PHONE:</b>				
<b>SEX:</b> <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		<b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		<b>RACE:</b> <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown
<b>DATE OF BIRTH</b>				
<b>RES. STATUS:</b> <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		<b>MENTALLY AFFLICTED?:</b> <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		<b>OCCUPATION / EMPLOYER:</b>
<b>AGE:</b> Exact Age: _____ Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown		<b>SUSPECTS ACTIONS RELATED TO:</b> <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8		<b>HEIGHT:</b> Ft _____ In _____
<b>DISPOSITION OF JUVENILE:</b> <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		<b>NIC:</b>		<b>WEAPONS AT ARREST:</b>
<b>D.L. / ID No. (STATE)</b>		<b>WEIGHT:</b> Lbs _____		(A -- automatic c) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass
<b>THIS SUSPECT RELATES TO WHICH OFFENSES?</b> <input checked="" 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		<b>ARREST TYPE:</b> <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		
<b>ARREST LOCATION:</b>			<b>ARREST DATE:</b>	
<b>CHARGE: 99-05</b>				
<b>ARRESTING OFFICERS</b>				
OFFICER 1: _____		OFFICER 5: _____		
OFFICER 2: _____		OFFICER 6: _____		
OFFICER 3: _____		OFFICER 7: _____		
OFFICER 4: _____		OFFICER 8: _____		

Suspect information continued on next page.

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**SUSPECT #1**

SUSPECT # <b>1</b>	NAME (Last, First, Middle) <b>,NONE</b>	AKA:
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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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (7) Unknown	<b>CLOTHING DESCRIPTION:</b> HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			<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

**ADDED DESCRIPTION:**

n/a

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**OTHER PERSONS - PERSON REPORTING**

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

HOME PHONE:	WORK PHONE: 5019064913	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 01/13/1989
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RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" 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>33</u> Range: _____ - _____ <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 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>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>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>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>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>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>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
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**CLOTHING DESCRIPTION**

HAT \_\_\_\_\_

COAT \_\_\_\_\_

SHIRT \_\_\_\_\_

PANTS/DRESS \_\_\_\_\_

SHOES \_\_\_\_\_

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OTHER PERSONS - RUNAWAY

OTHER PERSON # 2 NAME (Last, First, Middle)

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR

HOME PHONE: WORK PHONE: 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

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

AGE: Exact Age: 14 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (99) Over 98 Years Old (NB) 1-6 Days Old (00) Unknown. NIC: HEIGHT: Ft In WEIGHT: Lbs 140

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. 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

CLOTHING DESCRIPTION HAT COAT SHIRT PANTS/DRESS SHOES

JUVENILE INFORMATION  
Redact Before Release**NARRATIVE**

RESPONDED TO METHODIST CHILDREN'S HOME FOR A RUNAWAY JUVENILE. UPON ARRIVAL, OFFICERS MADE CONTACT WITH WHITAKER (PR), AN EMPLOYEE OF THE HOME.

WHITAKER TOLD OFFICERS JUV1 (RUN) LEFT THE HOME AROUND 1950 HOURS ON FOOT. SHE SAID JUV1 WAS WEARING A BLACK T-SHIRT AND BLACK PANTS WHEN HE LEFT. WHITAKER ADVISED IT IS NOT UNCOMMON FOR JUV1 TO LEAVE FOR BREIF PERIODS, BUT STATED HE HAS BEEN GONE FOR LONGER THAN USUAL.

WHITAKER WAS PROVIDED AN INCIDENT NUMBER. A RUNAWAY JUVENILE BROADCAST WAS MADE. AN NCIC SUPPLEMENT FORM WAS COMPLETED AND EMAILED TO ACIC/NCIC ENTRIES AND DELETIONS.

OFFICERS CIRCULATED THE AREA, BUT WERE UNABLE TO LOCATE JUV1.

BWC IN USE.

ENTERED BY CLEVELAND, J. [REDACTED]

SUPPLEMENTED 09/28/2022, 0100 HOURS, MEARS JR 37775, 3X54. OFFICER MADE CONTACT WITH MS. KATHERINE STOVALL, B/F, 12/30/1986 WHO IS AN EMPLOYEE WITH THE METHODIST CHILDREN'S HOME WHO STATED THAT JV1 RETURNED TO THE LOCATION AT APPROXIMATELY 2302 HOURS 09/27/2022. MS. STOVALL STATED THAT JV1 ADVISED HE NEVER LEFT THE LOCATION AND WAS SITTING ON THE BUS THE ENTIRE TIME. OFFICER OBSERVED JV1 SLEEPING IN BED AND COMMUNICATIONS WAS ADVISED TO REMOVE THE JUVENILE FROM THE SYSTEM. NO FURTHER INCIDENT OCCURRED.

\*\*\*\*\*RECOVERY INFORMATION\*\*\*\*\*

SUBJ 2 CLEARED IN ACIC/NCIC AS MISSING PER OFFICER SUPPLEMENT 09/28/2022 L PLUMMER [REDACTED]



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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