

# FORREST CITY POLICE DEPARTMENT

225 N. ROSSER ST.  
FORREST CITY, AR. 72335

Incident # **2208260013**

Beat	Rpt Dist	Type	Seq
	<b>4</b>		<b>1</b>
Attempt	Occurred	Date	Time
<input type="checkbox"/>	On or From	<b>08/24/2022</b>	<b>12:24</b>
<input type="checkbox"/>	To	<b>08/24/2022</b>	<b>Wed</b>
<input type="checkbox"/>	Reported	<b>08/26/2022</b>	<b>12:30</b>
			<b>Fri</b>

Crime / Incident (Primary, Secondary, Tertiary)  
**5-26-305 DOMESTIC BATTERING 3RD DEGREE**

Location of Incident **1521 ALBERT, FORREST CITY, AR**  
Cross Street **1521 ALBERT** County **ST FRA**

Dispo "V" = Victim "RP" = Reporting Party "W" = Witness "S" = Suspect "O" = Other

<b>V</b>	Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
[REDACTED]									
Address		DOB	DL Number		State			Work Phone	
[REDACTED]									
City, State, Zip Code		SSN	Local ID #		State #		FBI #		Cell Phone
[REDACTED]									
<b>S</b>	Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
		<b>B</b>	<b>M</b>						<b>(870)</b>
Address		DOB	DL Number		State			Work Phone	
					<b>AR</b>			<b>(870)</b>	
City, State, Zip Code		SSN	Local ID #		State #		FBI #		Cell Phone
<b>FORREST CITY AR 72335</b>									<b>()</b>
	Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address		DOB	DL Number		State			Work Phone	
City, State, Zip Code		SSN	Local ID #		State #		FBI #		Cell Phone
	Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address		DOB	DL Number		State			Work Phone	
City, State, Zip Code		SSN	Local ID #		State #		FBI #		Cell Phone

Synopsis

S O L V A B I L I T Y	<b>N</b>	Continuation Attached <input type="checkbox"/>	Property List Attached <input type="checkbox"/>	Property Damage \$ <b>\$0.00</b>
	<b>N</b>	UCR <b>9999</b>	Press Release <input type="checkbox"/>	Domestic Violence Case <input type="checkbox"/>
	<b>N</b>	Gang Related <b>N</b>	Hate Crime <input type="checkbox"/>	Victim Senior Citizen <input type="checkbox"/>
	<b>N</b>	Pursuit <input type="checkbox"/>	Force Used <input type="checkbox"/>	Child Abuse <input type="checkbox"/>
	<b>N</b>	Solvability Points <b>0</b>	County Code <b>ST FRA</b>	Disposition <b>OR</b>
	<b>N</b>	Connecting Case #		
	<b>N</b>	Report Complete/Ready for Review <input checked="" type="checkbox"/>	CAD/CFS Event # <b>2208260013</b>	
	<b>N</b>	Assigned To _____ Date _____		
	<b>N</b>			
	<b>N</b>			

Officer ID **OFFICER DALTON MITLEFF 551** Reviewed By **Lt. Michael Thomas** Approved **YES** Date **09/01/2022**



**FORREST CITY  
POLICE DEPARTMENT**

Crime / Incident (Primary) <b>5-26-305 DOMESTIC BATTERING 3RD DEGREE</b>		Attempt <input type="checkbox"/>	Type	Incident # <b>2208260013</b>	Seq <b>1</b>
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On 08/26/2022 I, Ofc. Mitleff was dispatched to the Forrest City Police Department in reference to report from an incident that happened Wednesday 08/24/2022 at Woodridge between [REDACTED] and [REDACTED] stated that her and [REDACTED] had started arguing. [REDACTED] stated that [REDACTED] came into the building ringing the doorbell 3 times then began beating on the door and pacing back and forth coming in and out in an area that is strictly for staff only. [REDACTED] stated that the police were called and notified but no report was done on the incident.

Officer ID <b>OFFICER DALTON MITLEFF</b>	<b>551</b>	Reviewed By <b>Lt. Michael Thomas</b>	Approved <b>YES</b>	Date <b>09/01/2022</b>
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