

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 1/20/2023 5:16 PM	
INCIDENT NUMBER 2023-008014		UNIT ASSIGNED 2X54	CALL DATE 01/19/2023	CALL TIME 20:53:00	TYPE OF CALL BATTERY
INCIDENT DATE 1/19/2023 8:53:35 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDRENS HOME			DISTRICT 54

Report Contains Juvenile Information
Redact Before Release

OFFENSE																																																																			
INCIDENT OFFENSE TYPE 1. BATTERY 3RD DEGREE 2. 3. 4.			OFFENSE STATUS Attempted Completed 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted Completed 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>																																																																
SUSPECTS USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown		TYPE OF CRIMINAL ACTIVITY: <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 checked="" type="checkbox"/> (N) None / Unknown																																																																			
LOCATION CODE: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (01) Air / Bus / Train Terminal</td> <td><input type="checkbox"/> (16) Lake / Waterway</td> <td><input type="checkbox"/> (44) Daycare Facility</td> <td><input type="checkbox"/> (51) Rest Area</td> </tr> <tr> <td><input type="checkbox"/> (02) Bank / Savings & Loan</td> <td><input type="checkbox"/> (17) Liquor Store</td> <td><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal</td> <td><input type="checkbox"/> (52) School - College / University</td> </tr> <tr> <td><input type="checkbox"/> (03) Bar / Night Club</td> <td><input type="checkbox"/> (18) Parking Lot / Garage</td> <td><input type="checkbox"/> (46) Farm Facility</td> <td><input type="checkbox"/> (53) School - Elementary / Secondary</td> </tr> <tr> <td><input type="checkbox"/> (04) Church / Synagogue / Temple</td> <td><input type="checkbox"/> (19) Rental / Storage Facility</td> <td><input type="checkbox"/> (47) Gambling / Casino / Racetrack</td> <td><input type="checkbox"/> (54) Shelter - Mission / Homeless</td> </tr> <tr> <td><input type="checkbox"/> (05) Commercial / Office Building</td> <td><input checked="" type="checkbox"/> (20) Residence / House</td> <td><input type="checkbox"/> (48) Industrial Site</td> <td><input type="checkbox"/> (55) Shopping Mall</td> </tr> <tr> <td><input type="checkbox"/> (06) Construction Site</td> <td><input type="checkbox"/> (21) Restaurant</td> <td><input type="checkbox"/> (49) Military Installation</td> <td><input type="checkbox"/> (56) Tribal Lands</td> </tr> <tr> <td><input type="checkbox"/> (07) Convenience Store</td> <td><input type="checkbox"/> (22) School / College</td> <td><input type="checkbox"/> (50) Park / Playground</td> <td><input type="checkbox"/> (57) Community Center</td> </tr> <tr> <td><input type="checkbox"/> (08) Department / Discount Store</td> <td><input type="checkbox"/> (23) Service / Gas Station</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (09) Drug Store / DR Office / Hospital</td> <td><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (10) Field / Woods</td> <td><input type="checkbox"/> (25) Other / Unknown</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (11) Government / Public Building</td> <td><input type="checkbox"/> (37) Abandoned/Condemned Structure</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (12) Grocery / Supermarket</td> <td><input type="checkbox"/> (38) Amusement Park</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (13) Highway / Road / Alley</td> <td><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (14) Hotel / Motel / Etc</td> <td><input type="checkbox"/> (40) ATM Separate from Bank</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> (15) Jail / Penitentiary</td> <td><input type="checkbox"/> (41) Auto Dealership New / Used</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> (42) Camp / Campground</td> <td></td> <td></td> </tr> </table>				<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 - 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(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <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 checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)																																																																	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other																																																																			

ENTRY DATE 01/20/2023 03:46:19	REPORTING OFFICER CHRISTOPHER TOLLETTE	ORIGINAL APPROVING SUPERVISOR CHAD STANGE	<input checked="" type="checkbox"/> MVR in use
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Redact Before Release

VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>
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ADDRESS: **2002 S FILMORE ST LITTLE ROCK AR 72204**

HOME PHONE: 5019999999	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 <div style="background-color: black; width: 100px; height: 15px; margin-top: 5px;"></div>
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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 checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.	OCCUPATION / EMPLOYER:
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AGE: Exact Age: <u>12</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)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)
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THIS VICTIM RELATED TO WHICH OFFENSES? <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	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">(SE) Spouse _____</td> <td style="width:50%; border: none;">(AQ) Acquaintance _____</td> </tr> <tr> <td style="border: none;">(CS) Common-Law Spouse _____</td> <td style="border: none;">(FR) Friend _____</td> </tr> <tr> <td style="border: none;">(PA) Parent _____</td> <td style="border: none;">(NE) Neighbor _____</td> </tr> <tr> <td style="border: none;">(SB) Sibling _____</td> <td style="border: none;">(BE) Babysitter (baby) _____</td> </tr> <tr> <td style="border: none;">(CH) Child _____</td> <td style="border: none;">(BG) Boy/Girl Friend _____</td> </tr> <tr> <td style="border: none;">(GP) Grandparents _____</td> <td style="border: none;">(CF) Child of BF / GF _____</td> </tr> <tr> <td style="border: none;">(GC) Grandchild _____</td> <td style="border: none;">(HR) Homosexual Rel. _____</td> </tr> <tr> <td style="border: none;">(IL) Inlaw _____</td> <td style="border: none;">(XS) Ex-Spouse _____</td> </tr> <tr> <td style="border: none;">(SP) Stepparent _____</td> <td style="border: none;">(EE) Employee _____</td> </tr> <tr> <td style="border: none;">(SC) Stepchild _____</td> <td style="border: none;">(ER) Employer _____</td> </tr> <tr> <td style="border: none;">(SS) Stepsibling _____</td> <td style="border: none;">1 (OK) Otherwise Known _____</td> </tr> <tr> <td style="border: none;">(OF) Other Family _____</td> <td style="border: none;">(RU) Relationship Unknown _____</td> </tr> <tr> <td style="border: none;">(ST) Stranger _____</td> <td style="border: none;">(VO) Victim Was Suspect _____</td> </tr> </table>	(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 _____	1 (OK) Otherwise Known _____	(OF) Other Family _____	(RU) Relationship Unknown _____	(ST) Stranger _____	(VO) Victim Was Suspect _____
(SE) Spouse _____	(AQ) Acquaintance _____																										
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(SS) Stepsibling _____	1 (OK) Otherwise Known _____																										
(OF) Other Family _____	(RU) Relationship Unknown _____																										
(ST) Stranger _____	(VO) Victim Was Suspect _____																										

VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input 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
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VICTIM INJURY: <input type="checkbox"/> (N) None <input checked="" 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

AGGRAVATED ASSAULT / HOMICIDE: <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

CLOTHING DESCRIPTION

HAT _____ SHIRT _____ SHOES _____

COAT _____ PANTS/DRESS _____

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SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]	AKA:
ARRESTEE #	ADDRESS: [REDACTED]	
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 checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		DATE OF BIRTH [REDACTED]
MENTALLY AFFLICTED? <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.		OCCUPATION / EMPLOYER:
AGE: Exact Age: 15 Range: - - <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECT'S ACTIONS RELATED TO: <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	NIC:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		HEIGHT: Ft _____ In _____
THIS SUSPECT RELATES TO WHICH OFFENSES? <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		WEAPONS AT ARREST: <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
ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody		(A -- automatic)
ARREST LOCATION:		D.L. / ID No. (STATE)
ARREST DATE:		WEIGHT: Lbs _____
CHARGE: 5-13-203		
ARRESTING OFFICERS		
OFFICER 1: _____ <input type="checkbox"/> MVR	OFFICER 5: _____ <input type="checkbox"/> MVR	
OFFICER 2: _____ <input type="checkbox"/> MVR	OFFICER 6: _____ <input type="checkbox"/> MVR	
OFFICER 3: _____ <input type="checkbox"/> MVR	OFFICER 7: _____ <input type="checkbox"/> MVR	
OFFICER 4: _____ <input type="checkbox"/> MVR	OFFICER 8: _____ <input type="checkbox"/> MVR	

Suspect information continued on next page.

Redact Before Release

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]	AKA:
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COMPLEXION: <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 checked="" 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 checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown
HAIR LENGTH: <input type="checkbox"/> (1) Long <input checked="" 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	BUILD: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <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 checked="" type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____			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

ADDED DESCRIPTION:

n/a

Redact Before Release

OTHER PERSONS - CONTACT

OTHER PERSON # 1	NAME (Last, First, Middle) SMITH, TAMIKA																																																																																																																																										
ADDRESS: 2002 S FILMORE ST LITTLE ROCK AR 72204																																																																																																																																											
HOME PHONE: 5012989155		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 checked="" type="checkbox"/> (W) White <input 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 01/01/2011																																																																																																																																					
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:																																																																																																																																							
AGE: Exact Age: 12 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:		HEIGHT: Ft _____ In _____																																																																																																																																						
			D.L. / ID No. (STATE)		WEIGHT: Lbs _____																																																																																																																																						
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INCIDENT NUMBER 2023-008014

Report Contains Juvenile Information

Report generated: 1/20/2023 5:16 PM

Redact Before Release

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
0	80	1.00	OZARK TRAIL WHI FOLDING KNIFE SILVER AND WHITE FOLDING KNIFE	724904	0.0000		0.00	

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

PROPERTY DESCRIPTION:	(10) Drugs/Narcotics	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture
(01) Aircraft	(11) Drug/Narcotic Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community
(02) Alcohol	(12) Farm Equipment	(23) Office-Type Equipment	(34) Structures-Storage
(03) Automobiles	(13) Firearms	(24) Other Motor Vehicles	(35) Structures-Other
(04) Bicycles	(14) Gambling Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower
(05) Buses	(15) Heavy Equipment Construction/ Industry	(26) Radios/TVs/VCR	(37) Trucks
(06) Clothes/Furs	(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories
(07) Computer Hardware/ Software	(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft
(08) Consumable Goods	(18) Livestock	(29) Structures-Single Occupancy	(77) Other
(09) Credit Cards/Debit Cards	(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)
	(20) Money	(31) Structures-Commercial/Business	

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/ Methamphetamines	(O) Other Depressants
(A) Crack Cocaine	(E) Marijuana	(I) LSD	(M) Other Stimulants	(P) Other Drugs
(B) Cocaine	(F) Morphine	(J) PCP	(N) Barbituates	(U) Unknown Type
(C) Hashish	(G) Opium	(K) Other Hallucino.		

TYPE DRUG MEASUREMENT:

Units	Weight	
(DU) Dosage Unit	(GM) Gram	(OZ) Ounce
(Pills, etc)	(KG) Kilogram	(LB) Pound
(NP) Number of Plants		

FOR BURGLARIES: Point of Entry: _____
Tools Apparently Used: _____

Capacity
(ML) Milliliter (GL) Gallon
(LT) Liter (FO) Fluid Ounce

Redact Before Release

NARRATIVE

OFFICERS RESPONDED TO METHODIST CHILDREN'S HOME IN REFERENCE TO A BATTERY BETWEEN PATIENTS. OFFICERS MADE CONTACT WITH METHODIST STAFF MEMBER TAMIKA SMITH. SMITH ADVISED THAT A FIGHT OCCURRED BETWEEN PATIENTS AND JUVENILE SUSPECT-1 WAS BECOMING COMBATIVE. OFFICERS MADE CONTACT WITH JS-1 OUTSIDE ON THE PICNIC TABLE. JS-1 ADVISED OFFICERS THAT HE CONFRONTED JUVENILE VICTIM-1 ABOUT RUMMAGING THROUGH HIS BELONGINGS. JS-1 ADVISED JV-1 IGNORED HIM SEVERAL TIMES AND EVENTUALLY CAME AT HIM IN AN AGGRESSIVE MANNER PROMPTING HIM TO SLAM JV-1 INTO A WALL SEVERAL TIMES RESULTING IN INJURY TO JV-1. OFFICERS MADE CONTACT WITH JV-1 WHO ADVISED HE CAUGHT JS-1 RUMMAGING THROUGH HIS BELONGINGS AND WAS IMMEDIATELY SLAMMED INTO THE WALL CAUSING INJURY TO HIS HEAD. OFFICERS OBSERVED BLOOD ON A RAG AND A SMALL CUT TO THE HEAD OF JV-1. MEMS 616 RESPONDED AND TREATED JV-1 ON SCENE. 12TH STREET SGT. STANGE WAS NOTIFIED. DUE TO THE LACK OF RELIABLE WITNESSES, STAFF WAS ADVISED TO SEEK WARRANTS BEFORE BEING PROVIDED WITH AN INCIDENT CARD.

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? 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