

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>		Report generated: 3/30/2023 10:59 PM	
INCIDENT NUMBER <b>2023-035516</b>		UNIFORM ASSIGNED <b>2X40</b>	CALL DATE <b>03/30/2023</b>	CALL TIME <b>17:58:00</b>	TYPE OF CALL <b>MISPER</b>
INCIDENT DATE <b>3/30/2023 5:58:28 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. MISSING PERSON	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"/> (B) Buying / Receiving	<input type="checkbox"/> (C) Cultivate / Manufacture / Publish	<input type="checkbox"/> (J) Juvenile Gang	
<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"/> (G) Other Gang	
		<input type="checkbox"/> (T) Transport / Transmit / Import	<input type="checkbox"/> (U) Using / Consuming	<input type="checkbox"/> (N) None / Unknown	
		<input type="checkbox"/> (D) Distributing / Selling	<input type="checkbox"/> (P) Possessing / Concealing		

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 checked="" 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)		METHOD OF ENTRY:	
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"/> (60) Explosives	<input type="checkbox"/> (65) Fire / Incendiary Device
<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (65) Fire / Incendiary Device	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills	<input type="checkbox"/> (85) Asphyxiation
<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills	<input type="checkbox"/> (90) Other	<input type="checkbox"/> (95) Unknown
<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (85) Asphyxiation	<input type="checkbox"/> (99) None	
<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (90) Other		
<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	<input type="checkbox"/> (95) Unknown		
<input type="checkbox"/> (30) Blunt Object (Club, etc)	<input type="checkbox"/> (99) None		
<input type="checkbox"/> (35) Motor Vehicle (as weapon)			
<input type="checkbox"/> (40) Personal Weapons (hands, etc)			

NARCAN USED:  Yes  No  Other

ENTRY DATE <b>03/31/2023 02:15:07</b>	REPORTING OFFICER <b>MELANIE WOOD</b> [REDACTED]	ORIGINAL APPROVING SUPERVISOR <b>CHAD STANGE</b> [REDACTED]	<input checked="" type="checkbox"/> MVR in use
--	---	--	--

Redact Before Release

OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1 NAME (Last, First, Middle) WHITAKER, SHAY

ADDRESS: UNKNOWN LITTLE ROCK AR

HOME PHONE: 5019064913 WORK PHONE: MOBILE PHONE: OTHER PHONE:

SEX: (F) Female (M) Male (U) Unk. ETHNICITY: (N) Non-Hispanic (H) Hispanic (U) Unk. RACE: (B) Black (W) White (I) American Indian (A) Asian / Pacific Islander (U) Unknown DATE OF BIRTH: 01/13/1989

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

AGE: Exact Age: 34 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 WEIGHT: Lbs D.L. / ID No. (STATE)

COMPLEXION: (2) Medium (1) Light (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown HAIR STYLE: (1) Afro (2) Wavy (3) Straight (4) Curly (5) Braided (6) Ponytail (7) Military (8) Processed (9) 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: (2) Brown (1) Blue (3) Grey (4) Green (5) Hazel (6) Other (7) Unknown FACIAL HAIR: (10) Other (11) Unknown Demeanor: (7) Professional (1) Angry (2) Apologetic (3) Calm (4) Irrational (5) Nervous (6) Polite (8) Stupor (9) Violent (10) Drunk / High (11) Other (12) Unknown SCAR / MARK: (12) Unknown (1) Head (2) Neck (3) Hand (rt) (4) Hand (lft) (5) Arm (rt) (6) Arm (lft) (7) Body (8) Leg (rt) (9) 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: (11) Back (1) Arm (lft) (2) Arm (rt) (3) Leg (lft) (4) Leg (rt) (5) Hand (lft) (6) Hand (rt) (7) Face (8) Neck (9) Finger(s) (10) Chest (11) Back CLOTHING DESCRIPTION: HAT COAT SHIRT PANTS/DRESS SHOES

Redact Before Release

**OTHER PERSONS - RUNAWAY**

OTHER PERSON # 2	NAME (Last, First, Middle) [REDACTED]					
ADDRESS: 2002 S FILLMORE ST #5 LITTLE ROCK AR						
HOME PHONE: 00000000	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 [REDACTED]			
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: 16 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: [REDACTED]	HEIGHT: Ft _____ In _____			
		D.L. / ID No. (STATE)	WEIGHT: Lbs 190			
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 checked="" 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 checked="" 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
HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" 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 type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR: <input type="checkbox"/> (1) Blue <input checked="" 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	CLOTHING DESCRIPTION HAT _____ COAT _____ YELLOW HOODIE _____ SHIRT _____ PANTS/DRESS RED JEANS _____ SHOES _____ WHITE FORCES _____		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	

JUVENILE INFORMATION  
Redact Before Release**NARRATIVE**

OFFICERS RESPONDED TO THE LISTED LOCATION IN RELATION TO A MISSING PERSON CALL. OFFICERS MADE CONTACT WITH SHAY WHITAKER WHO ADVISED THAT JUV-1 DID NOT RETURN HOME AFTER SCHOOL. OFFICERS DID A MISSING PERSON BROADCAST AND SENT IN THE NCIC MISSING PERSON FORM. SHAY WHITAKER CALLED BACK STATING THAT JUV-1 RETURNED HOME. OFFICERS WENT AND MADE CONTACT WITH JUV-1 WHO WAS IN FACT BACK AT HOME. JUV-1 CLAIMED HE MISSED THE BUS AND HAD TO WALK HOME. OFFICER CALLED COMMUNICATIONS CONFIRMING JUV-1 HAS RETURNED HOME. BWC/MVR IN USE.

\*\*\* SUPPLEMENTAL INFORMATION\*\*\* CCATTANO [REDACTED] 3-30-23 2257

SUBJECT 2 WAS ENTERED AND CLEARED FROM ALL SYSTEMS AS MISSING

JUVENILE INFORMATION

Redact Before Release

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