

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT		Report generated: 4/5/2023 6:42 AM	
INCIDENT NUMBER 2023-037587		UNIT ASSIGNED 1X50	CALL DATE 04/04/2023	CALL TIME 16:14:00	TYPE OF CALL CRMISC
INCIDENT DATE 4/4/2023 4:14:27 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST			DISTRICT 54

Report Contains Juvenile Information
Redact Before Release

OFFENSE																																																																			
INCIDENT OFFENSE TYPE 1. CRIMINAL MISCHIEF 1ST DEGREE MISD 2. 3. 4.			OFFENSE STATUS Attempted 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Attempted 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 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																																																																	
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 checked="" 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 - 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(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		METHOD OF ENTRY: <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force																																																																	
WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> (11) Firearm (Unknown)</td> <td><input type="checkbox"/> (50) Poison</td> </tr> <tr> <td><input type="checkbox"/> (12) Handgun</td> <td><input type="checkbox"/> (60) Explosives</td> </tr> <tr> <td><input type="checkbox"/> (13) Rifle</td> <td><input type="checkbox"/> (65) Fire / Incendiary Device</td> </tr> <tr> <td><input type="checkbox"/> (14) Shotgun</td> <td><input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills</td> </tr> <tr> <td><input type="checkbox"/> (15) Other Firearm</td> <td><input type="checkbox"/> (85) Asphyxiation</td> </tr> <tr> <td><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)</td> <td><input type="checkbox"/> (90) Other</td> </tr> <tr> <td><input type="checkbox"/> (30) Blunt Object (Club, etc)</td> <td><input type="checkbox"/> (95) Unknown</td> </tr> <tr> <td><input type="checkbox"/> (35) Motor Vehicle (as weapon)</td> <td><input type="checkbox"/> (99) None</td> </tr> <tr> <td><input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)</td> <td></td> </tr> </table>				<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)																																															
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NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other																																																																			

ENTRY DATE 04/04/2023 23:27:56	REPORTING OFFICER DREW TALBERT - [REDACTED]	ORIGINAL APPROVING SUPERVISOR MICHAEL WILBANKS - [REDACTED]	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1 NAME (Last, First, Middle) or BUSINESS **METHODIST FAMILY**

ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72204

HOME PHONE: 5012989155 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: 01/01/2011

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

AGE: Exact Age: 12 Range: (BB) 7-364 Days Old (NN) Under 24 Hrs. Old (99) Over 98 Years Old (NB) 1-6 Days Old (00) Unknown NIC: D.L. / ID No. (STATE) RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number)

THIS VICTIM RELATED TO WHICH OFFENSES? 1 2 3 4 5 6 7 8

VICTIM TYPE: (I) Individual (B) Business (F) Financial Inst. (U) Unknown (G) Government (R) Religious (S) Society / Public (O) Other

VICTIM INJURY: (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

AGGRAVATED ASSAULT / HOMICIDE: (01) Argument (02) Assault on Law Enf Officer (03) Drug Deal (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen (21) Criminal Killed by Police Officer (30) Child Playing w/ Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings

CLOTHING DESCRIPTION
 HAT _____ SHIRT _____ SHOES _____
 COAT _____ PANTS/DRESS _____

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	AKA:
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ARRESTEE #	ADDRESS: <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>
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HOME PHONE:	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 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 <div style="background-color: black; width: 100%; height: 1.2em; 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 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>14</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown	SUSPECTS 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:	HEIGHT: Ft _____ In _____	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
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)	WEIGHT: Lbs _____	(A - automatic)

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	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody
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ARREST LOCATION:	ARREST DATE:
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CHARGE: 5-38-203M

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 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	HAIR STYLE: <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	HAIR COLOR: <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	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 type="checkbox"/> (10) Other <input checked="" 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 type="checkbox"/> (11) Other <input checked="" 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 checked="" 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 checked="" type="checkbox"/> (9) Unknown
HAIR LENGTH: <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	BUILD: <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	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 type="checkbox"/> (6) Other <input checked="" 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

VEHICLE #1						
STATUS: SUBJECT			HOLD AUTHORITY:			
YEAR: 2002	MAKE: FORD	MODEL: VAN	STYLE: VN	VIN: [REDACTED]	LICENSE NO. (TYPE): 907XGS PC	LIC YEAR: 2023
OWNER'S NAME (Last, First): [REDACTED]			ADDRESS: [REDACTED]			STATE: [REDACTED]
COLOR: WHI	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC:		INSURANCE POLICY #:	

PROPERTY						DRUG INFORMATION		
P.LOSS	P.DES	QTY	Description (ser#, color, make, model)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	03	4.00	UNK UNK + UN VAN WINDOWS	0	800		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 (Pills, etc)	(GM) Gram	(OZ) Ounce
(NP) Number of Plants	(KG) Kilogram	(LB) Pound

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

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

JUVENILE INFORMATION
Redact Before Release

NARRATIVE

NICK RUCKER SAID THAT ONE OF THE KIDS THERE BROKE OUT 4 WINDOWS FROM TWO OF THEIR VANS. THE SUSPECT TOLD ME THAT HE WAS MAD BECAUSE HE GOT BEAT UP THE OTHER DAY AND DECIDED TO GET HIS ANGER OUT BY BREAKING THE WINDOWS. I ADVISED MR. RUCKER THAT THEY COULD SEEK WARRANTS FOR THE DAMAGE.

JUVENILE INFORMATION
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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