

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 7/9/2023 10:25 AM
INCIDENT NUMBER 2023-067975	UNIT ASSIGNED 2Y61	CALL DATE 06/16/2023	CALL TIME 17:31:00	TYPE OF CALL PRPCHK	
INCIDENT DATE 6/16/2023 5:31:08 PM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6501 W 12TH ST			DISTRICT 61

OFFENSE			
INCIDENT OFFENSE TYPE			OFFENSE STATUS
1	TERRORISTIC THREATEN NG 1ST DEGREE	5	Attempted 1 <input type="checkbox"/> Completed 1 <input checked="" type="checkbox"/>
2		6	Attempted 2 <input type="checkbox"/> Completed 2 <input type="checkbox"/>
3		7	Attempted 3 <input type="checkbox"/> Completed 3 <input type="checkbox"/>
4		8	Attempted 4 <input type="checkbox"/> Completed 4 <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 checked="" 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 checked="" 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 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"/> (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 type="checkbox"/> (40) Personal Weapons (hands, etc)			
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 06/17/2023 00:27:17	REPORTING OFFICER CHRISTOPHER JACKSON - Confidential	ORIGINAL APPROVING SUPERVISOR HANNAH THOMAS - Confidential	<input checked="" type="checkbox"/> MVR in use
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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS [REDACTED]		
ADDRESS: 6501 W 12TH ST LITTLE ROCK AR			
HOME PHONE: [REDACTED]	WORK PHONE:	MOBILE PHONE:	OTHER PHONE:
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 [REDACTED]
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: 21 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)	RELATIONSHIP OF THIS VICTIM TO SUSPECTS 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 _____ 1 _____ (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 _____ (RU) Relationship Unknown (ST) Stranger _____ (VO) Victim Was Suspect
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			
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			
VICTIM INJURY: <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			
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 _____			

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]		AKA:	
ARRESTEE #	ADDRESS: 6501 W 12TH ST LITTLE ROCK AR			
HOME PHONE:		WORK PHONE:		MOBILE PHONE:
OTHER PHONE: [REDACTED]				
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 [REDACTED]				
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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: <u>21</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:
DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		D.L. / ID No. (STATE)		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
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		
ARREST LOCATION:			ARREST DATE:	
CHARGE: 5-13-301F				
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		

* (A -- automatic)

Suspect information continued on next page.

SUSPECT #1

SUSPECT # 1	NAME (Last, First, Middle) [REDACTED]	AKA:
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COMPLEXION:	HAIR STYLE:	HAIR COLOR:	FACIAL HAIR:	DEMEANOR:	SCAR / MARK:	TATTOO:
<input type="checkbox"/> (1) Light	<input type="checkbox"/> (01) Afro	<input type="checkbox"/> (1) Black	<input type="checkbox"/> (01) Clean Shaven	<input type="checkbox"/> (01) Angry	<input type="checkbox"/> (01) Head	<input type="checkbox"/> (1) Designs
<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (02) Wavy	<input type="checkbox"/> (2) Blonde	<input type="checkbox"/> (02) Unshaven	<input type="checkbox"/> (02) Apologetic	<input type="checkbox"/> (02) Neck	<input type="checkbox"/> (2) Initials
<input type="checkbox"/> (3) Dark	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Brown	<input type="checkbox"/> (03) Full Beard	<input type="checkbox"/> (03) Calm	<input type="checkbox"/> (03) Hand (rt)	<input type="checkbox"/> (3) Names
<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Grey	<input type="checkbox"/> (04) Must. (hvy)	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (04) Hand (lft)	<input type="checkbox"/> (4) Pictures
<input type="checkbox"/> (5) Freckled	<input type="checkbox"/> (05) Braided	<input type="checkbox"/> (5) Red	<input type="checkbox"/> (05) Must. (thin)	<input type="checkbox"/> (05) Nervous	<input type="checkbox"/> (05) Arm (rt)	<input type="checkbox"/> (5) Words
<input type="checkbox"/> (6) Ruddy	<input type="checkbox"/> (06) Ponytail	<input type="checkbox"/> (6) Sandy	<input type="checkbox"/> (06) Brows (hvy)	<input type="checkbox"/> (06) Polite	<input type="checkbox"/> (06) Arm (lft)	<input type="checkbox"/> (6) Numbers
<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Military	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (07) Brows (thin)	<input type="checkbox"/> (07) Professional	<input type="checkbox"/> (07) Body	<input type="checkbox"/> (7) Insignia
<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input checked="" type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Side Burns	<input type="checkbox"/> (08) Stupor	<input type="checkbox"/> (08) Leg (rt)	<input type="checkbox"/> (8) None
	<input type="checkbox"/> (09) Wig/Toupee		<input type="checkbox"/> (09) Goatee	<input type="checkbox"/> (09) Violent	<input type="checkbox"/> (09) Leg (lft)	<input checked="" type="checkbox"/> (9) Unknown
HAIR LENGTH:	<input type="checkbox"/> (10) Other	EYE COLOR:	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (10) Drunk / High	<input type="checkbox"/> (10) Other	TATTOO LOC:
<input type="checkbox"/> (1) Long	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input checked="" type="checkbox"/> (11) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (11) None	<input type="checkbox"/> (01) Arm (lft)
<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Brown		<input checked="" type="checkbox"/> (12) Unknown	<input checked="" type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (rt)
<input type="checkbox"/> (3) Short	BUILD:	<input type="checkbox"/> (3) Grey				<input type="checkbox"/> (03) Leg (lft)
<input type="checkbox"/> (4) Bald(ing)	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (4) Green				<input type="checkbox"/> (04) Leg (rt)
<input type="checkbox"/> (5) Other	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (5) Hazel				<input type="checkbox"/> (05) Hand (lft)
<input checked="" type="checkbox"/> (6) Unknown	<input type="checkbox"/> (3) Heavy	<input type="checkbox"/> (6) Other				<input type="checkbox"/> (06) Hand (rt)
	<input type="checkbox"/> (4) Muscular	<input checked="" type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face
	<input checked="" type="checkbox"/> (5) Unknown					<input type="checkbox"/> (08) Neck
						<input type="checkbox"/> (09) Finger(s)
						<input type="checkbox"/> (10) Chest
						<input type="checkbox"/> (11) Back

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

VEHICLE #1

STATUS: SUBJECT

HOLD AUTHORITY:

YEAR: 2016	MAKE: VOLK	MODEL: JETTA	STYLE: 4D	VIN: Confidential Information	LICENSE NO. (TYPE): AFL16A PC	LIC YEAR: 0
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OWNER'S NAME (Last, First): Confidential Information	ADDRESS: Confidential Information	STATE: Confidential
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COLOR: BLK	DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC:	INSURANCE POLICY #:
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NARRATIVE

OFFICERS RESPONDED TO THE LISTED LOCATION IN REFERENCE TO A PROPERTY CHECK CALL. UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE CALLER ([REDACTED]).

[REDACTED] ADVISED SHE HAS A PROTECTION ORDER AGAINST HER EX-BOYFRIEND ([REDACTED]). [REDACTED] ADVISED SHE IS NOT SURE IF THE SUBJECT HAS BEEN SERVED WITH THE PROTECTION ORDER OR NOT. [REDACTED] ADVISED [REDACTED] HAS BEEN COMING TO HER JOB, CIRCLING THE PARKING LOT, AND MAKING THREATS TO HER OVER THE PHONE. [REDACTED] ADVISED [REDACTED] ADVISED HER TO COME OUTSIDE. [REDACTED] ADVISED [REDACTED] STATED HE WOULD SHOOT HER AND THE KIDS INSIDE, WHILE ON THE PHONE WITH HIM. [REDACTED] ADVISED [REDACTED] LEFT THE LOCATION BEFORE POLICE ARRIVAL.

OFFICERS WAS UNABLE TO MAKE CONTACT WITH [REDACTED] DUE TO HIM NO LONGER BEING ON SCENE. OFFICERS PROVIDED [REDACTED] WITH THE INCIDENT NUMBER. OFFICERS ADVISED [REDACTED] TO CALL POLICE IF [REDACTED] RETURNS. OFFICERS CIRCULATED THE SURROUNDING PARKING LOTS FOR [REDACTED] WITH NEGATIVE RESULTS. MVR AND BWC IN USE.

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