

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

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|---|--|--|--------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 10/27/2023 9:17 AM |
| INCIDENT NUMBER 2023-116368 | | UNIT ASSIGNED 2X40 | CALL DATE 10/06/2023 | CALL TIME 14:53:00 | TYPE OF CALL BATTERY |
| INCIDENT DATE 10/6/2023 2:53:09 PM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 2002 S FILLMORE ST METHODIST CHILDRENS HOME | | | DISTRICT 54 |

| OFFENSE | | | |
|--|---|--|--|
| INCIDENT OFFENSE TYPE | | OFFENSE STATUS | |
| 1 ASSAULT 3RD DEGREE | 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: | |
| <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 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) | | WEAPON FORCE: (on 11-15, an "A" denotes Automatic or Semi-Automatic) | |
| METHOD OF ENTRY: | | <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"/> (15) Other Firearm <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills <input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (95) Unknown <input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc) <input type="checkbox"/> (99) None | |
| NUMBER OF PREMISES ENTERED _____ | | <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force | |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other | | | |

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|--|---|---|--|
| ENTRY DATE 10/06/2023 22:04:36 | REPORTING OFFICER GREGORY REESE - (b)(13) | ORIGINAL APPROVING SUPERVISOR CHAD STANGE - (b)(13) | <input checked="" type="checkbox"/> MVR in use |
|--|---|---|--|

VICTIM

| | | | |
|--|---|--|---|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS [REDACTED] | | |
| ADDRESS: [REDACTED] | | | |
| HOME PHONE: [REDACTED] | 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: [REDACTED] 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 _____ (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 |
| 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) <div style="background-color: black; width: 150px; height: 1.2em; margin: 5px 0;"></div> | | | AKA: | |
| ARRESTEE # | ADDRESS: 2002 S FILLMORE ST LITTLE ROCK AR 72204 | | | | |
| HOME PHONE: | | WORK PHONE: | | MOBILE PHONE: | OTHER PHONE: 0000000000 |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | ETHNICITY: <input type="checkbox"/> (H)Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk. | | RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown | |
| DATE OF BIRTH | | RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" 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: | | WEAPONS AT ARREST: | |
| Exact Age: _____ 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 _____ | |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | | WEIGHT: Lbs _____ | |
| 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: 5-13-207 | | | | | |
| ARRESTING OFFICERS | | | | | |
| OFFICER 1: _____ | | <input type="checkbox"/> MVR | | OFFICER 5: _____ | |
| OFFICER 2: _____ | | <input type="checkbox"/> MVR | | OFFICER 6: _____ | |
| OFFICER 3: _____ | | <input type="checkbox"/> MVR | | OFFICER 7: _____ | |
| OFFICER 4: _____ | | <input type="checkbox"/> MVR | | OFFICER 8: _____ | |

(A -- automatic c)

Suspect information continued on next page.

SUSPECT #1

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| 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

NARRATIVE

DELAYED REPORT:

ON 10/06/2023, WHILE WORKING 2X40, OFFICERS MADE CONTACT WITH [REDACTED] AT THE 12TH STREET SUBSTATION WHO ADVISED HE WANTED TO MAKE AN ASSAULT REPORT.

[REDACTED] ADVISED THE ACCIDENT ACTUALLY OCCURRED ON THE MORNING OF 10/05/23. MR. [REDACTED] ADVISED HE WORKED AT METHODIST CHILDREN'S HOME, WHERE HE WAS MONITORING JUVENILE FEMALES' BEHAVIOR. MR. [REDACTED] ADVISED ONE JUVENILE, JUV1 BECAME COMBATIVE. MR. [REDACTED] STATED JUV1 THEN GRABBED AN ALUMINUM STICK-TYPE OBJECT AND STARTED TO PLAY WITH IT. MR. [REDACTED] ADVISED HE TRIED TO TAKE THE OBJECT FROM JUV1 AND JUV1 STRUCK HIM IN HIS HEAD WITH IT. MR. [REDACTED] ADVISED THE STICK-LIKE OBJECT BROKE WHEN JUV1 STRUCK HIM WITH IT. MR. [REDACTED] ADVISED HE WAS ABLE TO TAKE POSSESSION OF THE OBJECT AFTER THE ALTERCATION AND STATED HE DID NOT HAVE ANY INJURIES.

OFFICERS PROVIDED MR. [REDACTED] WITH A COPY OF THE INCIDENT REPORT AND ADVISED IF HE WANTED TO PRESS CHARGES, HE WOULD NEED TO SPEAK WITH THE PROSECUTING ATTORNEY'S OFFICE.

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