

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			Report generated: 10/22/2023 10:01 PM
INCIDENT NUMBER 2023-122954	UNIT ASSIGNED 1X60	CALL DATE 10/22/2023	CALL TIME 11:53:00	TYPE OF CALL DIS	
INCIDENT DATE 10/22/2023 11:53:19 AM		LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 6501 W 12TH ST CENTERS FOR YOUTH AND FAMILIES.			DISTRICT 61

OFFENSE			
INCIDENT OFFENSE TYPE		OFFENSE STATUS	
1 DISTURBANCE	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 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 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 checked="" 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)	
NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force		<input type="checkbox"/> (12) Handgun	
		<input type="checkbox"/> (13) Rifle	
		<input type="checkbox"/> (14) Shotgun	
		<input type="checkbox"/> (15) Other Firearm	
		<input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc)	
		<input type="checkbox"/> (30) Blunt Object (Club, etc)	
		<input type="checkbox"/> (35) Motor Vehicle (as weapon)	
		<input type="checkbox"/> (40) Personal Weapons (hands, etc)	
		<input type="checkbox"/> (50) Poison	
		<input type="checkbox"/> (60) Explosives	
		<input type="checkbox"/> (65) Fire / Incendiary Device	
		<input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills	
		<input type="checkbox"/> (85) Asphyxiation	
		<input type="checkbox"/> (90) Other	
		<input type="checkbox"/> (95) Unknown	
		<input type="checkbox"/> (99) None	
NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other			

ENTRY DATE 10/22/2023 19:11:00	REPORTING OFFICER MALIK AUSTIN - (b)(13)	ORIGINAL APPROVING SUPERVISOR CHAD GLOVER - (b)(13)	<input checked="" type="checkbox"/> MVR in use
-----------------------------------	---	--	--

OTHER PERSONS - PERSON REPORTING

OTHER PERSON # 1	NAME (Last, First, Middle) <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>						
ADDRESS: 6501 W 12TH ST LITTLE ROCK AR 72204							
HOME PHONE: 5018591386		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 <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>	
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: <u>14</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:		HEIGHT: Ft _____ In _____		
			D.L. / ID No. (STATE)		WEIGHT: Lbs _____		
COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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 checked="" 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 type="checkbox"/> (11) Unknown		HAIR COLOR: <input checked="" 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 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	
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		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		DEMEANOR: <input checked="" 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 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	
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				CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____		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	
						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	

OTHER PERSONS - CONTACT

OTHER PERSON # 2	NAME (Last, First, Middle) [REDACTED]						
ADDRESS: 6501 W 12TH ST LITTLE ROCK AR 72204							
HOME PHONE: 5018591386		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 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: 36 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:		HEIGHT: Ft _____ In _____		
			D.L. / ID No. (STATE)		WEIGHT: Lbs _____		
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 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 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 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 type="checkbox"/> (11) 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 type="checkbox"/> (6) 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 type="checkbox"/> (7) 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 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	
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				CLOTHING DESCRIPTION HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____		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	
						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	

OTHER PERSONS - CONTACT

OTHER PERSON # 3	NAME (Last, First, Middle) [REDACTED]
----------------------------	---

ADDRESS:
6501 W 12TH ST LITTLE ROCK AR 72204

HOME PHONE: 5018591386	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 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: <u>17</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)	HEIGHT: Ft _____ In _____ WEIGHT: Lbs _____
---	---	--

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 type="checkbox"/> (8) Unknown	<input type="checkbox"/> (08) Processed	<input 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 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 type="checkbox"/> (11) Unknown	<input type="checkbox"/> (1) Blue	<input 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 type="checkbox"/> (12) Unknown	<input 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 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 type="checkbox"/> (7) Unknown				<input type="checkbox"/> (07) Face
	<input 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 _____

NARRATIVE

OFFICERS WERE DISPATCHED TO THE LISTED LOCATION IN REFERENCE TO DISTURBANCE CALL. CONTACT 1 ADVISED A STAFF MEMBER MADE HER MAD WHICH LED TO [REDACTED] WANTING TO CAUSE HARM TO HERSELF BECAUSE SHE WAS TIRED OF ALL THE RULES AND STAFF CHANGING THE RULES. STAFF ADVISED OFFICERS CONTACT 1 HAD MADE SEVERAL ATTEMPTS TO CUT HER WRIST WITH A PLASTIC OBJECT BUT WAS UNSUCCESSFUL.

CONTACT 1 STATED SEVERAL TIMES SHE WANTED TO KILL HERSELF SHE NO LONGER WANTED TO BE ALIVE. THE FACILITY NURSE WAS ON SCENE AND MEDICALLY ASSESSED AND CLEARED CONTACT 1.

WHILE OFFICERS WERE GAINING CONTROL OF THE SITUATION ANOTHER STUDENT CONTACT 2 APPROACHED OFFICERS AND TOOK AN AGGRESSIVE STANCE TOWARD OFFICERS ROGERS WAS CUSSING AND REFUSING TO LISTEN TO VERBAL COMMANDS GIVEN BY OFFICERS. OFFICERS DETAINED CONTACT 2 AND PLACED HER IN A PATROL UNIT.

UPON REMOVING CONTACT 2 FROM THE UNIT OFFICERS OBSERVED THE WIRES FROM THE REAR FACING CAMERA HAD BEEN PULLED LOOSE AND WERE HANGING DOWN.

NO FURTHER POLICE ACTION REQUIRED
MVR/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