

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |                                |                              |                                |                                      |
|---|--|--------------------------------|------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>                |                              |                                | Report generated: 10/25/2023 9:02 PM |
| INCIDENT NUMBER<br><b>2023-124275</b>         | UNIT ASSIGNED<br><b>1X70</b>   | CALL DATE<br><b>10/25/2023</b> | CALL TIME<br><b>13:10:00</b> | TYPE OF CALL<br><b>BATTERY</b> |                                      |
| INCIDENT DATE<br><b>10/25/2023 1:10:09 PM</b> | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6501 W 12TH ST<br/>THE CENTERS FOR YOUTH AND FAMILY</b> |                                |                              | DISTRICT<br><b>63</b>          |                                      |

| OFFENSE  |   |  |   |
|--|---|--|---|
| INCIDENT OFFENSE TYPE  |   |  | OFFENSE STATUS  |
| 1 BATTERY 3RD DEGREE   | 5 | Attempted  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>                       |
| 2 HARASSMENT   | 6 | Completed  | 1 <input checked="" type="checkbox"/> 2 <input checked="" 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<br><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<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input type="checkbox"/> (P) Possessing / Concealing |   |
| GANG RELATED INFO:   |   |  |   |
| <input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown  |   |  |   |
| LOCATION CODE:   |   |  |   |
| <input type="checkbox"/> (01) Air / Bus / Train Terminal <input type="checkbox"/> (16) Lake / Waterway <input checked="" type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (51) Rest Area<br><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<br><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<br><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<br><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<br><input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (56) Tribal Lands<br><input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (22) School / College <input type="checkbox"/> (50) Park / Playground <input type="checkbox"/> (57) Community Center<br><input type="checkbox"/> (08) Department / Discount Store <input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (10) Field / Woods <input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (11) Government / Public Building <input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (12) Grocery / Supermarket <input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (13) Highway / Road / Alley <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (14) Hotel / Motel / Etc <input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (15) Jail / Penitentiary <input type="checkbox"/> (41) Auto Dealership New / Used<br><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<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input type="checkbox"/> (99) None<br><input checked="" type="checkbox"/> (40) Personal Weapons (hands, etc)   |   |  |   |
| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other   |   |  |   |

|  |  |   |  |
|--|--|---|--|
| ENTRY DATE<br><b>10/25/2023 20:33:21</b> | REPORTING OFFICER<br><b>JAMES ANDERSON - (b)(13)</b> | ORIGINAL APPROVING SUPERVISOR<br><b>HARMON TOBLER - (b)(13)</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

## VICTIM

|  |   |  |   |
|--|---|--|---|
| <b>VICTIM #</b><br>1   | <b>NAME (Last, First, Middle) or BUSINESS</b><br>[REDACTED]   |  |   |
| <b>ADDRESS:</b><br>6501 W 12TH ST LITTLE ROCK AR 72204   |   |  |   |
| <b>HOME PHONE:</b><br>5016668686   | <b>WORK PHONE:</b><br>5016668686  | <b>MOBILE PHONE:</b>   | <b>OTHER PHONE:</b>   |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  | <b>ETHNICITY:</b> <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | <b>RACE:</b> <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | <b>DATE OF BIRTH</b><br>10/01/1979  |
| <b>RES. STATUS:</b> <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  | <b>MENTALLY AFFLICTED?:</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.      | <b>OCCUPATION / EMPLOYER:</b>  |   |
| <b>AGE:</b><br>Exact Age: 44<br>Range: _____ - _____<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  |   | <b>NIC:</b><br>D.L. / ID No. (STATE)   | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><br>SUSPECT(S) VICTIM WAS: _____ (by Suspect Number)<br>(SE) Spouse _____ (AQ) Acquaintance<br>(CS) Common-Law Spouse _____ (FR) Friend<br>(PA) Parent _____ (NE) Neighbor<br>(SB) Sibling _____ (BE) Babysitter (baby)<br>(CH) Child _____ (BG) Boy/Girl Friend<br>(GP) Grandparents _____ (CF) Child of BF / GF<br>(GC) Grandchild _____ (HR) Homosexual Rel<br>(IL) Inlaw _____ (XS) Ex-Spouse<br>(SP) Stepparent _____ (EE) Employee<br>(SC) Stepchild _____ (ER) Employer<br>(SS) Stepsibling _____ 1 (OK) Otherwise Known<br>(OF) Other Family _____ (RU) Relationship Unknown<br>(ST) Stranger _____ (VO) Victim Was Suspect |
| <b>THIS VICTIM RELATED TO WHICH OFFENSES?</b><br><input checked="" type="checkbox"/> 1 <input checked="" 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   |   |  |   |
| <b>VICTIM TYPE:</b> <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other  |   |  |   |
| <b>VICTIM INJURY:</b><br><input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness   |   |  |   |
| <b>AGGRAVATED ASSAULT / HOMICIDE:</b> <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |   |  |   |
| <b>CLOTHING DESCRIPTION</b><br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |   |  |   |

SUSPECT #1

|  |  |  |             |   |
|--|--|--|-------------|---|
| <b>SUSPECT #</b><br>1  | <b>NAME (Last, First, Middle)</b><br>[REDACTED]        |  | <b>AKA:</b> |   |
| <b>ARRESTEE #</b>  | <b>ADDRESS:</b><br>6501 W 12TH ST LITTLE ROCK AR 72204 |  |             |   |
| <b>HOME PHONE:</b>   |  | <b>WORK PHONE:</b>   |             | <b>MOBILE PHONE:</b>  |
|  |  |  |             | <b>OTHER PHONE:</b><br>5016668686   |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.  |  | <b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.   |             | <b>RACE:</b> <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown  |
|  |  |  |             | <b>DATE OF BIRTH</b>  |
| <b>RES. STATUS:</b> <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown  |  | <b>MENTALLY AFFLICTED?:</b><br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.   |             | <b>OCCUPATION / EMPLOYER:</b>   |
| <b>AGE:</b><br>Exact Age: _____<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown  |  | <b>SUSPECTS ACTIONS RELATED TO:</b><br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 |             | <b>WEAPONS AT ARREST:</b><br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass |
|  |  | <b>DISPOSITION OF JUVENILE:</b><br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |             | <b>WEIGHT:</b><br>Lbs _____   |
| <b>THIS SUSPECT RELATES TO WHICH OFFENSES?</b><br><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 |  | <b>ARREST TYPE:</b> <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody  |             | (A -- automatic c)  |
| <b>ARREST LOCATION:</b>  |  | <b>ARREST DATE:</b>  |             |   |
| <b>CHARGE:</b> 5-13-203  |  |  |             |   |
| <b>ARRESTING OFFICERS</b>  |  |  |             |   |
| 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.

**SUSPECT #1**

|                       |  |      |
|-----------------------|--|------|
| SUSPECT #<br><b>1</b> | NAME (Last, First, Middle)<br><div style="background-color: black; width: 200px; height: 20px; margin: 0 auto;"></div> | AKA: |
|-----------------------|--|------|

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

**ADDED DESCRIPTION:**

n/a

**NARRATIVE**

██████████ STATED THAT ON SUNDAY, OCTOBER 22ND, POLICE HAD TO BE CALLED TO 6501 WEST 12TH STREET TO THE CENTERS FOR YOUTH AND FAMILY MULTIPLE TIMES, ON BOTH DAY SHIFT AND THE EVENING SHIFT.

██████████ STATED THAT THIS IS A FACILITY THAT HOUSES TROUBLED YOUTH AND HAS PROBLEMS WITH FIGHTS AND GENERAL BAD BEHAVIOR INSIDE ON A REGULAR BASIS. ██████████ STATED THAT SHE WAS AN EMPLOYEE AT THE CENTERS FOR YOUTH AND FAMILY.

██████████ STATED THAT ON SUNDAY SHE WAS WATCHING OVER A DORM, LOCKED INSIDE, WITH A GROUP OF JUVENILES. WHEN A LARGE DISTURBANCE BROKE OUT ALL OVER THE FACILITY AND POLICE WAS CALLED.

██████████ STATED WHILE POLICE WERE IN ANOTHER PART OF THE FACILITY, ██████████ CAME UP BEHIND HER, WRAPPED A TOWEL AROUND HER NECK, AND MADE AN ATTEMPT TO TIGHTEN IT--BUT ██████████ WAS ABLE TO BREAK FREE FROM IT BEFORE SHE COULD.

LATER THAT DAY ANOTHER DISTURBANCE BROKE OUT. SHE STATED THAT ██████████ CAME TO HER AND STARTED STRIKING HER ALL OVER, IN AN ATTEMPT TO GAIN ACCESS TO HER WRIST, WHICH HAD A KEY FOB ON IT THAT WOULD OPEN ALL THE DOORS. ██████████ STATED THAT THE WRIST FOB BROKE BUT SHE WAS ABLE TO PUT IT IN AN INTERIOR POCKET OF HER JACKET, SO ██████████ COULD NOT GET IT. ██████████ ADVISED ██████████ THEN BEGAN GROPING ██████████ AND GRABBING HER BOTH OUTSIDE HER CLOTHING AND INSIDE HER CLOTHING. ██████████ CONTINUED TO STRIKE AND TOUCH ██████████ WITH THE PURPOSE OF ALARMING, HARASSING, OR ANNOYING HER. THERE WAS NOTHING TO SHOW THAT ██████████ RECEIVED ANY SEXUAL GRATIFICATION FROM THE ACTIONS SHE TOOK. IT WAS POSSIBLE SHE COULD HAVE POSSIBLY JUST BEEN LOOKING FOR THE KEY FOB.

██████████ IS A QUALIFIED HEALTH CARE PROFESSIONAL AND SHE IS IN NURSING SCHOOL. BUT, ██████████ IS NOT A NURSE AND WAS NOT ACTING IN A MEDICAL PROFESSIONAL CAPACITY. ██████████ STATED THAT SHE WAS GOING TO HER ATTORNEY AND JUST NEEDED A REPORT NUMBER. ██████████ HAD A LARGE BRUISE ON HER WRIST AND STATED SHE JUST CAME FROM THE DOCTORS, WHO TOLD HER IT WAS SPRAINED FROM THE INCIDENT. ██████████ WAS GIVEN THE INCIDENT NUMBER.

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