

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|---|------------------------------|--|------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 7/31/2023 12:29 PM |
| INCIDENT NUMBER 2023-087166 | UNIT ASSIGNED 3X55 | CALL DATE 07/30/2023 | CALL TIME 03:55:00 | TYPE OF CALL SHOOTP | |
| INCIDENT DATE 7/30/2023 3:55:21 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 800 BROADWAY ST | | | DISTRICT 40 |

| OFFENSE | | | |
|---|---|--|--|
| INCIDENT OFFENSE TYPE | | | OFFENSE STATUS |
| 1 HOMICIDE | 5 | | Attempted <input type="checkbox"/> Completed <input checked="" type="checkbox"/> 1 |
| 2 | 6 | | 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| 3 | 7 | | Attempted <input type="checkbox"/> Completed <input type="checkbox"/> 5 |
| 4 | 8 | | 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 checked="" 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"/> <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) | | | |
| A <input checked="" 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 | | | |

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| ENTRY DATE 07/30/2023 03:55:21 | REPORTING OFFICER CHRISTOPHER HENDERSON - | ORIGINAL APPROVING SUPERVISOR JONATHAN ELIZANDRO - | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

VICTIM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|-------------------|-------------------------|------------------------------|-------------------|-------------------|---------------------|--------------------|------------------------------|------------------|----------------------------|-------------------------|-----------------------------|-----------------------|----------------------------|------------------|----------------------|-----------------------|---------------------|----------------------|---------------------|------------------------|----------------------------|-------------------------|-----------------------------------|---------------------|-------------------------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS JORDAN,PATRICK | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: 11 STONEBRIDGE CR APT 1135 LITTLE ROCK AR 72223 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE: 9999999999 | 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 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 03/17/2003 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>20</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) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: (by Suspect Number) <table style="width:100%; border:none;"> <tr> <td>_____ (SE) Spouse</td> <td>_____ (AQ) Acquaintance</td> </tr> <tr> <td>_____ (CS) Common-Law Spouse</td> <td>_____ (FR) Friend</td> </tr> <tr> <td>_____ (PA) Parent</td> <td>_____ (NE) Neighbor</td> </tr> <tr> <td>_____ (SB) Sibling</td> <td>_____ (BE) Babysitter (baby)</td> </tr> <tr> <td>_____ (CH) Child</td> <td>_____ (BG) Boy/Girl Friend</td> </tr> <tr> <td>_____ (GP) Grandparents</td> <td>_____ (CF) Child of BF / GF</td> </tr> <tr> <td>_____ (GC) Grandchild</td> <td>_____ (HR) Homosexual Rel.</td> </tr> <tr> <td>_____ (IL) Inlaw</td> <td>_____ (XS) Ex-Spouse</td> </tr> <tr> <td>_____ (SP) Stepparent</td> <td>_____ (EE) Employee</td> </tr> <tr> <td>_____ (SC) Stepchild</td> <td>_____ (ER) Employer</td> </tr> <tr> <td>_____ (SS) Stepsibling</td> <td>_____ (OK) Otherwise Known</td> </tr> <tr> <td>_____ (OF) Other Family</td> <td>_____ 1 (RU) Relationship Unknown</td> </tr> <tr> <td>_____ (ST) Stranger</td> <td>_____ (VO) Victim Was Suspect</td> </tr> </table> | _____ (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 | _____ (OK) Otherwise Known | _____ (OF) Other Family | _____ 1 (RU) Relationship Unknown | _____ (ST) Stranger | _____ (VO) Victim Was Suspect |
| _____ (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 | _____ (OK) Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ (OF) Other Family | _____ 1 (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 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 checked="" 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 checked="" 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) MCKENZIE JR,OVERDIS | AKA: |
| ARRESTEE # 1 | ADDRESS: 18 HATFIELD DR LITTLE ROCK AR 72209 | |
| HOME PHONE: | 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 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 07/11/2004 |
| 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>19</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: D.L. / ID No. (STATE) |
| | | 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 |
| 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 checked="" type="checkbox"/> (T) Taken Into Custody <input type="checkbox"/> (S) Summons / Cited |
| ARREST LOCATION: 3917 W 12TH ST | | ARREST DATE: 07/30/2023 |
| CHARGE: 99-02 | | |
| ARRESTING OFFICERS | | |
| OFFICER 1: <u>IRVING JACKMAN</u> <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 | |

(* - automatic)

Suspect information continued on next page.

SUSPECT #1

| | | | | | | |
|---|--|---|--|--|---|--|
| SUSPECT # 1 | NAME (Last, First, Middle) MCKENZIE JR,OVERDIS | | AKA: | | | |
| 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 LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) 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 BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) 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 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 | FACIAL HAIR: <input checked="" 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 | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 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 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 |
| CLOTHING DESCRIPTION: HAT _____ COAT _____ SHIRT _____ PANTS/DRESS _____ SHOES _____ | | | | | | |

ADDED DESCRIPTION:

n/a

SUSPECT #2

| | | | | |
|---|---|---|-------------|---|
| SUSPECT # 2 | NAME (Last, First, Middle) TAYLOR, MICKELL | | AKA: | |
| ARRESTEE # 2 | ADDRESS: 31 SOUTHMONT DR LITTLE ROCK AR 72205 | | | |
| HOME PHONE: | | 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. | | DATE OF BIRTH 10/24/2003 |
| | | 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 | | |
| 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: 19 Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | | SUSPECTS ACTIONS RELATED TO: <input 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 | | 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 | | WEIGHT: Lbs _____ |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <input 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 checked="" type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: 3917 W 12TH ST | | ARREST DATE: 07/30/2023 | | |
| CHARGE: | | | | |
| ARRESTING OFFICERS | | | | |
| OFFICER 1: IRVING JACKMAN | | <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 |

(* -- automatic *)

Suspect information continued on next page.

SUSPECT #2

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| SUSPECT # 2 | NAME (Last, First, Middle) TAYLOR, MICKELL | AKA: |
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| | | | | | | |
|---|--|---|--|--|---|--|
| COMPLEXION: <input checked="" 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 LENGTH: <input checked="" 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 | HAIR STYLE: <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input checked="" 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 BUILD: <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) 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 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 | FACIAL HAIR: <input type="checkbox"/> (01) Clean Shaven <input checked="" 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 | DEMEANOR: <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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 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 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 |
|---|--|---|--|--|---|--|

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

ADDED DESCRIPTION:

n/a

NARRATIVE

ON SUNDAY, JULY 30TH, 2023 AT APPROXIMATELY 0355 HOURS, OFFICERS RESPONDED TO A SHOOTING JUST OCCURRED CALL FOR SERVICE AT THE LISTED ADDRESS. UPON ARRIVAL, OFFICERS LOCATED PATRICK JORDAN (B/M; 03/17/2003) SUFFERING FROM AN APPARENT GUNSHOT WOUND. MEMS AND RESCUE RESPONDED AND ATTEMPTED LIFE-SAVING MEASURES, HOWEVER, MR. JORDAN WAS PRONOUNCED DECEASED ON SCENE. HOMICIDE DETECTIVES AND CSSU WERE NOTIFIED AND RESPONDED. DETECTIVES BEGAN A PRELIMINARY INVESTIGATION AND CANVASSED THE AREA FOR WITNESSES AND SURVEILLANCE. DURING THE COURSE OF THE INVESTIGATION, OVERDIS MCKENZIE JR. (B/M; 07/11/2004) AND MICKELL TAYLOR (B/M; 10/24/2003) WERE DEVELOPED AS SUSPECTS IN THE INCIDENT. DETECTIVES MADE CONTACT WITH BOTH SUBJECTS AND THEY WERE SUBSEQUENTLY CHARGED WITH CAPITAL MURDER. BOTH SUBJECTS WERE TRANSPORTED TO PCRJ WITHOUT INCIDENT. THE PULASKI COUNTY CORONER'S OFFICE RESPONDED AND TOOK POSSESSION OF MR. JORDAN FOR AN AUTOPSY. THE NEXT OF KIN WAS NOTIFIED. THE INVESTIGATION IS ON-GOING.

ADDITIONAL HOMICIDE CIRCUMSTANCES

- | | | |
|---|---|---|
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal | <input type="checkbox"/> (C) Criminal attacked a civilian | <input type="checkbox"/> (F) Criminal resisted arrest |
| <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer | <input type="checkbox"/> (D) Criminal attempted flight from a crime | <input type="checkbox"/> (G) Unable to determine / not enough information |
| | <input type="checkbox"/> (E) Criminal killed in commission of a crime | |

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