

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |   |                                |                              |                                     |  |
|---|--|---|--------------------------------|------------------------------|-------------------------------------|--|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                |                              | Report generated: 12/3/2023 5:30 AM |  |
| INCIDENT NUMBER<br><b>2023-139503</b>         |  | UNIT ASSIGNED<br><b>3X54</b>  | CALL DATE<br><b>12/03/2023</b> | CALL TIME<br><b>00:29:00</b> | TYPE OF CALL<br><b>SHOTS</b>        |  |
| INCIDENT DATE<br><b>12/3/2023 12:29:01 AM</b> |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>1607 W 22ND ST</b> |                                |                              | DISTRICT<br><b>52</b>               |  |

| OFFENSE  |    |  |  |
|--|----|--|--|
| INCIDENT OFFENSE TYPE  |    |  | OFFENSE STATUS   |
| 1. HOMICIDE  | 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<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 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<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 checked="" 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 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>12/03/2023 10:21:54</b> | REPORTING OFFICER<br><b>SARAH HICKS - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>JONATHAN ELIZANDRO - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|--|--|---|--|

**VICTIM**

|  |  |   |               |
|--|--|---|---------------|
| VICTIM #<br>1  | NAME (Last, First, Middle) or BUSINESS<br><b>,UNKNOWN</b>  |   |               |
| ADDRESS:<br><p style="text-align:center;">AR</p>   |  |   |               |
| HOME PHONE:<br>5019999999  | WORK PHONE:  | MOBILE PHONE:   | OTHER PHONE:  |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown   | DATE OF BIRTH |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown   | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:  |               |
| AGE:<br>Exact Age: _____<br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown   | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)   |               |
| THIS VICTIM RELATED TO WHICH OFFENSES?<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   |  | (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 _____ (OK) Otherwise Known<br>(OF) Other Family _____ 1 (RU) Relationship Unknown<br>(ST) Stranger _____ (VO) Victim Was Suspect |               |
| VICTIM TYPE: <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   |  |   |               |
| VICTIM INJURY:<br><input type="checkbox"/> (N) None <input 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 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<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 checked="" 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 |  |   |               |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____  |  |   |               |

| <b>VICTIM</b>   |  |  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
|---|--|--|---------------|-------------|-------------------|------------------------|-------------|-------------|---------------|--------------|------------------------|------------|----------------------|-------------------|-----------------------|-----------------|----------------------|------------|----------------|-----------------|---------------|----------------|---------------|------------------|----------------------|-------------------|-----------------------------|---------------|-------------------------|
| VICTIM #<br><b>2</b>  | NAME (Last, First, Middle) or BUSINESS<br><b>,UNKNOWN</b>  |  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| ADDRESS:<br><b>AR</b>   |  |  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| HOME PHONE:<br><b>5019999999</b>  | WORK PHONE:  | MOBILE PHONE:  | OTHER PHONE:  |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| SEX: <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><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<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown  | DATE OF BIRTH |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| RES. STATUS: <input type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown  | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:   |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| AGE:<br>Exact Age: _____<br>Range: _____ <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown  | NIC:<br><br>D.L. / ID No. (STATE)  | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<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  |  | <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">(SE) Spouse</td> <td style="width: 50%; border: none;">(AQ) Acquaintance</td> </tr> <tr> <td style="border: none;">(CS) Common-Law Spouse</td> <td style="border: none;">(FR) Friend</td> </tr> <tr> <td style="border: none;">(PA) Parent</td> <td style="border: none;">(NE) Neighbor</td> </tr> <tr> <td style="border: none;">(SB) Sibling</td> <td style="border: none;">(BE) Babysitter (baby)</td> </tr> <tr> <td style="border: none;">(CH) Child</td> <td style="border: none;">(BG) Boy/Girl Friend</td> </tr> <tr> <td style="border: none;">(GP) Grandparents</td> <td style="border: none;">(CF) Child of BF / GF</td> </tr> <tr> <td style="border: none;">(GC) Grandchild</td> <td style="border: none;">(HR) Homosexual Rel.</td> </tr> <tr> <td style="border: none;">(IL) Inlaw</td> <td style="border: none;">(XS) Ex-Spouse</td> </tr> <tr> <td style="border: none;">(SP) Stepparent</td> <td style="border: none;">(EE) Employee</td> </tr> <tr> <td style="border: none;">(SC) Stepchild</td> <td style="border: none;">(ER) Employer</td> </tr> <tr> <td style="border: none;">(SS) Stepsibling</td> <td style="border: none;">(OK) Otherwise Known</td> </tr> <tr> <td style="border: none;">(OF) Other Family</td> <td style="border: none;">1 (RU) Relationship Unknown</td> </tr> <tr> <td style="border: none;">(ST) Stranger</td> <td style="border: none;">(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  |  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| VICTIM TYPE: <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  |  | VICTIM INJURY:<br><input type="checkbox"/> (N) None <input 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   |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| AGGRAVATED ASSAULT / HOMICIDE: <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 |  |  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____   |  |  |               |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |

**SUSPECT #1**

|  |  |   |                              |   |
|--|--|---|------------------------------|---|
| <b>SUSPECT #</b><br>1  | <b>NAME (Last, First, Middle)</b><br><br><b>,UNKNOWN</b> |   | <b>AKA:</b>                  |   |
| <b>ARRESTEE #</b>  | <b>ADDRESS:</b><br><br><b>AR</b>                         |   |                              |   |
| <b>HOME PHONE:</b>   |  | <b>WORK PHONE:</b>  |                              | <b>MOBILE PHONE:</b>  |
| <b>OTHER PHONE:</b>  |  |   |                              |   |
| <b>SEX:</b> <input type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.  |  | <b>ETHNICITY:</b> <input type="checkbox"/> (H)Hispanic<br><input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.  |                              | <b>DATE OF BIRTH</b>  |
| <b>RACE:</b> <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input checked="" type="checkbox"/> (U) Unknown   |  |   |                              |   |
| <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 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 checked="" 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>HEIGHT:</b><br>Ft _____<br>In _____  |
| <b>DISPOSITION OF JUVENILE:</b><br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department  |  | <b>D.L. / ID No. (STATE)</b>  |                              | <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>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   |                              |   |
| <b>ARREST LOCATION:</b>  |  | <b>ARREST DATE:</b>   |                              |   |
| <b>CHARGE: 99-02</b>   |  |   |                              |   |
| <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><b>,UNKNOWN</b>  | 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<br><br><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>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<br><br><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>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<br><br><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>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<br><br><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 |
| <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____  |  |   |  |  |   |  |

**ADDED DESCRIPTION:**

n/a

**NARRATIVE**

OFFICERS RESPONDED TO THE ABOVE ADDRESS IN REFERENCE TO A SHOTS FIRED CALL. UPON ARRIVAL OFFICERS LOCATED TWO BLACK MALE SUBJECTS SUFFERING FROM APPARENT GUN SHOT WOUNDS. OFFICERS SECURED THE SCENE, DETECTIVES AND CSSU RESPONDED AND BEGAN A DEATH INVESTIGATION. THE PULASKI COUNTY CORONER RESPONDED AND TOOK POSSESSION OF BOTH VICTIMS FOR TRANSPORT TO THE STATE CRIME LAB FOR AUTOPSY. NEXT OF KIN NOTIFICATION IS PENDING POSITIVE IDENTIFICATION OF THE VICTIMS. THE INVESTIGATION IS ONGOING.

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