

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|   |  |   |                                |                              |                                    |
|---|--|---|--------------------------------|------------------------------|------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION |  | <b>INCIDENT</b>   |                                |                              | Report generated: 1/5/2024 4:30 PM |
| INCIDENT NUMBER<br><b>2024-001759</b>         |  | UNIT ASSIGNED<br><b>1X54</b>  | CALL DATE<br><b>01/05/2024</b> | CALL TIME<br><b>11:09:00</b> | TYPE OF CALL<br><b>ASTMED</b>      |
| INCIDENT DATE<br><b>1/5/2024 11:09:32 AM</b>  |  | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>3113 W 11TH ST</b> |                                |                              | DISTRICT<br><b>55</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 checked="" 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 checked="" 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>01/05/2024 22:17:53</b> | REPORTING OFFICER<br><b>ROY WILLIAMS - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>JONATHAN ELIZANDRO - [REDACTED]</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>[REDACTED]   |   |   |                                    |
| <b>HOME PHONE:</b><br>[REDACTED]  | <b>WORK PHONE:</b>  | <b>MOBILE PHONE:</b>  | <b>OTHER PHONE:</b>                |
| <b>SEX:</b> <input checked="" type="checkbox"/> (M) Male<br><input 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><br>[REDACTED] |
| <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: <u>37</u><br>Range: _____ - _____<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  | <b>NIC:</b><br><br><b>D.L. / ID No. (STATE)</b><br>[REDACTED]   | <b>RELATIONSHIP OF THIS VICTIM TO SUSPECTS</b><br><b>SUSPECT(S) VICTIM WAS:</b> _____ (by Suspect Number)   |                                    |
| <b>THIS VICTIM RELATED 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   |   | <input type="checkbox"/> (SE) Spouse _____ (AQ) Acquaintance<br><input type="checkbox"/> (CS) Common-Law Spouse _____ (FR) Friend<br><input type="checkbox"/> (PA) Parent _____ (NE) Neighbor<br><input type="checkbox"/> (SB) Sibling _____ (BE) Babysitter (baby)<br><input type="checkbox"/> (CH) Child _____ (BG) Boy/Girl Friend<br><input type="checkbox"/> (GP) Grandparents _____ (CF) Child of BF / GF<br><input type="checkbox"/> (GC) Grandchild _____ (HR) Homosexual Rel.<br><input type="checkbox"/> (IL) Inlaw _____ (XS) Ex-Spouse<br><input type="checkbox"/> (SP) Stepparent _____ (EE) Employee<br><input type="checkbox"/> (SC) Stepchild _____ (ER) Employer<br><input type="checkbox"/> (SS) Stepsibling _____ 1 (OK) Otherwise Known<br><input type="checkbox"/> (OF) Other Family _____ (RU) Relationship Unknown<br><input type="checkbox"/> (ST) Stranger _____ (VO) Victim Was Suspect |                                    |
| <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 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  |   |   |                                    |
| <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 checked="" 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>,  | <b>AKA:</b>  |
| <b>ARRESTEE #</b>  | <b>ADDRESS:</b><br><br>AR   |  |
| <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>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>DATE OF BIRTH</b>   |   |  |
| <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 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>NIC:</b>  |
| <b>HEIGHT:</b><br>Ft _____<br>In _____   | <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 | (A -- automatic c)   |
| <b>WEIGHT:</b><br>Lbs _____  | <b>D.L. / ID No. (STATE)</b>  |  |
| <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:</b> 99-02   |   |  |
| <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 #   | NAME (Last, First, Middle)   |   | AKA:   |  |   |   |
|---|--|---|--|--|---|---|
| 1   |  |   | ,  |  |   |   |
| <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**

ON FRIDAY, JANUARY 5, 2024, AT APPROXIMATELY 1109 HOURS, OFFICERS RESPONDED TO A CALL OF A SUBJECT BLEEDING FROM HIS CHEST AREA AT THE LOCATION OF 3312 WEST 11TH STREET. OFFICERS ARRIVED ON SCENE AND MADE CONTACT WITH A BLACK MALE SUBJECT, LATER IDENTIFIED AS CHRISTOPHER HURVEY WHO WAS SUFFERING FROM A SEVERE INJURY TO HIS UPPER CHEST AREA. MEMS WAS NOTIFIED TO RESPOND TO THE LOCATION. MEMS ARRIVED ON SCENE, BEGAN LIFE SAVING MEASURES AND TRANSPORTED MR. HURVEY TO UAMS WHERE HE LATER SUCCUMBED TO HIS INJURIES. IT WAS LATER DETERMINED THAT [REDACTED] SUFFERED FROM AN APPARENT GUNSHOT WOUND. OFFICERS ON SCENE WERE ABLE TO LOCATE A BLOOD TRAIL THAT LED BACK TO THE PORCH OF 3113 WEST 11TH STREET. OFFICERS ATTEMPTED TO MAKE CONTACT WITH SUBJECTS INSIDE THE RESIDENCE WITH NEGATIVE RESULTS. HOMICIDE DETECTIVES AND CSSU WERE NOTIFIED TO RESPOND.

HOMICIDE DETECTIVES RESPONDED AND BEGAN THE PRELIMINARY INVESTIGATION. HOMICIDE DETECTIVES CANVASSED THE AREA FOR VIDEO SURVEILLANCE AND WITNESSES. DETECTIVES ATTEMPTED TO MAKE CONTACT WITH SUBJECTS AT THE LOCATION OF 3113 WEST 11TH STREET WITH NEGATIVE RESULTS. DETECTIVES DID NOTICE WHAT APPEARED TO BE BLOOD ON THE STEPS OF THE LISTED RESIDENCE AND ALSO ON THE PORCH OF THE LISTED RESIDENCE. A SEARCH WARRANT WAS OBTAINED FOR THE RESIDENCE OF 3113 WEST 11TH STREET. AT THE TIME OF EXECUTING THE SEARCH WARRANT, DETECTIVES OBSERVED A SHELL CASING ON THE PORCH OF THE RESIDENCE. NO INDIVIDUALS WERE LOCATED INSIDE AT THE TIME OF EXECUTING THE SEARCH WARRANT.

PULASKI COUNTY CORONER???'S RESPONDED TO THE UAMS AND TOOK CUSTODY OF [REDACTED] ???'S BODY. [REDACTED] ???'S BODY WILL BE SUBMITTED TO THE CRIME LAB FOR AN AUTOPSY.

INVESTIGATION IS ONGOING.  
NEXT OF KIN OF PENDING.

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