

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			PAGE 1 OF <u>4</u>
INCIDENT NUMBER <u>2010-51480</u>		UNIT ASSIGNED <u>2470</u>	CALL DATE <u>05/16/2010</u>	CALL TIME <u>2023</u>	TYPE OF CALL <u>Disturbance</u>
DATE(S) OF INCIDENT <u>05/16/2010</u>		TIME(S) OF INCIDENT <u>1918 to 2018</u>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <u>412 Shamrock</u>		DISTRICT <u>60</u>

INCIDENT/OFFENSE TYPE		OFFENSE CODE (RECORD'S SECTION)			
1. <u>Aggravated Robbery (Home Intrusion)</u>		1.	2.	3.	4.
2. <u>Kidnapping</u>		OFFENSE STATUS (Check Only One Per Offense)			
3. <u>Battery</u>		1.	2.	3.	4.
4.		A <input type="checkbox"/> Attempted C <input checked="" type="checkbox"/> Completed	A <input type="checkbox"/> Attempted C <input checked="" type="checkbox"/> Completed	A <input type="checkbox"/> Attempted C <input checked="" type="checkbox"/> Completed	A <input type="checkbox"/> Attempted C <input checked="" type="checkbox"/> Completed

SUSPECTS USED (As Many As Apply)		TYPE CRIMINAL ACTIVITY: (Max. 3)		GANG RELATED INFO: (Max. 2)
<input type="checkbox"/> (A) Alcohol	<input type="checkbox"/> (D) Drugs	<input type="checkbox"/> (B) Buying/Receiving	<input type="checkbox"/> (C) Cultivate/Manufacture/Publish	<input type="checkbox"/> (J) Juvenile Gang
<input type="checkbox"/> (C) Computer Equip.	<input checked="" type="checkbox"/> (N) Not Applicable/Unknown	<input type="checkbox"/> (E) Exploiting Children	<input type="checkbox"/> (O) Operating/Promoting/Assisting	<input type="checkbox"/> (G) Other Gang
		<input type="checkbox"/> (T) Transport/Transmit/Import	<input type="checkbox"/> (U) Using/Consuming	<input checked="" type="checkbox"/> (N) None/Unknown
		<input type="checkbox"/> (D) Distributing/Selling	<input type="checkbox"/> (P) Possessing/Concealing	

LOCATION CODE: (Enter 1-)		WEAPON FORCE (Max. 3)	
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (13) Highway/Road/Alley	(For 11-15, place "A" on line if weapon was an Automatic/Semi-Automatic)	
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (11) Firearm (Unknown)	<input type="checkbox"/> (50) Poison
<input type="checkbox"/> (03) Bar/Night Club	<input type="checkbox"/> (15) Jail/Prison	<input type="checkbox"/> (12) Handgun	<input type="checkbox"/> (60) Explosives
<input type="checkbox"/> (04) Church/Synagogue/Temple	<input type="checkbox"/> (16) Lake/Waterway	<input type="checkbox"/> (13) Rifle	<input type="checkbox"/> (65) Fire/Incendiary Device
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (14) Shotgun	<input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (18) Parking Lot/Garage	<input type="checkbox"/> (15) Other Firearm	<input type="checkbox"/> (85) Asphyxiation
<input type="checkbox"/> (07) Convenience Store	<input checked="" type="checkbox"/> (19) Rental/Storage Facility	<input checked="" type="checkbox"/> (20) Knife/Cutting Instr. (Axe, etc.)	<input type="checkbox"/> (90) Other
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (30) Blunt Object (Club, etc.)	<input type="checkbox"/> (95) Unknown
<input type="checkbox"/> (09) Drug Store/DR's Office/Hospital	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (35) Motor Vehicle (As weapon)	<input type="checkbox"/> (99) None
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (22) School/College	<input checked="" type="checkbox"/> (40) Personal Weapons (Hands, etc.)	
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (23) Service/Gas Station		
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc.)	(For Burglary Only)	METHOD OF ENTRY:
	<input type="checkbox"/> (25) Other/Unknown	NUMBER OF PREMISES ENTERED <u>1</u>	F <input checked="" type="checkbox"/> Forcible N <input type="checkbox"/> No Force

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # <u>1</u>	NAME (Last, First, Middle) or BUSINESS: <u>Millwee, Rebecca Haley</u>	D.L./ID NO. (STATE) <u>909237429/AR</u>	DATE OF BIRTH <u>02-07-1986</u>
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ADDRESS: Street <u>412 Shamrock</u>	City <u>Little Rock</u>	State <u>AR</u>	Zip <u>72205</u>	RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)
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OCCUPATION/EMPLOYER	HOME PHONE <u>607-1708 (cell)</u>	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS:	SUSP. # (S) VICTIM WAS:
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SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>24</u> Range <u>1</u>	<input type="checkbox"/> (SE) Spouse	<input type="checkbox"/> (AQ) Acquaintance
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ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian	<input type="checkbox"/> (CS) Common-Law Spouse	<input type="checkbox"/> (FR) Friend
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (PA) Parent	<input type="checkbox"/> (NE) Neighbor	<input type="checkbox"/> (BE) Babysitter (baby)
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VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (SB) Sibling	<input type="checkbox"/> (BE) Boyfriend/Girlfriend	<input type="checkbox"/> (CF) Child of BF/GF
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<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other	<input type="checkbox"/> (CH) Child	<input type="checkbox"/> (BC) Boyfriend/Girlfriend	<input type="checkbox"/> (HR) Homosexual Rel.
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VICTIM INJURY: (Max. 5)	<input type="checkbox"/> (GP) Grandparents	<input type="checkbox"/> (CF) Child of BF/GF	<input type="checkbox"/> (XS) Ex-Spouse
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<input type="checkbox"/> (N) None	<input checked="" type="checkbox"/> (M) Apparent Minor Injury	<input type="checkbox"/> (ER) Employee	<input type="checkbox"/> (EE) Employer
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<input type="checkbox"/> (D) Possible Internal Injury	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> (SS) Stepsibling	<input type="checkbox"/> (OK) Otherwise Known
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<input type="checkbox"/> (O) Other Major Injury	<input checked="" type="checkbox"/> (U) Unconsciousness	<input type="checkbox"/> (OF) Other Family Member	<input type="checkbox"/> (RU) Relationship Unknown
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AGGRAVATED ASSAULT/HOMICIDE (Max. 2)	<input type="checkbox"/> (ST) Stranger	<input type="checkbox"/> (VO) Victim Was Suspect	
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REPORT DATE <u>5/16/2010</u>	TIME (Military) <u>2300</u>	REPORTING OFFICER <u>Hoffino</u>	EMPLOYEE # <u>28938</u>	APPROVING SUPERVISOR <u>Sgt. R. Jenkins</u>	EMPLOYEE # <u>13312</u>
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PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # _____ NAME (Last, First, Middle) or BUSINESS: Alagad, Greg D.L./D NO. (STATE) _____ DATE OF BIRTH 6-3-17-1953

ADDRESS: Street 405 Shamrock City LA, AR State LA, AR Zip 72205

RELATIONSHIP OF THIS VICTIM TO OFFENDERS (For Multiple Offenders Relationships, Put Offender Number(s) in Space)

OCCUPATION/EMPLOYER: _____ HOME PHONE 661-1724 EMPLOYMENT PHONE 378-7870

SUSP. # (S) VICTIM WAS: _____ (SE) Spouse _____ (AQ) Acquaintance
 _____ (CS) Common-Law Spouse _____ (FR) Friend
 _____ (PA) Parent _____ (NE) Neighbor
 _____ (SB) Sibling _____ (BE) Babysitter (baby)
 _____ (CH) Child _____ (BG) Boyfriend/Girlfriend
 _____ (GP) Grandparents _____ (CF) Child of BF/GF
 _____ (GC) Grandchild _____ (HR) Homosexual Relship.
 _____ (IL) In-Law _____ (XS) Ex-Spouse
 _____ (SP) Stepparent _____ (EE) Employee
 _____ (SC) Stepchild _____ (ER) Employer
 _____ (SS) Stepsibling _____ (OK) Otherwise Known
 _____ (OF) Other Family Member _____ (RU) Relationship Unknown
 _____ (ST) Stranger _____ (VO) Victim Was Offender

SEX: (M) Male (F) Female (U) Unk. AGE: _____
 Exact Age 57
 Range _____

ETHNIC: (H) Hispanic (N) Non-Hispanic (U) Unk.
 RACE: (W) White (B) Black (I) American Indian
 (A) Asian/Pacific Islander (U) Unknown

RES. STATUS: (R) Resident (N) Nonresident
 (U) Unknown

VICTIM TYPE: (I) Individual (B) Business (F) Financial Instit. (U) Unk.
 (G) Government (R) Religious (S) Society/Public (O) Other

VICTIM INJURY: (Max. 5)
 (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones
 (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration
 (O) Other Major Injury (U) Unconsciousness

MENTALLY AFFLICTED?
 (Y) Yes (N) No (U) Unknown
 THIS VICTIM RELATED TO WHICH OFFENSES?
 #1 #2 #3 #4

AGGRAVATED ASSAULT/HOMICIDE: (Max. 2) (01) Argument (02) Assault on Law Enf. Officer (03) Drug Deal
 (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killings
 (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer (30) Child Playing w/Weapon (31) Gun-Cleaning Accident (32) Hunting Accident
 (33) Other Negligent Weapon Handling (34) Other Negligent Killings

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER
 IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SUSPECT # 1 NAME: Last Unk First _____ Middle _____ AKA _____

ARRESTEE # _____ ADDRESS: Street Unk City _____ State _____ Zip _____ DATE OF BIRTH Unk

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk PLACE OF EMPLOYMENT Unk PHONE (TYPE) Unk

ARREST LOCATION _____ ARREST DATE _____ ARREST TYPE: (O) On View Arrest (S) Summons/Cited (T) Taken Into Custody D.L./D NO. (STATE) _____

CHARGE: 1. _____ 2. _____ 3. _____ NIC # _____

SEX: (M) Male (F) Female (U) Unk. AGE: _____ SUSPECTS ACTIONS RELATED TO: V1 V2 V3 V4 WEAPONS AT ARREST: (Max. 3) (Place "A" in blank if auto/semi)
 (01) Unarmed
 (11) Firearm (Unk)
 (12) Handgun
 (13) Rifle
 (14) Shotgun
 (15) Other Firearm
 (16) Illegal Cutting Instrument
 (17) Club/Blackjack/Brass

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. Exact Age _____ Age Range: 50 to 60 DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department
 (99) Over 98 Yrs. Old (00) Unknown

RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown THIS SUSPECT RELATES TO WHICH OFFENSES? #1 #2 #3 #4 HEIGHT: Ft. 5 In. 9 WEIGHT: lbs. 160

CLOTHING DESCRIPTION
 Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____

COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (bvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (bvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatec <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupid <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B*THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO:-2 <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) Naut <input type="checkbox"/> (9) Unknown	TATTOO LOC:-2 <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
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HAIR LENGTH:-2
 (1) Long
 (2) Medium
 (3) Short
 (4) Bald(ing)
 (5) Other
 (6) Unknown

BUILD:-1
 (1) Light
 (2) Medium
 (3) Heavy
 (4) Muscular

EYE COLOR:-1
 (1) Blue
 (2) Brown
 (3) Grey
 (4) Green
 (5) Hazel
 (6) Other
 (7) Unknown

ADDED DESCRIPTION Glasses

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER
 IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SUSPECT # NAME: Last First Middle AKA
Alagad, Laura

ARRESTEE # ADDRESS: Street City State Zip DATE OF BIRTH
405 Shamrock IN, AR 72205 10-25-1949

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown
 MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk
 PLACE OF EMPLOYMENT PHONE (TYPE)
661-1724

ARREST LOCATION ARREST DATE ARREST TYPE: (O) On View Arrest (S) Summons/Cited (I) Taken Into Custody
 D.L./ID NO. (STATE)

CHARGE: 1. 2. 3. NIC#

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 60
 ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. Age Range: 10
 RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown
 (99) Over 98 Yrs. Old (00) Unknown

THIS SUSPECT RELATES TO WHICH OFFENSES? #1 #2 #3 #4
 HEIGHT: Ft. _____ In. _____ WEIGHT: lbs. _____

CLOTHING DESCRIPTION
 Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____

COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupees <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (ivy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (ivy) <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:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B'THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	TATTOO LOC:-2 <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
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ADDED DESCRIPTION _____

VEHICLE # 1

WANTED SUSPECT SUBJECT OF REPORT STOLEN ABANDONED STORED OTHER HOLD AUTH.

YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NO. (TYPE)	LIC YR	STATE
<u>96-97</u>	<u>Ford</u>	<u>Explorer</u>	<u>UT</u>	<u>unk</u>	<u>unk</u>	<u>-</u>	<u>-</u>

OWNER'S NAME ADDRESS
unk unk

COLOR DISPOSITION OF RECOVERY NIC # INSURANCE/POLICY #
hunter green (I) Impounded (R) Release to Owner _____

VEHICLE # _____

WANTED SUSPECT SUBJECT OF REPORT STOLEN ABANDONED STORED OTHER HOLD AUTH.

YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NO. (TYPE)	LIC YR	STATE

OWNER'S NAME ADDRESS

COLOR DISPOSITION OF RECOVERY NIC # INSURANCE/POLICY #
 _____ (I) Impounded (R) Release to Owner _____

HATE/BIAS RELATIONSHIP: (88) None IF YES, COMPLETE BELOW

RACIAL (Anti-) <input type="checkbox"/> (11) White <input type="checkbox"/> (12) Black <input type="checkbox"/> (13) American Indian/ Alaskan Native <input type="checkbox"/> (14) Asian/Pacific Islander <input type="checkbox"/> (15) Multi-Racial Group	RELIGIOUS (Anti-) <input type="checkbox"/> (21) Jewish <input type="checkbox"/> (22) Catholic <input type="checkbox"/> (23) Protestant <input type="checkbox"/> (24) Islamic (Muslim) <input type="checkbox"/> (25) Other Religion <input type="checkbox"/> (26) Multi-Religious Group <input type="checkbox"/> (27) Atheism/Agnosticism	ETHNICITY/NATIONAL ORIGIN (Anti-) <input type="checkbox"/> (32) Hispanic <input type="checkbox"/> (33) Other Ethnicity	SEXUAL (Anti-) <input type="checkbox"/> (41) Male Homosexual (Gay) <input type="checkbox"/> (42) Female Homosexual (Lesbian) <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) <input type="checkbox"/> (44) Heterosexual <input type="checkbox"/> (45) Bisexual
DISABILITY (Anti-) <input type="checkbox"/> (51) Physical Disability <input type="checkbox"/> (52) Mental Disability			

PROPERTY						DRUG INFO.		
P. LOSS	P. DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.

<p>PROPERTY DESCRIPTION:</p> <p>(01) Aircraft</p> <p>(02) Alcohol</p> <p>(03) Automobiles</p> <p>(04) Bicycles</p> <p>(05) Buses</p> <p>(06) Clothes/Furs</p> <p>(07) Computer Hardware/Software</p> <p>(08) Consumable Goods</p> <p>(09) Credit Cards/Debit Cards</p> <p>(10) Drugs/Narcotics</p>	<p>(11) Drug/Narc. Equipment</p> <p>(12) Farm Equipment</p> <p>(13) Firearms</p> <p>(14) Gambling Equipment</p> <p>(15) Heavy Equipment Construction/Industry</p> <p>(16) Household Good</p> <p>(17) Jewelry/Precious Metal</p> <p>(18) Livestock</p> <p>(19) Merchandise</p> <p>(20) Money</p>	<p>(21) Negotiable Instruments</p> <p>(22) Nonnegotiable Instruments</p> <p>(23) Office-Type Equipment</p> <p>(24) Other Motor Vehicles</p> <p>(25) Purses/Handbags/Wallets</p> <p>(26) Radios/TVs/VCR</p> <p>(27) Recordings-Audio/Visual</p> <p>(28) Recreational Vehicles</p> <p>(29) Structures-Single Occupancy</p> <p>(30) Structures-Other Dwellings</p> <p>(31) Structures-Commercial/Business</p>	<p>(32) Structures-Industrial/Manufacture</p> <p>(33) Structures-Public/Community</p> <p>(34) Structures-Storage</p> <p>(35) Structures-Other</p> <p>(36) Tools-Power/Hand/Lawnmower</p> <p>(37) Trucks</p> <p>(38) Vehicle Parts/Accessories</p> <p>(39) Watercraft</p> <p>(77) Other</p> <p>(88) Pending Inventory (of Property)</p>
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<p>DRUG TYPE:</p> <p>(A) "Crack" Cocaine</p> <p>(B) Cocaine</p> <p>(C) Hashish</p>	<p>(D) Heroin</p> <p>(E) Marijuana</p> <p>(F) Morphine</p> <p>(G) Opium</p>	<p>(H) Other Narcotics</p> <p>(I) LSD</p> <p>(J) PCP</p> <p>(K) Other Hallucino.</p>	<p>(L) Amphetamines/ Methamphetamines</p> <p>(M) Other Stimulants</p> <p>(N) Barbiturates</p>	<p>(O) Other Depressants</p> <p>(P) Other Drugs</p> <p>(U) Unknown Type Drug</p>
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TYPE DRUG MEASUREMENT		
Units	Weight	Capacity
(DU) Dosage Unit (Pills, etc.)	(GM) Gram	(ML) Milliliter
(NP) Number of Plants	(KG) Kilogram	(LT) Liter
	(OZ) Ounce	(FO) Fluid Ounce
	(LB) Pound	(GL) Gallon

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry Front Door Tools Apparently Used None

NARRATIVE

Vic1 states her roommate left at 745 and vic1 left to walk the dog. Vic1 returned and over an hour later she heard the doorbell. Vic1 answered and saw Susp1 with a small white pocket at the door. Vic1 initially talked to Susp1 through storm door, but Vic1 opened up both doors to examine the dog tags. Vic1 states Susp1 forced his way into the residence and shoved Vic1 to the ground. Vic1 states Susp1 handcuffed her and zip-tied her legs at the ankles. Susp1 put on gloves on. Susp1 then gagged Vic1 with a "squishy lightbulb type toy" and blindfolded her. Vic1 states Susp1 then left her in the living room, and was rummaging through drawers in her bedroom. Susp1 returned to Vic1 in the living room and cut off the zip ties and removed the handcuffs, gag, and blindfold. Vic1 states Susp1 dragged her outside the front door, carrying a bag that belonged to Vic1. Vic1 states that Susp1 dragged her by the hair, kicked her, punched her, slammed her head into the concrete, and tried to cut her with a box cutter while they were both in the front yard. Susp1 was dragging Vic1 towards Veh1, which was parked in Vic1's driveway. Wit1 states he heard Vic1 screaming and Susp1 kicking Vic1 on the side. Wit1 heard Vic1 screaming for help and Susp1 yelling at Vic1, "I am tired of this, you are going to rehab." Wit1 ran towards Susp1 and Vic1. Susp1 left Vic1 and went to Veh1. Wit1 ran to call 911. Wit2 ran to Vic1, collected the clothes and bag that was on the ground, and brought Vic1 to her residence. Vic1 states she lost consciousness twice. Vic1 had a large knot on her forehead, two bloody lips, and large bruises on her neck. Supervisor, Detectives, and Crime Scene were notified. A broadcast of Susp1 and Veh1 were made. Sgt. Birkenhead, Det. Galt Simon, and Crime scene responded. All evidence was turned

Filed to ADCC CSSU

Additional Narrative on Supplement Form A

Additional Narrative on Supplement Form B

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