

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

2/19/80

ADULT INFORMATION

INCIDENT

PAGE 1 OF 4

UNIT ASSIGNED 3X63	CALL DATE 02/04/80	CALL TIME 2253	TYPE OF CALL Suspicious Person
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LOCATION OF INCIDENT (ADDRESS/BLK/APRT) 10 Lealor Cir. Little Rock	DISTRICT 363
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OFFENSE

INCIDENT/OFFENSE TYPE 1. Carjacking 2. Aggravated Assault 3. Assault 4. Public Intox	OFFENSE CODE (RECORD'S SECTION) 1. 7110 2. 3/250 3. 4200
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(This section contains a detailed grid of checkboxes for various incident types and categories, mostly obscured by noise and illegible text.)

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

NAME (Last, First, Middle) or BUSINESS Rose, Allison	D/LID NO. (STATE) UNK	DATE OF BIRTH 12-15-1975
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ADDRESS: 10 Lealor Cir City: Little Rock, Ar State: Ar Zip: 72202	RELATIONSHIP OF REPORTER TO VICTIM WITNESS
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OCCUPATION/EMPLOYER UNK	HOME PHONE 558-0549	EMPLOYMENT PHONE UNK
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RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
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RES: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	EDUCATION: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate
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VICTIM: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE: <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
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MENTALLY AFFLICTED <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	THIS IS A RELATED FORMER OFFENSE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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ADULTS INVOLVED (AT HOME OR IN VEHICLE) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Other	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
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REPORT DATE 02/19/80	TIME (Military) 0100	REPORTING OFFICER Sally	EMPLOYEE # 118895	APPROVING SUPERVISOR Sgt. R. J. Allen	EMPLOYEE # 13312
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PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM NAME (Last, First, Middle) or BUSINESS: Reese, Stanley DL/DI NO. (STATE): LINK DATE OF BIRTH: 02 14 1969

ADDRESS: Street: 10 Lakes Cir City: Little Rock State: AR Zip: 72206

OCCUPATION/EMPLOYER: LINK HOME PHONE: 352-0549 EMPLOYMENT PHONE: LINK

SEX: Male Female Other Unknown Other: 39

HAIR: Black Brown Red Blond Grey Unknown Other: Black

REGISTRATION: Driver's License State ID Other: None

WEIGHT: 100-120 120-140 140-160 160-180 180-200 200-220 220-240 240-260 260-280 280-300 300-320 320-340 340-360 360-380 380-400 400-420 420-440 440-460 460-480 480-500 500-520 520-540 540-560 560-580 580-600 600-620 620-640 640-660 660-680 680-700 700-720 720-740 740-760 760-780 780-800 800-820 820-840 840-860 860-880 880-900 900-920 920-940 940-960 960-980 980-1000 Other: 180

MENTALLY AFFLICTED: (Y) Yes (N) No (U) Unknown

NIC#

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER

IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SUSPECT NAME: Last: Hugg First: Jim Middle: AKA:

ADDRESS: Street: 14 Lakes Cir City: Little Rock State: AR Zip: 72206 DATE OF BIRTH: LINK

MENTALLY AFFLICTED: (Y) Yes (N) No (U) Unknown PLACE OF EMPLOYMENT: None PHONE (TYPE): LINK

ARREST LOCATION: None ARREST DATE: None ARREST TYPE: (1) In Home (2) In Vehicle (3) In Public Place (4) In Jail (5) In Prison (6) In Other: None DL/DI NO. (STATE): LINK

SEX: Male Female Other Unknown Other: None

RACE: White Black Hispanic Asian Other: None

HEIGHT: Ft. 5 In. 10 WEIGHT: Lbs. 180

CLOTHING DESCRIPTION: Hat: None Coat: None Shirt: None Pants/Dress: None Shoes: None

COMPLEXION: <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Olive <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Tanned <input type="checkbox"/> (8) Unknown	HAIR STYLE: <input type="checkbox"/> (1) Aftershave <input type="checkbox"/> (2) Crew cut <input type="checkbox"/> (3) Flat top <input type="checkbox"/> (4) Groomed <input type="checkbox"/> (5) Long <input type="checkbox"/> (6) Mohawk <input type="checkbox"/> (7) Ponytail <input type="checkbox"/> (8) Sideburns <input type="checkbox"/> (9) Unknown	HAIR COLOR: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Red <input type="checkbox"/> (4) Blond <input type="checkbox"/> (5) Grey <input type="checkbox"/> (6) Unknown	SCARS/THMARKS: <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Head <input type="checkbox"/> (3) Neck <input type="checkbox"/> (4) Arm <input type="checkbox"/> (5) Leg <input type="checkbox"/> (6) Other	TATTOO: <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Head <input type="checkbox"/> (3) Neck <input type="checkbox"/> (4) Arm <input type="checkbox"/> (5) Leg <input type="checkbox"/> (6) Other	FACE: <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Head <input type="checkbox"/> (3) Neck <input type="checkbox"/> (4) Arm <input type="checkbox"/> (5) Leg <input type="checkbox"/> (6) Other	HAIR LENGTH: <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Unknown	HAIR COLOR-1: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Red <input type="checkbox"/> (4) Blond <input type="checkbox"/> (5) Grey <input type="checkbox"/> (6) Unknown	SCARS/THMARKS-1: <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Head <input type="checkbox"/> (3) Neck <input type="checkbox"/> (4) Arm <input type="checkbox"/> (5) Leg <input type="checkbox"/> (6) Other	TATTOO-1: <input type="checkbox"/> (1) None <input type="checkbox"/> (2) Head <input type="checkbox"/> (3) Neck <input type="checkbox"/> (4) Arm <input type="checkbox"/> (5) Leg <input type="checkbox"/> (6) Other
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ADDED DESCRIPTION: None

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

SUSPECT #	NAME: Last	First	Middle	AKA
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ARRESTEE #	ADDRESS: Street	City	State	Zip	DATE OF BIRTH
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RES. STATUS <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT	PHONE (TYPE)
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ARREST LOCATION	ARREST DATE	ARREST TYPE <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cit'd <input type="checkbox"/> (M) Taken into Custody	D.L./D NO. (STATE)
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CHARGE	NIC#
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SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk	AGE Exact Age Age Range <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> QV1 <input type="checkbox"/> QV2 <input type="checkbox"/> QV3 <input type="checkbox"/> QV4	WEAPONS AT ARREST (Max 2) Place A, B, blank if (auto/semi) <input type="checkbox"/> (0) Unarmed <input type="checkbox"/> (1) Firearm (Unk) <input type="checkbox"/> (2) Handgun <input type="checkbox"/> (3) Rifle <input type="checkbox"/> (4) Shotgun <input type="checkbox"/> (5) Other Firearm <input type="checkbox"/> (6) Legal Bludge Instrument <input type="checkbox"/> (7) Club/Blackjack/Brass
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hisp <input type="checkbox"/> (U) Unk	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (AI) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4
HEIGHT: Ft. _____ In. _____		WEIGHT: lbs. _____	

CLOTHING DESCRIPTION	Hat	Coat	Shirt	Pants/Dress	Shoes
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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. (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:-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
HAIR LENGTH:-2 <input 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	BUILD:-1 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	EYE COLOR:-1 <input type="checkbox"/> (1) Blue <input 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	ADDED DESCRIPTION				

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 <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC #	INSURANCE/POLICY #				

ENTERED BY
C. COLEMAN

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 <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner	NIC #	INSURANCE/POLICY #				

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.		
LOSS	DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
	29	1	Screen Door Handle	~	45 ⁰⁰			

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.

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|--|
| PROPERTY DESCRIPTION: | (11) Drug/Narc. Equipment | (21) Negotiable Instruments | (32) Structures-Industrial/Manufacture |
| (01) Aircraft | (12) Farm Equipment | (22) Nonnegotiable Instruments | (33) Structures-Public/Community |
| (02) Alcohol | (13) Firearms | (23) Office-Type Equipment | (34) Structures-Storage |
| (03) Automobiles | (14) Gambling Equipment | (24) Other Motor Vehicles | (35) Structures-Other |
| (04) Bicycles | (15) Heavy Equipment | (25) Purses/Handbags/Wallets | (36) Tools-Power/Hand/Lawnmower |
| (05) Buses | Construction/Industry | (26) Radios/TVs/VCR | (37) Trucks |
| (06) Clothes/Furs | (16) Household Good | (27) Recordings-Audio/Visual | (38) Vehicle Parts/Accessories |
| (07) Computer Hardware/
Software | (17) Jewelry/Precious Metal | (28) Recreational Vehicles | (39) Watercraft |
| (08) Consumable Goods | (18) Livestock | (29) Structures-Single Occupancy | (77) Other |
| (09) Credit Cards/Debit Cards | (19) Merchandise | (30) Structures-Other Dwellings | (88) Pending Inventory (of Property) |
| (10) Drugs/Narcotics | (20) Money | (31) Structures-Commercial/Business | |

- | | | | | |
|---------------------|---------------|----------------------|----------------------|-----------------------|
| DRUG TYPE: | (D) Heroin | (H) Other Narcotics | (L) Amphetamines/ | (O) Other Depressants |
| (A) "Crack" Cocaine | (E) Marijuana | (I) LSD | Methamphetamines | (P) Other Drugs |
| (B) Cocaine | (F) Morphine | (J) PCP | (M) Other Stimulants | (U) Unknown Type Drug |
| (C) Hashish | (G) Opium | (K) Other Hallucino. | (N) Barbiturates | |

- TYPE DRUG MEASUREMENT
- | | | |
|-----------------------|---------------|------------------|
| Units | Weight | Capacity |
| (DU) Dosage Unit | (GM) Gram | (ML) Milliliter |
| (Pills, etc.) | (KG) Kilogram | (LT) Liter |
| (NP) Number of Plants | (OZ) Ounce | (FO) Fluid Ounce |
| | (LB) Pound | (GL) Gallon |

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry _____ Tools Apparently Used _____

NARRATIVE

Mrs. Ross stated that Mr. Huff came to her door and advised her that something was on fire in her yard. She also stated Mr. Huff was a gun in his waist band, which she pulled out. It was determined that the gun was a B.B. gun. She stated that Mr. Huff broke her door handle on her screen door, which was valued at \$45. Also Mr. Huff took a swing at Mr. Ross, but never connected. Mr. Huff also stated to Mr. Ross that he was going to get him. Mrs. Ross was advised warrants. Mr. Huff has been drinking and is under the influence of intoxicants. He was later held in custody to the custody of his wife. Mr. Huff never returned the gun to Mrs. Ross.

Additional Narrative on Supplement Form A
 Additional Narrative on Supplement Form B

- 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