

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

SUSPECT # NAME: Last First Middle AKA

ARRESTEE # ADDRESS: Street City State Zip DATE OF BIRTH

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

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 _____ to _____ SUSPECTS ACTIONS RELATED TO: V1 V2 V3 V4 WEAPONS AT ARREST: (MMX. 2) (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. Disposition of Juvenile: (H) Handled within Department (R) Referred outside Department
 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. _____ 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) Aene <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 (ft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (ft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (ft) <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"/> (9) Unknown	TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (ft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (ft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (ft) <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 _____

VEHICLE #

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

YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NO. (TYPE)	LIC YR	STATE
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OWNER'S NAME ADDRESS

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

VEHICLE #

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

YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NO. (TYPE)	LIC YR	STATE
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OWNER'S NAME ADDRESS

COLOR DISPOSITION OF RECOVERY (I) Impounded (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.		
P. LOSS	P. DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	06	1	Ball cap w/ Skull + Poker cards	-	35 ⁰⁰			
0	16	1	Kitchen Knife	357828	-			

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 North facing Back patio door Tools Apparently Used Unknown

NARRATIVE

VI (Bis) advised that SI approached him earlier in the night and asked if VI would give him the above listed Ball cap. VI advised that he refused. VI further advised that he left the listed address shortly after for approx. fifteen minutes and returned to find the rear glass patio door broken and the above listed items missing. The corpse of VI's pitbull/Mastiff puppy was found nearby with the above listed kitchen knife sticking out of its throat. VI advised that the dog was extremely nonviolent and was alive and locked in the fenced in backyard when he left the residence. The kitchen knife was stored as evidence in the southwest property room. A search was made with negative results.

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

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: D.L./ID NO. (STATE) DATE OF BIRTH

ADDRESS: Street City State Zip RELATIONSHIP OF THIS VICTIM TO OFFENDERS (For Multiple Offenders Relationships, Put Offender Number(s) in Space)

OCCUPATION/EMPLOYER: HOME PHONE EMPLOYMENT PHONE 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 _____ Range _____ / _____ (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (BB) 7-364 Days Old (99) Over 98 Yrs. Old (00) Unknown

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 Insti. (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 (L) Severe Laceration (I) Possible Internal Injury (T) Loss of Teeth (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 First Middle AKA Unknown

ARRESTEE # ADDRESS: Street City State Zip DATE OF BIRTH Unknown

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

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

CHARGE: 1. 2. 3. NIC #

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age _____ Age Range: 32 to 40 (99) Over 98 Yrs. Old (00) Unknown

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. 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. 7 WEIGHT: lbs. 150

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 checked="" 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 checked="" type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Thoupees <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 checked="" type="checkbox"/> (8) Unknown	PACIAL 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 checked="" 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 checked="" 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 (lf) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lf) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lf) <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 (lf) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lf) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lf) <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 _____

ARKANSAS CRIME INFORMATION CENTER
ARKANSAS ARREST / DISPOSITION REPORT

DEFENDANT IDENTIFICATION		Arresting Agency Name LRPD		NCIC Code AR0600200	
Name Last Wall First Lev Middle Cre		Aliases		Street Address HOMMELEIS	
City & State		Computer Use - CSN		F.B.I. No. 78019416 DCB State I.D. No. 3192273	
Social Security No. 67		Driver License No./State		Local I.D. No.	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black	Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic		Date of Birth 01/14/82	Age 27 Place of Birth Mammoth Spgs, AR.
Hair BRN	Eyes HZ	Weight 180	Height 510	Scars and Marks Numerous tattoos	
Complexion light		Build Heavy set	Employer/Occupation NONE		
Name of Nearest Relative NONE				Phone No.	
Street Address			City, State, Zip		

ARREST PLEASE PRESS HARD - You are making five copies

Place of Arrest 7700 Mabelvale cutoff				Arresting Officers Mears #18192/J. Roberts #			
Date of Arrest 5-26-10	Time of Arrest 0820	Bail Amount Set \$10,500.00	Offense No. 10-55431	Agency Received From LRPD	Agency Transferred to PLRS		
No.	Computer USE-SRN	Case/Docket No.	Statute No.	Counts	Charge Desc.	Law Enforcement Action	Date of Action
1			5-392a	1	Res. Burg.	B Fel	5/26/10
2			5-63104	1	TOP	A MSD	5/26/10
3			5-62104	1	Agg. cruelty to a dog	D Fel	5/26/10
4							

Facts of Arrest (Explain in Detail)

subj. broke into the residence at 7102 mabelvale C/o through a window entered and took a hat, while at the residence suspect killed the dog w/ a knife that was in a pen in the back yard.

Court Date		Court Trying Case LRDC	
Complainant and Witness Names		Address	
Complainant/Victim Gary Bise	W/M DOB: 10/16/59	Home 7102 Mabelvale C/o L.A., AR. 72209	Right Thumb Print
Witness Bounce Tate	B/M DOB: 4/21/46	Home 7101 Mabelvale C/o L.A., AR. 72209	
		Business	
		Business	

LAW ENFORCEMENT-White
 TRAVELING-Canary
 ACIC-Pink
 LAW ENFORCEMENT-Blue