

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			PAGE 1 OF <u>4</u>		
INCIDENT NUMBER <u>2010-74840</u>		UNIT ASSIGNED <u>1X82</u>	CALL DATE <u>7-10-10</u>	CALL TIME <u>0731</u>	TYPE OF CALL <u>Subject Down</u>		
DATE(S) OF INCIDENT <u>7-10-10</u>		TIME(S) OF INCIDENT <u>0720</u>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <u>5511 Baseline Rd.</u>		DISTRICT <u>82</u>		
OFFENSE							
INCIDENT/OFFENSE TYPE <u>1. Homicide</u>		OFFENSE CODE (RECORD'S SECTION)					
2.		1. _____ 2. _____ 3. _____ 4. _____					
3.		OFFENSE STATUS (Check Only One Per Offense)					
4.		1. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed 2. <input type="checkbox"/> Attempted <input type="checkbox"/> Completed 3. <input type="checkbox"/> Attempted <input type="checkbox"/> Completed 4. <input type="checkbox"/> Attempted <input 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"/> (C) Computer Equip. <input type="checkbox"/> (N) Not Applicable/Unknown		<input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (P) Possessing/Concealing		<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None/Unknown			
LOCATION CODE: (Enter 1)		WEAPON FORCE (Max. 3)		METHOD OF ENTRY:			
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (08) Department/Discourt Store <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (22) School/College <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.) <input checked="" type="checkbox"/> (25) Other/Unknown		<input checked="" type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Axe, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.)		<input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input checked="" type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None			
		(For Burglary Only) NUMBER OF PREMISES ENTERED _____		F <input type="checkbox"/> Forceful N <input type="checkbox"/> No Force			
<input type="checkbox"/> PERSON REPORTING <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input type="checkbox"/> CONTACT <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input type="checkbox"/> ATL <input type="checkbox"/> DRIVER							
VICTIM #	NAME (Last, First, Middle) or BUSINESS: <u>Lopez-MARTINEZ Edilberto, Jose</u>			D.L./ID NO. (STATE)	DATE OF BIRTH		
				<u>N/A</u>	<u>2-24-64</u>		
ADDRESS: Street City State Zip <u>5511 Baseline Rd. Lot #49 LR AR 72209</u>			RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)				
OCCUPATION/EMPLOYER <u>UNK</u>		HOME PHONE	EMPLOYMENT PHONE <u>7 UNK</u>	SUSP. # (S) VICTIM WAS:			
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: Exact Age <u>46</u> Range _____		(SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (C1) Child (BG) Boyfriend/Girlfriend (GP) Grandparents (CF) Child of BF/GF (GC) Grandchild (HR) Homosexual Rel. (IL) In-Law (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Other Known (OF) Other Family Member <input checked="" type="checkbox"/> (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect			
ETHNIC: <input checked="" type="checkbox"/> (H) Hispanic <input 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"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown					
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		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"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other					
VICTIM INJURY: (Max. 5)		MENTALLY AFFLICTED? <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown		THIS VICTIM RELATED TO WHICH OFFENSES?			
<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input checked="" type="checkbox"/> (I) Possible Internal Injury <input checked="" type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input checked="" type="checkbox"/> (O) Other Major Injury <input checked="" type="checkbox"/> (U) Unconsciousness		NIC # _____		<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4			
AGGRAVATED ASSAULT/HOMICIDE (Max. 2)		<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <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 <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 <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings					
REPORT DATE	TIME (Military)	REPORTING OFFICER	EMPLOYEE #	APPROVING SUPERVISOR	EMPLOYEE #		
<u>7-10-10</u>	<u>0930</u>	<u>Kenneth Walker</u>	<u>24505</u>	<u>Sgt. John A. Merritt</u>	<u>14373</u>		

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: Lopez Fermin D.L./ID NO. (STATE) NONE DATE OF BIRTH 6-28-70

ADDRESS: Street City State Zip 5511 Baseline Rd #5 LR AR 72209

OCCUPATION/EMPLOYER: SELF-Employed HOME PHONE EMPLOYMENT PHONE

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 40 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

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

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER

IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SUSPECT # 1 NAME: Last UNK First UNK Middle UNK AKA UNK

ARRESTEE # ADDRESS: Street 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./ID NO. (STATE) UNK

CHARGE: 1. 2. 3. NIC #

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age UNK Age Range: to UNK (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. UNK In. WEIGHT: lbs. UNK

CLOTHING DESCRIPTION Hat Coat Shirt Pants/Dress Shoes

COMPLEXION:-2 HAIR STYLE:-2 HAIR COLOR:-1 FACIAL HAIR:-3 Demeanor:-3 SCAR/B/THMARK:-3 TATTOO:-2 TATTOO LOC:-2

HAIR LENGTH:-2 BUILD:-1 EYE COLOR:-1

ADDED DESCRIPTION

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

SUSPECT # NAME: Last First Middle AKA
MALIN DANIEL E NONE

ARRESTEE # ADDRESS: Street City State Zip DATE OF BIRTH
2801 Christopher Rd. Hensley AR 4-10-73

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

ARREST LOCATION ARREST DATE ARREST TYPE: (O) On View Arrest (S) Summons/Cited (T) Taken Into Custody D.L./ID NO. (STATE)
NONE

CHARGE: 1. 2. 3. NIC#

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 37 SUSPECTS ACTIONS RELATED TO: QV1 QV2 QV3 QV4 WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if auto/semi)
 ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. Age Range: 37 to 37 (99) Over 98 Yrs. Old (00) Unknown (11) Firearm (Unk) (12) Handgun (13) Rifle (14) Shotgun (15) Other Firearm (16) Illegal Cutting Instrument (17) Club/BlackJack/Brass
 RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown (H) Handled within Department (R) Referred outside Department
 THIS SUSPECT RELATES TO WHICH OFFENSES? #1 #2 #3 #4 HEIGHT: Ft. 5 In. 9 WEIGHT: lbs. 198

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. (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 (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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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
OWNER'S NAME					ADDRESS		
COLOR		DISPOSITION OF RECOVERY <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (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
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 DISABILITY (Anti-) <input type="checkbox"/> (51) Physical Disability <input type="checkbox"/> (52) Mental Disability	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
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INCIDENT # 2010-74840

JUVENILE INFORMATION

PROPERTY

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

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

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

- 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: Tools Apparently Used _____

NARRATIVE

On today's date 7-10-10 At approximately 0731 hours I was dispatched to 5511 Baseline Rd. to investigate a subject down CALL. Upon arrival I noticed a Hispanic male lying face down in the grass next to the curb at that address. Contact was then made with person reporting #1 a Hispanic male who stated that he walked from the trailer park of 5511 Baseline Rd. and noticed victim #1 lying on the ground and immediately walked across the street to call for police. Contact #1 also stated that he sat on a log about 40 ft away from victim #1 but didn't notice he was there due to it being dark at the time. 238 Sgt. Merritt and Crime Scene were called out. The Homicide Detective division #418 responded at 0736 to the scene.

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 checked="" 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