

INCIDENT NUMBER <b>2010-101058</b>		UNIT ASSIGNED <b>1X43</b>	CALL DATE <b>09-13-2010</b>	CALL TIME <b>1155</b>	TYPE OF CALL <b>BURGLARY Report</b>
DATE(S) OF INCIDENT <b>09-13-2010</b>	TIME(S) OF INCIDENT <b>1300</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>1825 S. PULASKI</b>			DISTRICT <b>X52</b>

INCIDENT/OFFENSE TYPE 1. <b>BURGLARY</b>		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			

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 checked="" type="checkbox"/> (N) Not Applicable/Unknown	<input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (D) Distributing/Selling	<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None/Unknown

LOCATION CODE: (Enter 1)	<input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc.) <input type="checkbox"/> (25) Other/Unknown	WEAPON FORCE (Max. 3) (For 11-15, place "A" on line if weapon was an Automatic/Semi-Automatic)
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input checked="" type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket	<input 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 type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None
		(For Burglary Only) NUMBER OF PREMISES ENTERED <b>1</b>

PERSON REPORTING  VICTIM  WITNESS  OWNER  CONTACT  MISSING  RUNAWAY  ATL  DRIVER

VICTIM #1	NAME (Last, First, Middle) or BUSINESS: <b>UNION AFRICAN METHODIST EPISCOPAL Church</b>	D.L./ID NO. (STATE)	DATE OF BIRTH
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ADDRESS: Street <b>1825 S. PULASKI</b> City <b>CA</b> State <b>AN</b> Zip <b>72204</b>	RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)
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OCCUPATION/EMPLOYER	HOME PHONE	EMPLOYMENT PHONE <b>374-3528</b>	SUSP. # (S) VICTIM WAS:	SUSP. # (S) VICTIM WAS:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	AGE: Exact Age Range <b>1</b>	<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (ST) Stranger	<input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of BF/GF <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (VO) Victim Was Suspect
RACE: <input 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 type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7 - 364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	
VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input checked="" type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other	VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (L) Severe Laceration		THIS VICTIM RELATED TO WHICH OFFENSES? <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
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REPORT DATE <b>09-13-2010</b>	TIME (Military) <b>1300</b>	REPORTING OFFICER <b>E. Coy</b>	EMPLOYEE # <b>11800</b>	APPROVING SUPERVISOR <b>[Signature]</b>	EMPLOYEE # <b>10519</b>
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PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: WATSON NOIAN D.L./ID NO. (STATE) DATE OF BIRTH 01-02-1939

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 71 Range 71

ETHNIC: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (BB) 7 - 364 Days Old (99) Over 98 Yrs. Old (00) 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) (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 # 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 (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: to (99) Over 98 Yrs. Old (00) Unknown SUSPECTS ACTIONS RELATED TO: (V1) (V2) (V3) (V4) WEAPONS AT ARREST: (Max. 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. RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department

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 HAIR STYLE:-2 HAIR COLOR:-1 FACIAL HAIR:-3 Demeanor:-3 SCAR/B\*THMARK:-3 TATTOO:-2 TATTOO LOC:-2 (1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown (01) Afro (02) Wavy (03) Straight (04) Curly (05) Braided (06) Ponytail (07) Military (08) Processed (09) Wig/Toupee (10) Other (11) Unknown (1) Black (2) Blonde (3) Brown (4) Grey (5) Red (6) Sandy (7) Other (8) Unknown (01) Clean Shaven (02) Unshaven (03) Full Beard (04) Must. (hvy) (05) Must. (thin) (06) Brows (hvy) (07) Brows (thin) (08) Side Burns (09) Goatee (10) Other (11) Unknown (01) Angry (02) Apologetic (03) Calm (04) Irrational (05) Nervous (06) Polite (07) Professional (08) Stupor (09) Violent (10) Drunk/High (11) Other (12) Unknown (01) Head (02) Neck (03) Hand (rt) (04) Hand (lft) (05) Arm (rt) (06) Arm (lft) (07) Body (08) Leg (rt) (09) Leg (lft) (10) Other (11) None (12) Unknown (1) Designs (2) Initials (3) Names (4) Pictures (5) Words (6) Numbers (7) Insignia (8) None (9) Unknown (01) Arm (lft) (02) Arm (rt) (03) Leg (lft) (04) Leg (rt) (05) Hand (lft) (06) Hand (rt) (07) Face (08) Neck (09) Finger(s) (10) Chest (11) Back

ADDED DESCRIPTION

PAGE 5 OF 4

SUSPECT  WITNESS  OWNER  CONTACT  MISSING  RUNAWAY  ATL  WANTED  DRIVER

IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SEP 1 4 2011

SUSPECT #	NAME: Last	First	Middle	AKA
ARRESTEE #	ADDRESS: Street	City	State	Zip
DATE OF BIRTH				

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)
ARREST LOCATION	ARREST DATE	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Custody		D.L./ID NO. (STATE)

CHARGE: 1.	2.	3.	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: _____ to _____	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4	WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if auto/semi) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) 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"/> (I) 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	HAIR STYLE:-2	HAIR COLOR:-1	FACIAL HAIR:-3	DEMEANOR:-3	SCAR/B'THMARK:-3	TATTOO:-2	TATTOO LOC:-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	<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	<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	<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	<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	<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	<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) Nose <input type="checkbox"/> (9) Unknown	<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	BUILD:-1	EYE COLOR:-1	ADDED DESCRIPTION _____				
<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	<input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	<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					

**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**

<b>RACIAL (Anti-)</b> <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	<b>RELIGIOUS (Anti-)</b> <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	<b>ETHNICITY/NATIONAL ORIGIN (Anti-)</b> <input type="checkbox"/> (32) Hispanic <input type="checkbox"/> (33) Other Ethnicity  <b>DISABILITY (Anti-)</b> <input type="checkbox"/> (51) Physical Disability <input type="checkbox"/> (52) Mental Disability	<b>SEXUAL (Anti-)</b> <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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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.

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 (Pills, etc.)	(GM) Gram (KG) Kilogram	(ML) Milliliter (LT) Liter
(NP) Number of Plants	(OZ) Ounce (LB) Pound	(FO) Fluid Ounce (GL) Gallon

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry West Door Tools Apparently Used ROCK

NARRATIVE

MR. WALSON STATED THAT PERSONS UNKNOWN BROKE IT TO THE CHURCH AND TRASHED IT. AT THIS TIME HE CANT TELL IF ANYTHING IS MISSING. CRIME SCENE ALSO REFERRED 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 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

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			
INCIDENT NUMBER <i>2010-100953</i>	UNIT ASSIGNED <i>3X43</i>	CALL DATE <i>09-13-2010</i>	CALL TIME <i>0415</i>	TYPE OF CALL <i>Alarm</i>	
DATE(S) OF INCIDENT <i>09-13-2010</i>	TIME(S) OF INCIDENT <i>0410</i>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <i>2001 Simpson st</i>			DISTRICT <i>X43</i>

<b>INCIDENT/OFFENSE TYPE</b>		<b>OFFENSE CODE (RECORD'S SECTION)</b>			
1. <i>Com. Burglary</i>		1.	2.	3.	4.
2.		<b>OFFENSE STATUS (Check Only One Per Offense)</b>			
3.		1. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	2. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	3. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	4. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed
4.					

<b>SUSPECTS USED (As Many As Apply)</b>		<b>TYPE CRIMINAL ACTIVITY: (Max. 3)</b>		<b>GANG RELATED INFO: (Max. 2)</b>
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <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 <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

<b>LOCATION CODE: (Enter 1)</b>		<b>WEAPON FORCE (Max. 3)</b>	
<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 checked="" 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/Discount 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 type="checkbox"/> (25) Other/Unknown		<input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife/Cutting Instru. (Axe, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input checked="" type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (Hands, etc.)	
		<b>METHOD OF ENTRY:</b> <input checked="" type="checkbox"/> Forcible <input type="checkbox"/> No Force	

PERSON REPORTING     VICTIM     WITNESS     OWNER     CONTACT     MISSING     RUNAWAY     ATL     DRIVER

VICTIM #	NAME (Last, First, Middle) or BUSINESS: <i>Old Lighthouse House of Prayer</i>	D.L./ID NO. (STATE)	DATE OF BIRTH
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ADDRESS: Street <i>2001 Simpson</i>	City <i>LA</i>	State <i>LA</i>	Zip <i>70004</i>	RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)
--	-------------------	--------------------	---------------------	--

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

SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	AGE:
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	Exact Age _____ Range _____ / _____

RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7 - 364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input checked="" type="checkbox"/> (00) Unknown
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RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	VICTIM TYPE: <input 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 checked="" type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other
--	---

VICTIM INJURY: (Max. 5)	MENTALLY AFFLICTED?	THIS VICTIM RELATED TO WHICH OFFENSES?
<input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness	<input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	<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
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REPORT DATE <i>09-13-2010</i>	TIME (Military) <i>0515</i>	REPORTING OFFICER <i>Sexson</i>	EMPLOYEE # <i>27109</i>	APPROVING SUPERVISOR <i>[Signature]</i>	EMPLOYEE # <i>10519</i>
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PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: Simpson, Drany D.L./ID NO. (STATE) DATE OF BIRTH 12-15-55 ADDRESS: Street City State Zip 2000 Cloverdale Jacksonville FL OCCUPATION/EMPLOYER: HOME PHONE 485-7628 EMPLOYMENT PHONE SEX: (M) Male (F) Female (U) Unk AGE: Exact Age 54 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: (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) (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 (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 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: to (99) Over 98 Yrs. Old (00) Unknown SUSPECTS ACTIONS RELATED TO: (V1) (V2) (V3) (V4) WEAPONS AT ARREST: (Max. 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 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. DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department

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 (1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown (01) Afro (02) Wavy (03) Straight (04) Curly (05) Braided (06) Ponytail (07) Military (08) Processed (09) Wig/Toupee (10) Other (11) Unknown (1) Black (2) Blonde (3) Brown (4) Grey (5) Red (6) Sandy (7) Other (8) Unknown (01) Clean Shaven (02) Unshaven (03) Full Beard (04) Must. (hvy) (05) Must. (thin) (06) Brows (hvy) (07) Brows (thin) (08) Side Burns (09) Goatee (10) Other (11) Unknown (01) Angry (02) Apologetic (03) Calm (04) Irrational (05) Nervous (06) Polite (07) Professional (08) Stupor (09) Violent (10) Drunk/High (11) Other (12) Unknown (01) Head (02) Neck (03) Hand (rt) (04) Hand (lft) (05) Arm (rt) (06) Arm (lft) (07) Body (08) Leg (rt) (09) Leg (lft) (10) Other (11) None (12) Unknown (1) Designs (2) Initials (3) Names (4) Pictures (5) Words (6) Numbers (7) Insignia (8) None (9) Unknown (01) Arm (lft) (02) Arm (rt) (03) Leg (lft) (04) Leg (rt) (05) Hand (lft) (06) Hand (rt) (07) Face (08) Neck (09) Finger(s) (10) Chest (11) Back

ADDED DESCRIPTION

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

COPIED  
SEP 14 2010

SUSPECT #	NAME: Last	First	Middle	AKA
ARRESTEE #	ADDRESS: Street	City	State	Zip
				DATE OF BIRTH

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/Cited <input type="checkbox"/> (T) Taken Into Custody	D.L./ID NO. (STATE)
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CHARGE: 1	2	3	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: _____	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4	WEAPONS AT ARREST: (Max 2) (Place "A" in blank if auto/semi) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) 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"/> (I) 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. _____
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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 (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  
 (1) Long  
 (2) Medium  
 (3) Short  
 (4) Bald(tog)  
 (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
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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	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	20	1	\$2474.30 / 1213.30 in cash	---	2474.30			

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/<br>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 front door

Tools Apparently Used Unknown

NARRATIVE

Ofc responded to an Alarm at this location. Upon arrival Ofc found the front door pried open and the business office door kicked open. Ofc searched the building for suspects with negative results. 3L33 was advised of this incident CSSU was notified and responded to process the scene. Simpson arrived on scene and advised he was the responding person for the alarm. He advised that the Tithes from yesterday were missing. In other items appeared to be missing at this time. There is no further suspect information at this time.

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



INCIDENT INFORMATION: INCIDENT NUMBER 2010-100952, UNIT ASSIGNED Y50, CALL DATE 09-13-2010, CALL TIME 0359, TYPE OF CALL Burglar Alarm, DATE(S) OF INCIDENT 09-13-2010, TIME(S) OF INCIDENT 0350, LOCATION OF INCIDENT 1223 S. Cross, DISTRICT X5-1

OFFENSE: INCIDENT/OFFENSE TYPE 1. Commercial Burglary, OFFENSE CODE (RECORD'S SECTION) 1., OFFENSE STATUS (Check Only One Per Offense) A [ ] Attempted, C [x] Completed

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

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

PERSON REPORTING: [ ] VICTIM [x] [ ] WITNESS [ ] [ ] OWNER [ ] [ ] CONTACT [ ] [ ] MISSING [ ] [ ] RUNAWAY [ ] [ ] ATL [ ] [ ] DRIVER [ ]

VICTIM # 1, NAME (Last, First, Middle) or BUSINESS: Cross Street Christian Church, D.L./ID NO. (STATE): UNK, DATE OF BIRTH: UNK

ADDRESS: Street 1223 S. Cross, City Little Rock, State AR, Zip 72204, RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)

OCCUPATION/EMPLOYER: Church, HOME PHONE: N/A, EMPLOYMENT PHONE: 501-375-1306, 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 Rel. [ ], (IL) In-Law [ ], (XS) Ex-Spouse [ ], (SP) Stepparent [ ], (EE) Employee [ ], (SC) Stepchild [ ], (ER) Employer [ ], (SS) Stepsibling [ ], (OK) Otherwise Known [ ], (OF) Other Family Member [x], (RU) Relationship Unknown [ ], (ST) Stranger [ ], (VO) Victim Was Suspect [ ]

SEX: [ ] (M) Male [ ] (F) Female [x] (U) Unk., AGE: Exact Age / Range /

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

RES. STATUS: [x] (R) Resident [ ] (N) Nonresident [ ] (U) Unknown, (NN) Under 24 Hrs. Old [ ], (NB) 1-6 Days Old [ ], (BB) 7-364 Days Old [ ], (99) Over 98 Yrs. Old [ ], (00) 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) [x] (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 [x] (N) No [ ] (U) Unknown, THIS VICTIM RELATED TO WHICH OFFENSES? #1 [x] #2 [ ] #3 [ ] #4 [ ]

AGGRAVATED ASSAULT/HOMICIDE (Max. 2) [ ] (04) Gangland [ ] (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 [ ], [ ] (08) Other Felony Involved [ ] (21) Criminal Killed by Police Officer [ ] (33) Other Negligent Weapon Handling [ ]

REPORT DATE: 09-13-2010, TIME (Military): 0430, REPORTING OFFICER: Hollingsworth, EMPLOYEE #: 32421, APPROVING SUPERVISOR: [Signature], EMPLOYEE #: 10519

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: Morgan Albert D.L./ID NO. (STATE) OK DATE OF BIRTH 11-20-1949

ADDRESS: Street City State Zip 8 Howell Little Rock AR 72204 RELATIONSHIP OF THIS VICTIM TO OFFENDERS (For Multiple Offenders Relationships, Put Offender Number(s) in Space)

OCCUPATION/EMPLOYER: HOME PHONE EMPLOYMENT PHONE Church Trustee 501-612-7083 501-375-1306

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 60 Range 7

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) (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 on All

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 (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: (99) Over 98 Yrs. Old (00) Unknown SUSPECTS ACTIONS RELATED TO: (V1) (V2) (V3) (V4) WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if auto/semi)

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department

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 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

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 (T) Taken Into Custody
D.L./ID NO. (STATE)

CHARGE: 1 2 3 NIC#

SEX: (M) Male (F) Female (U) Unk
ETHNIC: (H) Hispanic (N) Non-Hisp (U) Unk
RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown
AGE: Exact Age Age Range: to
SUSPECTS ACTIONS RELATED TO: (V1) (V2) (V3) (V4)
DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department
WEAPONS AT ARREST: (Max 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/BlacJack/Brass

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 HAIR STYLE:-2 HAIR COLOR:-1 FACIAL HAIR:-3 Demeanor:-3 SCAR/B'THMARK:-3 TATTOO:-2 TATTOO LOC:-2
(1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown
(01) Afro (02) Wavy (03) Straight (04) Curly (05) Braided (06) Ponytail (07) Military (08) Processed (09) Wig/Toupee (10) Other (11) Unknown
(1) Black (2) Blonde (3) Brown (4) Grey (5) Red (6) Sandy (7) Other (8) Unknown
(01) Clean Shaven (02) Unshaven (03) Full Beard (04) Must. (hvy) (05) Must. (thin) (06) Brows (hvy) (07) Brows (thin) (08) Side Burns (09) Goatee (10) Other (11) Unknown
(01) Angry (02) Apologetic (03) Calm (04) Irrational (05) Nervous (06) Polite (07) Professional (08) Stupor (09) Violent (10) Drunk/High (11) Other (12) Unknown
(01) Head (02) Neck (03) Hand (rt) (04) Hand (lft) (05) Arm (rt) (06) Arm (lft) (07) Body (08) Leg (rt) (09) Leg (lft) (10) Other (11) None (12) Unknown
(1) Designs (2) Initials (3) Names (4) Pictures (5) Words (6) Numbers (7) Insignia (8) None (9) Unknown
(01) Arm (lft) (02) Arm (rt) (03) Leg (lft) (04) Leg (rt) (05) Hand (lft) (06) Hand (rt) (07) Face (08) Neck (09) Finger(s) (10) Chest (11) Back

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 (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

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-) (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) Atheism/Agnosticism
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

PROPERTY						DRUG INFO.		
P. LOSS	P. DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	33	2	Exterior door, Interior door		1			
4	23	1	Filing Cabinet		1			
7	88							

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

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

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry Door on West Side

Tools Apparently Used Unknown

NARRATIVE

OFC. Humphries and I responded to the Church located at 1223 S. Cross in reference to an alarm. OFC. Humphries arrived on scene first, and he advised forced entry had been made through a door on the west side. Once I arrived, OFC. Humphries and I searched the interior and determined that any suspects were no longer on scene. During the search of the interior a second door was discovered that had been forced open. The second door was an interior door to the Church office. Inside the office a filing cabinet had been damaged as well. Mr. Morgan responded and viewed the damage. Mr. Morgan, a Church trustee, was unable to determine if any property had been stolen at this time. Crime scene responded and processed the scene. There was no suspect info. available at this time.

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

**LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT**

<input type="checkbox"/> JUVENILE INFORMATION	<b>INCIDENT</b>				PAGE 1 OF <u>4</u>
---	-----------------	--	--	--	--------------------

INCIDENT NUMBER <u>2010-100948</u>	UNIT ASSIGNED <u>3K52</u>	CALL DATE <u>09-13-2010</u>	CALL TIME <u>0251</u>	TYPE OF CALL <u>Burglary in Progress</u>
---------------------------------------	------------------------------	--------------------------------	--------------------------	---

DATE(S) OF INCIDENT <u>09-13-2010</u>	TIME(S) OF INCIDENT <u>0245</u>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <u>1851 Howard St. (New Hope Baptist Church) K 52</u>	DISTRICT <u>K 52</u>
--	------------------------------------	---	-------------------------

<b>INCIDENT/OFFENSE TYPE</b>		<b>OFFENSE CODE (RECORD'S SECTION)</b>			
1. <u>Burglary (Commercial)</u>		1.	2.	3.	4.
2.		<b>OFFENSE STATUS (Check Only One Per Offense)</b>			
3.		1.	2.	3.	4.
4.		A <input type="checkbox"/> Attempted C <input checked="" type="checkbox"/> Completed	A <input type="checkbox"/> Attempted C <input type="checkbox"/> Completed	A <input type="checkbox"/> Attempted C <input type="checkbox"/> Completed	A <input type="checkbox"/> Attempted C <input type="checkbox"/> Completed

<b>SUSPECTS USED (As Many As Apply)</b>	<b>TYPE CRIMINAL ACTIVITY: (Max. 3)</b>	<b>GANG RELATED INFO: (Max. 2)</b>
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <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 <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

<b>LOCATION CODE: (Enter 1)</b>	<b>WEAPON FORCE (Max. 3)</b>	<b>METHOD OF ENTRY:</b>
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input checked="" type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc.) <input type="checkbox"/> (25) Other/Unknown	(For 11-15, place "A" on line if weapon was an Automatic/ Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics/Drugs/ <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (75) Sleeping Pills <input type="checkbox"/> (20) Knife/Cutting Instru. (Axe, etc.) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input checked="" type="checkbox"/> (99) None
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

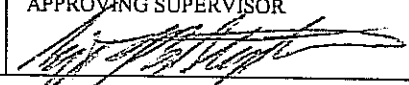
VICTIM # <u>1</u>	NAME (Last, First, Middle) or BUSINESS: <u>New Hope Baptist Church</u>	D.L./ID NO. (STATE)	DATE OF BIRTH
----------------------	---	---------------------	---------------

ADDRESS: Street City State Zip <u>1851 Howard St. Little Rock AR</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>UNK</u>	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS:
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE:		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (CH) Child <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (CF) Child of BF/GF <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim Was Suspect
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	Exact Age _____ Range _____		
RACE: <input 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	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input 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 checked="" 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"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness	<input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown
THIS VICTIM RELATED TO WHICH OFFENSES? <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"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <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"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (32) Hunting Accident
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REPORT DATE <u>09-13-2010</u>	TIME (Military) <u>0500</u>	REPORTING OFFICER <u>Pfc. Carl Furnes</u>	EMPLOYEE # <u>29376</u>	APPROVING SUPERVISOR 	EMPLOYEE # <u>10579</u>
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PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: BRISTER McNICOLL D.L./ID NO. (STATE) 920622385 (AR) DATE OF BIRTH 08-06-1967 ADDRESS: Street City State Zip 1851 Howard St. Little Rock, AR OCCUPATION/EMPLOYER: U.N.K. HOME PHONE (501)507-3541 EMPLOYMENT PHONE U.N.K. SEX: (M) Male (F) Female (U) Unk. AGE: 43 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 Inst. (U) Unk. (G) Government (R) Religious (S) Society/Public (O) Other VICTIM INJURY: (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) (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

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

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

SUSPECT # 1 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 NA 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: SUSPECTS ACTIONS RELATED TO: V1 V2 V3 V4 WEAPONS AT ARREST: (Max. 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. Exact Age Age Range: to (99) Over 98 Yrs. Old (00) Unknown DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department 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 HAIR STYLE:-2 HAIR COLOR:-1 FACIAL HAIR:-3 DEMEANOR:-3 SCAR/B/THMARK:-3 TATTOO:-2 TATTOO LOC:-2 (1) Light (2) Medium (3) Dark (4) Acne (5) Freckled (6) Ruddy (7) Other (8) Unknown (1) Afro (2) Wavy (3) Straight (4) Curly (5) Braided (6) Ponytail (7) Military (8) Processed (9) Wig/Toupee (10) Other (11) Unknown (1) Black (2) Blonde (3) Brown (4) Grey (5) Red (6) Sandy (7) Other (8) Unknown (9) Side Burns (10) Goatee (11) Other (12) Unknown (1) Clean Shaven (2) Unshaven (3) Full Beard (4) Must. (bvy) (5) Must. (thin) (6) Brows (bvy) (7) Brows (thin) (8) Side Burns (9) Goatee (10) Other (11) Unknown (1) Angry (2) Apologetic (3) Calm (4) Irrational (5) Nervous (6) Polite (7) Professional (8) Stupor (9) Violent (10) Drunk/High (11) Other (12) Unknown (1) Head (2) Neck (3) Hand (rt) (4) Hand (lft) (5) Arm (rt) (6) Arm (lft) (7) Body (8) Leg (rt) (9) Leg (lft) (10) Other (11) None (12) Unknown (1) Designs (2) Initials (3) Names (4) Pictures (5) Words (6) Numbers (7) Insignia (8) None (9) Unknown (1) Arm (lft) (2) Arm (rt) (3) Leg (lft) (4) Leg (rt) (5) Hand (lft) (6) Hand (rt) (7) Face (8) Neck (9) Finger(s) (10) Chest (11) Back

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	DATE OF BIRTH
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  (T) 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: (Max. 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

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 (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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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 # 1

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

YEAR 2003	MAKE Toyota	MODEL Cam.	STYLE 4dr	VIN 4T1BE32K03U663670	LICENSE NO. (TYPE) 882NEK	LIC YR 2011	STATE AR
OWNER'S NAME Frederick Freeman				ADDRESS 530 McElwee Sky Fort City, AR 72235			
COLOR Gold	DISPOSITION OF RECOVERY <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner		NIC #		INSURANCE/POLICY # WRK		

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.		
P. LOSS	P. DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	77	2	doors		1			

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/<br>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 back door Tools Apparently Used prying object

**NARRATIVE**

I responded to a burglar at the listed address. Upon arrival, I made contact with a refused complainant who advised she was sitting in her yard when she noticed a silver or tan Camry pull up to the church located at the listed address. The refused complainant stated suspect got out of the car and went to the back door and tried it open. The refused complainant stated suspect entered the church and turned a light on. The refused complainant stated she saw suspect leave moments later. Bristor responded to the scene and advised he did not notice anything missing. A desk was found with the drawers pulled out and contents lying on the floor. Vehicle was stolen earlier in the night from a residence near the listed address. Vehicle matches the description of the car suspect I was driving at the time of the burglary. No visible prints could be found at the scene. No further police action taken at this time.

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

- |   |   |   |
|---|---|---|
| ADDITIONAL HOMICIDE CIRCUMSTANCES   | <input type="checkbox"/> (C) Criminal attacked a civilian             | <input type="checkbox"/> (F) Criminal resisted arrest                   |
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal     | <input type="checkbox"/> (D) Criminal attempted flight from a crime   | <input type="checkbox"/> (G) Unable to determine/not enough information |
| <input type="checkbox"/> (B) Criminal attacked police officer; criminal killed by other officer | <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



<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			PAGE 1 OF <u>4</u>
INCIDENT NUMBER <u>2010-100636</u>		UNIT ASSIGNED <u>3X53</u>	CALL DATE <u>09/12/2010</u>	CALL TIME <u>0218</u>	TYPE OF CALL <u>Burglar Alarm</u>
DATE(S) OF INCIDENT <u>09/12/2010</u>	TIME(S) OF INCIDENT <u>0218</u>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <u>2400 S. Maple</u>			DISTRICT <u>153</u>

INCIDENT/OFFENSE TYPE <u>1. Commercial Burglary</u>		OFFENSE CODE (RECORD'S SECTION)			
2.		1.	2.	3.	4.
3.		OFFENSE STATUS: (Check Only One Per Offense)			
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"/> (C) Computer Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable/Unknown	<input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (U) Using/Consuming <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)	<input type="checkbox"/> (13) Highway/Road/Alley	WEAPON FORCE: (Max. 3)
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input checked="" type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc.) <input type="checkbox"/> (25) Other/Unknown	(For 11-15, place "A" on line if weapon was an Automatic/ Semi-Automatic) <input 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 checked="" type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None
<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		(For Burglary Only) NUMBER OF PREMISES ENTERED <u>1</u>
		METHOD OF ENTRY: F <input checked="" type="checkbox"/> Forcible N <input type="checkbox"/> No Force

VICTIM # <u>1</u>	NAME (Last, First, Middle) or BUSINESS: <u>Shloh Church</u>	D.L./ID NO. (STATE)	DATE OF BIRTH
----------------------	--	---------------------	---------------

ADDRESS: Street <u>2400 S. Maple</u>	City <u>LR, AR</u>	State	Zip	RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)
OCCUPATION/EMPLOYER	HOME PHONE	EMPLOYMENT PHONE <u>663-3259</u>	SUSP. # (S) VICTIM WAS: <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparents <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (ST) Stranger	
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	AGE: Exact Age _____ Range _____ / _____	SUSP. # (S) VICTIM WAS: <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of BF/GF <input type="checkbox"/> (HR) Homosexual Rel. <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (VO) Victim Was Suspect
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input type="checkbox"/> (I) Individual <input checked="" 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?	THIS VICTIM RELATED TO WHICH OFFENSES?
<input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (L) Severe Laceration	<input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	<input 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 <u>09/12/2010</u>	TIME (Military) <u>0340</u>	REPORTING OFFICER <u>JL</u>	EMPLOYEE # <u>21808</u>	APPROVING SUPERVISOR <u>Syl S. [Signature]</u>	EMPLOYEE # <u>18800</u>
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1010-102656

PERSON REPORTING  VICTIM  WITNESS  OWNER  CONTACT  MISSING  RUNAWAY  ATL  DRIVER

VICTIM # \_\_\_\_\_ NAME (Last, First, Middle) or BUSINESS: Roberts, Wilson D.L./ID NO. (STATE) \_\_\_\_\_ DATE OF BIRTH 7/23/53

ADDRESS: Street 2400 S. Maple City LR, AR State \_\_\_\_\_ Zip \_\_\_\_\_ RELATIONSHIP OF THIS VICTIM TO OFFENDERS (For Multiple Offenders Relationships, Put Offender Number(s) in Space)

OCCUPATION/EMPLOYER: Shiloh Church HOME PHONE \_\_\_\_\_ EMPLOYMENT PHONE 1063-3259 SUSP. # (S) VICTIM WAS: \_\_\_\_\_ SUSP. # (S) VICTIM WAS: \_\_\_\_\_

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 Inst.  (U) Unk.  (G) Government  (R) Religious  (S) Society/Public  (O) Other

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

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 Unknown 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  (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: \_\_\_\_\_ to \_\_\_\_\_

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

SUSPECTS ACTIONS RELATED TO:  V1  V2  V3  V4 WEAPONS AT ARREST: (Max. 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

DISPOSITION OF JUVENILE:  (H) Handled within Department  (R) Referred outside Department

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

(1) Light  (2) Medium  (3) Dark  (4) Acne  (5) Freckled  (6) Ruddy  (7) Other  (8) Unknown  (01) Afro  (02) Wavy  (03) Straight  (04) Curly  (05) Braided  (06) Ponytail  (07) Military  (08) Processed  (09) Wig/Toupee  (10) Other  (11) Unknown  (1) Black  (2) Blonde  (3) Brown  (4) Grey  (5) Red  (6) Sandy  (7) Other  (8) Unknown  (01) Clean Shaven  (02) Unshaven  (03) Full Beard  (04) Must. (hvy)  (05) Must. (thin)  (06) Brows (hvy)  (07) Brows (thin)  (08) Side Burns  (09) Gontee  (10) Other  (11) Unknown  (01) Angry  (02) Apologetic  (03) Calm  (04) Irrational  (05) Nervous  (06) Polite  (07) Professional  (08) Stupor  (09) Violent  (10) Drunk/High  (11) Other  (12) Unknown  (01) Head  (02) Neck  (03) Hand (rt)  (04) Hand (lft)  (05) Arm (rt)  (06) Arm (lft)  (07) Body  (08) Leg (rt)  (09) Leg (lft)  (10) Other  (11) None  (12) Unknown  (1) Designs  (2) Initials  (3) Names  (4) Pictures  (5) Words  (6) Numbers  (7) Insignia  (8) None  (9) Unknown  (01) Arm (lft)  (02) Arm (rt)  (03) Leg (lft)  (04) Leg (rt)  (05) Hand (lft)  (06) Hand (rt)  (07) Face  (08) Neck  (09) Finger(s)  (10) Chest  (11) Back

HAIR LENGTH:-2 BUILD:-1  (1) Long  (2) Medium  (3) Short  (4) Bald(ing)  (5) Other  (6) Unknown  (1) Light  (2) Medium  (3) Heavy  (4) Muscular  (1) Blue  (2) Brown  (3) Grey  (1) Light  (2) Medium  (3) Heavy  (4) Muscular  (1) Blue  (2) Brown  (3) Grey  (4) Green  (5) Hazel  (6) Other  (7) Unknown

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
ARRESTEE #	ADDRESS: Street	City	State	Zip
				DATE OF BIRTH

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)
ARREST LOCATION	ARREST DATE	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (C) Taken Into Custody	D.L./ID NO. (STATE)

CHARGE: 1	2	3	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: _____ to _____ <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4	WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if auto/semi) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) 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"/> (I) 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 \_\_\_\_\_

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) Snipor <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 (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 #			

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.		
P. LOSS	P. DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
4	31	1	Westside back window					

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/<br>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/<br>Methamphetamines | (O) Other Depressants |
| (A) "Crack" Cocaine | (E) Marijuana | (I) LSD              | (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 Westside window Tools Apparently Used brick

NARRATIVE

Received an alarm call at the listed location. Officers found the back westside window broken out. K-44 responded + helped search the building. Mr. Roberts was notified and responded. After searching the building with negative results, Mr. Roberts advised everything appeared normal inside. It is unknown if entry was gained due to the small hole in the window. There was no crime scene to be processed. Sgt. Johnston was notified of the incident. There was no suspect information. Mr. Roberts was advised to contact the D.P. if he found anything missing.

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