

INCIDENT # 2010-118929		<input type="checkbox"/> JUVENILE INFORMATION		PAGE 2 OF 5			
<input checked="" type="checkbox"/> PERSON REPORTING <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input type="checkbox"/> CONTACT <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input type="checkbox"/> ATL <input type="checkbox"/> DRIVER							
VICTIM #	NAME (Last, First, Middle) or BUSINESS: Blount, Louise			D.L./ID NO. (STATE)	DATE OF BIRTH 08/24/1937		
ADDRESS: Street [REDACTED]			City Cabot,	State Arkansas	Zip 72023		
OCCUPATION/EMPLOYER:		HOME PHONE [REDACTED]	EMPLOYMENT PHONE [REDACTED]				
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: Exact Age <u>73</u> Range <u> </u> / <u> </u>					
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<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					
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown					
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" 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 Inst. <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) <input 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		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4			
AGGRAVATED ASSAULT/HOMICIDE: (Max. 2) <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (33) Other Negligent Weapon Handling		<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (34) Other Negligent Killings		<input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (32) Hunting Accident			
<input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> CONTACT <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input type="checkbox"/> ATL <input type="checkbox"/> WANTED <input type="checkbox"/> DRIVER IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW							
SUSPECT #	NAME: Last Wood			First Deborah	Middle 	AKA 	
ARRESTEE #	ADDRESS: Street unknown			City 	State 	Zip 	DATE OF BIRTH
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		PLACE OF EMPLOYMENT 		PHONE (TYPE) [REDACTED]		
ARREST LOCATION 	ARREST DATE 	ARREST TYPE: <input type="checkbox"/> (0) 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 # 		
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u> </u> Age Range: <u> </u> to <u> </u> <input type="checkbox"/> (99) Over 98 Yrs. Old <input checked="" 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/Bruss		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hisp. <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		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		
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		HEIGHT: Ft. <u> </u> In. <u> </u>		WEIGHT: lbs. <u> </u>	
CLOTHING DESCRIPTION Hat <u> </u> Coat <u> </u> Shirt <u> </u> Pants/Dress <u> </u> Shoes <u> </u>							
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 (rt) <input type="checkbox"/> (02) Arm (lft) <input type="checkbox"/> (03) Leg (rt) <input type="checkbox"/> (04) Leg (lft) <input type="checkbox"/> (05) Hand (rt) <input type="checkbox"/> (06) Hand (lft) <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
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. AGE: Exact Age _____ to _____
 ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. Age Range: _____ to _____
 RACE: (W) White (B) Black (I) American Indian (99) Over 98 Yrs. Old
 (A) Asian/Pacific Islander (U) Unknown (00) Unknown
 THIS SUSPECT RELATES TO WHICH OFFENSES? #1 #2 #3 #4 HEIGHT: Ft. _____ In. _____ WEIGHT: lbs. _____
 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

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 (01) Afro (1) Black (01) Clean Shaven (01) Angry (01) Head (1) Designs (01) Arm (lf)
 (2) Medium (02) Wavy (2) Blonde (02) Unshaven (02) Apologetic (02) Neck (2) Initials (02) Arm (rt)
 (3) Dark (03) Straight (3) Brown (03) Full Beard (03) Calm (03) Hand (rt) (3) Names (03) Leg (lf)
 (4) Acne (04) Curly (4) Grey (04) Must. (hvy) (04) Irrational (04) Hand (lf) (4) Pictures (04) Leg (rt)
 (5) Freckled (05) Braided (5) Red (05) Nervous (05) Arm (rt) (5) Words (5) Hand (lf)
 (6) Ruddy (06) Ponytail (6) Sandy (06) Brows (hvy) (06) Arm (lf) (6) Numbers (6) Hand (rt)
 (7) Other (07) Military (7) Other (07) Brows (thin) (07) Professional (07) Body (7) Insignia (07) Face
 (8) Unknown (08) Processed (8) Unknown (08) Side Burns (08) Snipor (08) Leg (rt) (8) None (08) Neck
 (09) Wig/Toupee (09) Goatee (09) Violent (09) Leg (lf) (9) Unknown (09) Finger(s)
 (10) Other (10) Other (10) Drunk/High (10) Other (10) Chest
 (11) Unknown (11) Unknown (11) Other (11) None (11) Back
 HAIR LENGTH:-2 EYE COLOR:-1 BUILD:-1
 (1) Long (1) Blue (1) Light (1) Blue (1) Light
 (2) Medium (2) Brown (2) Medium (2) Medium
 (3) Short (3) Grey (3) Heavy (3) Heavy
 (4) Bald(ing) (4) Green (4) Muscular (4) Muscular
 (5) Other (5) Hazel (5) Muscular
 (6) Unknown (6) Other (6) Muscular
 (7) Unknown (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 (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-) RELIGIOUS (Anti-) ETHNICITY/NATIONAL ORIGIN (Anti-) SEXUAL (Anti-)
 (11) White (21) Jewish (32) Hispanic (41) Male Homosexual (Gay)
 (12) Black (22) Catholic (33) Other Ethnicity (42) Female Homosexual (Lesbian)
 (13) American Indian/
 Alaskan Native (23) Protestant (43) Homosexual (Gay and Lesbian)
 (14) Asian/Pacific Islander (24) Islamic (Muslim) (44) Heterosexual
 (15) Multi-Racial Group (25) Other Religion (45) Bisexual
 (26) Multi-Religious Group
 (27) Atheism/Agnosticism
 DISABILITY (Anti-)
 (51) Physical Disability
 (52) Mental Disability

PROPERTY						DRUG INFO.		
P. LOSS	P. DES	QTY	DESCRIPTION (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
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/ 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	TYPE DRUG MEASUREMENT <u>Units</u> <u>Weight</u> <u>Capacity</u> (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
(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		

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry _____ Tools Apparently Used _____

NARRATIVE

Ms. Blount called police after finding her daughter unresponsive in her bedroom. Ms. Blount advised that she last spoke with her daughter on Sunday. She advised that she attempted calling back multiple times over the past two (2) days and was unable to get a response. Ms. Blount advised that she went to her daughters home to check on her. Ms. Blount advised she unlocked the door and located her daughter in the bedroom. She advised that her daughter has been suffering for 17 years from a condition similar to Multiple Sclerosis. She advised that her daughter complained recently of pain to her neck and back. She further advised that her daughter's husband, Ray McKinnon, has been in Atlanta, GA for the past month and has been notified and is returning to Little Rock.

I observed the victim's body lying face up in the bed holding a cell phone in her left hand. Blood was observed seeping from her nostrils. I also observed marbling in the victim's face, neck, and stomach. The victim was wearing a yellow banded ring with three (3) white stones on her left ring finger.

I contacted Sgt. McVay and advised him of the situation and condition of the body. I contacted the Pulaski County Coroner's Office and spoke with Gerone Hobbs who responded to the scene. The cell phone was removed from her hand and I located the last contact made with the victim. It was an incoming call on Monday 10-25-2010 at 4:26 P.M. and lasted 9 minutes.

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 SUPPLEMENT REPORT

SUPPLEMENT FORM B

ORIGINAL INCIDENT NUMBER
2010-118929

ORIGINAL INCIDENT TYPE
Natural Death

PAGE 5 OF 5

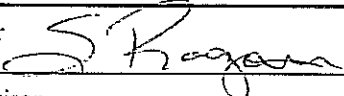
A family member called the number and spoke with Deborah Wood who advised that she had spoken with the victim at that time. She advised that the victim told her that she did not feel well. She advised that she had called in reference to an upcoming event. The next phone call that was observed on the phone came in 1 minute after the victim disconnected with Ms. Wood. The call was not answered. The phone was left on the dresser.

I located 4 prescription pill bottles in the bedside table and they are: Triamcinolone 0.1% paste, Hydroxyzine Pamoate 25 mg, Tramdl, and Benzonatate 100 mg. Each bottle had pills remaining. They were left on the bedside table.

The Coroner's Office took possession of the victim's body and transported to the State Crime Lab for autopsy.

Ms. Blount was still at the residence with family when the Coroner and I were leaving. She advised that they would take care of securing the residence.

MEMS unit 236 responded initially, but could provide no medical attention.

Signature of Officer 	Employee Number (Officer) 29130	Date 10/27/2010	Time 4:01 pm
Signature of Supervisor	Employee Number (Supervisor)	Date	Time