

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

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<input type="checkbox"/> JUVENILE INFORMATION	INCIDENT			PAGE 1 OF 4	
INCIDENT NUMBER 2010-11089	UNIT ASSIGNED 1X91	CALL DATE 2-1-10	CALL TIME 1312	TYPE OF CALL Disturbance	
DATE(S) OF INCIDENT 2-1-10	TIME(S) OF INCIDENT 1300	LOCATION OF INCIDENT (ADDRESS/BLK/HAPT#) 7000 Valley Dr. (Watson Elem. School)		DISTRICT 91	

INCIDENT/OFFENSE TYPE 1. Terroristic Threatening		OFFENSE CODE (RECORD'S SECTION) 1. 1316 2. 3. 4.			
OFFENSE STATUS (Check Only One Per Offense)		<input type="checkbox"/> Attempted <input type="checkbox"/> Completed <input type="checkbox"/> Attempted <input type="checkbox"/> Completed <input type="checkbox"/> Attempted <input type="checkbox"/> Completed <input type="checkbox"/> Attempted <input type="checkbox"/> Completed			

SUSPECTS USED (As Many As Applicable)	TYPE CRIMINAL ACTIVITY (Max. 3)	GANG RELATED INFO (Max. 2)
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (B) Drugs <input type="checkbox"/> (C) Computer Equip <input type="checkbox"/> (D) Not Applicable <input type="checkbox"/> (E) Unknown	<input type="checkbox"/> (1) Buying/Receiving <input type="checkbox"/> (2) Cultivate/Manufacture/Publish <input type="checkbox"/> (3) Transport/Transmit/Import <input type="checkbox"/> (4) Using/Consuming <input type="checkbox"/> (5) Distributing/Selling <input type="checkbox"/> (6) Possessing/Concealing	<input type="checkbox"/> (1) Juvenile Gang <input type="checkbox"/> (2) Other Gang <input type="checkbox"/> (3) None/Unknown

LOCATION CODE (Check One)	WEAPON FORGE (Max. 3)	METHOD OF ENTRY
<input type="checkbox"/> (1) Highway/Road/Alley <input type="checkbox"/> (2) Hotel/Motel/Etc. <input type="checkbox"/> (3) Jail/Prison <input type="checkbox"/> (4) Lake/Waterway <input type="checkbox"/> (5) Liquor Store <input type="checkbox"/> (6) Parking Lot/Garage <input type="checkbox"/> (7) Rental/Storage Facility <input type="checkbox"/> (8) Residence/Home <input type="checkbox"/> (9) Restaurant <input type="checkbox"/> (10) School/College <input type="checkbox"/> (11) Service/Gas Station <input type="checkbox"/> (12) Specialty Store (TV, Fur, Etc.) <input type="checkbox"/> (13) Other/Unknown	<input type="checkbox"/> (1) Firearm (Unknown) <input type="checkbox"/> (2) Handgun <input type="checkbox"/> (3) Rifle <input type="checkbox"/> (4) Shotgun <input type="checkbox"/> (5) Other Firearm <input type="checkbox"/> (6) Knife/Cutting Instrument (As. etc.) <input type="checkbox"/> (7) Blunt Object (Club, Etc.) <input type="checkbox"/> (8) Motor Vehicle (As. Weapon) <input type="checkbox"/> (9) Personal Weapons (Hands, Etc.) <input type="checkbox"/> (10) None	<input type="checkbox"/> (1) Forcible <input type="checkbox"/> (2) No Force

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS: Pickett, Stephanie	D.L./ID NO. (STATE)	DATE OF BIRTH 1-10-66
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ADDRESS: Street City State Zip 1400 Old Forge Rd. # 2507 L.R. AR 72205	RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)
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OCCUPATION/EMPLOYER E.R. School Dist.	HOME PHONE unk	EMPLOYMENT PHONE 447-6800	SUSP # (S) VICTIM WAS:	SUSP # (S) VICTIM WAS:
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SEX <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age: 43 Range:	(SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BF) 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 (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Suspect
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ETHNIC <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown
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VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instil. <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	MENTALLY AFFLICTED? <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
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VICTIM INJURY: (Max. 5) <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	AGGRAVATED ASSAULT/HOMICIDE (Max. 2) <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 2/1/10	TIME (Military) 1335	REPORTING OFFICER R.K. Brown	EMPLOYEE # 11860	APPROVING SUPERVISOR <i>[Signature]</i>	EMPLOYEE # 16705
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PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

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

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

OCCUPATION/EMPLOYER: HOME PHONE EMPLOYMENT PHONE SUSP. # (S) VICTIM WAS: SUSP. # (S) VICTIM WAS:

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 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) (01) Argument (02) Assault on Law Enif. 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 Negligen. 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 4 NIC #

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age Age Range: 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 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 AT-LARGE WANTED DRIVER
IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

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FEB 02 2011

SUSPECT#	NAME: Last	First	Middle	AKA
ARRESTED	ADDRESS: Street	City	State	Zip
DATE OF BIRTH	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk			PHONE (TYPE)
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Non-Resident <input type="checkbox"/> (U) Unknown	PLACE OF EMPLOYMENT		D.L./D NO. (STATE)	
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	NIC#	
CHARGE	SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk			WEAPONS AT ARREST: (Max 2) (Place # 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/Battle/Brass
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk	AGE: Exact Age: _____ Age Range: _____ <input type="checkbox"/> (9) Over 98 Yrs Old <input type="checkbox"/> (00) Unknown	SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> QV1 <input type="checkbox"/> QV2 <input type="checkbox"/> QV3 <input type="checkbox"/> QV4		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department
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	HEIGHT: Ft. _____ In. _____		WEIGHT: lbs. _____	
THIS SUSPECT RELATES TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4				

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 Burnt <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B'THMARK-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lf) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lf) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lf) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO-2 <input type="checkbox"/> (1) Designa <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	TATTOO LOC-2 <input type="checkbox"/> (01) Arm (lf) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lf) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lf) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
ADDED DESCRIPTION _____							

VEHICLE #							
<input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> 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 #							
<input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> 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: <input type="checkbox"/> (88) None <input type="checkbox"/> IF YES, COMPLETE BELOW <i>with</i>			
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

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 | (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

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

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry _____ Tools Apparently Used _____

NARRATIVE

Vict. (Pickett) stated that sup. () and contact () came to the school wanting to pick up [redacted] since early. Pickett stated that the child's mother () history had not listed [redacted] with permission to pick up the child, so [redacted] was not allowed to leave with the child. Pickett stated that [redacted] then became argumentative and belligerent. Pickett stated that school security then told [redacted] and [redacted] to leave, which they subsequently did, but not before [redacted] allegedly told Pickett that she should [redacted] would be back later to pick her (Pickett's) as Officer Reilly (17260) and I located [redacted] and [redacted] washing [redacted] and [redacted] from the school. Upon contact, [redacted] and [redacted] stated that the incident was all a misunderstanding and that Pickett wasn't hurt enough to [redacted] to explain to her the circumstances. [redacted] denied having [redacted] Pickett. Pickett was advised to seek a warrant if she desired to pursue charges. No further action was taken at report 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) N/A

CAR JACKING? YES NO N/A

DRIVE-BY? YES NO N/A

GANG RELATED? YES NO N/A