

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			PAGE 1 OF 10	
INCIDENT NUMBER 2011-140828		UNIT ASSIGNED D706	CALL DATE 12/27/2011	CALL TIME 14:36	TYPE OF CALL SHOTS	
DATE(S) OF INCIDENT 12/27/2011	TIME(S) OF INCIDENT 1430	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) 6000 W MARKHAM ST			DISTRICT 60	
OFFENSE						
INCIDENT/OFFENSE TYPE				OFFENSE STATUS		
1. Harassment 2. Aggravated assault 3. Battery 1st degree 4. Fleeing Felony 5. Possession of Drugs Felony 6. Obstructing governmental operations 7. Use of force 8.				1. Attempted A <input type="checkbox"/> 2. Completed C <input checked="" type="checkbox"/> 3. Attempted A <input type="checkbox"/> 4. Completed C <input checked="" type="checkbox"/> 5. Attempted A <input type="checkbox"/> 6. Completed C <input checked="" type="checkbox"/> 7. Attempted A <input type="checkbox"/> 8. Completed C <input type="checkbox"/>		
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 checked="" type="checkbox"/> (D) Drugs <input 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 checked="" type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (U) Using/Consuming <input checked="" type="checkbox"/> (P) Possessing/Concealing		<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None/Unknown		
LOCATION CODE: (Enter 1)		WEAPON FORCE (Max. 3)		METHOD OF ENTRY:		
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input 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 checked="" 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 checked="" 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 checked="" 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 <u> 0 </u>				F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force		

REPORT DATE 12/27/2011	TIME (Military) 14:36	REPORTING OFFICER JOHN WHITE	EMPLOYEE # 17448	APPROVING SUPERVISOR JAMES LESHER	EMPLOYEE # 11949
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 JUVENILE INFORMATION

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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS: BAILEY	D.L./ID NO. (STATE) AR	DATE OF BIRTH 11/25/1994
ADDRESS: Street City State Zip		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER Unemp	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 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 1 _____ (VO) Victim Was Suspect
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>17</u> Range _____/_____		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.			
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	
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		THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8	
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	

VICTIM

VICTIM # 2	NAME (Last, First, Middle) or BUSINESS: WILLIAMS, JOSEPH	D.L./ID NO. (STATE) AR 904972406	DATE OF BIRTH 7/24/1982
ADDRESS: Street City State Zip 8343 BASELINE RD LITTLE ROCK, AR 72209		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER Unknown	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 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 2 _____ (VO) Victim Was Suspect
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>29</u> Range _____/_____		
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			
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	
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		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8	
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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VICTIM

VICTIM # 3	NAME (Last, First, Middle) or BUSINESS: SIMMONS, TRISTA	D.L./ID NO. (STATE) AR	DATE OF BIRTH 12/31/1991
ADDRESS: Street City State Zip 6000 W MARKHAM LITTLE ROCK, AR 72204		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER Park Plaza Mall	HOME PHONE	EMPLOYMENT PHONE 5016644956	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 _____ (RU) Relationship Unknown 1 _____ (ST) Stranger _____ (VO) Victim Was Suspect
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>20</u> Range _____/_____		
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	RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	
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		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input checked="" type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8	
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 checked="" 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			

VICTIM

VICTIM # 4	NAME (Last, First, Middle) or BUSINESS: PETTUS, KEITHEN	D.L./ID NO. (STATE) AR	DATE OF BIRTH 8/1/1981
ADDRESS: Street City State Zip 3126 S VALENTINE RD LITTLE ROCK, AR 72206		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER A State Express	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 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 2 _____ (ST) Stranger _____ (VO) Victim Was Suspect
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>30</u> Range _____/_____		
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 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		
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	
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		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8	
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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VICTIM

VICTIM # 5	NAME (Last, First, Middle) or BUSINESS: CAMPBELL, JOHNNIE	D.L./ID NO. (STATE) AR	DATE OF BIRTH 5/8/1986
ADDRESS: Street City State Zip 1412 FRANKLIN NORTH LITTLE ROCK, AR 72114		RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER A State Express	HOME PHONE	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS: ____ (SE) Spouse ____ (CS) Common-Law Spouse ____ (PA) Parent ____ (SB) Sibling ____ (CH) Child ____ (GP) Grandparents ____ (GC) Grandchild ____ (IL) In-Law ____ (SP) Stepparent ____ (SC) Stepchild ____ (SS) Stepsibling ____ (OF) Other Family Member ____ (ST) Stranger
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>25</u> Range ____/____		SUSP. # (S) VICTIM WAS: ____ (AQ) Acquaintance ____ (FR) Friend ____ (NE) Neighbor ____ (BE) Babysitter (baby) ____ (BG) Boyfriend/Girlfriend ____ (CF) Child of BF/GF ____ (HR) Homosexual Rel. ____ (XS) Ex-Spouse ____ (EE) Employee ____ (ER) Employer ____ (OK) Otherwise Known ____ (RU) Relationship Unknown ____ (VO) Victim Was Suspect
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 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 checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown	
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input checked="" 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		NIC #	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input checked="" type="checkbox"/> #7 <input type="checkbox"/> #8
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"/> (05) Juvenile Gang <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (34) Other Negligent Killings	<input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (31) Gun-Cleaning Accident	<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

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SUSPECT

SUSPECT # 1 NAME: Last First Middle AKA WILLIAMS, JOSEPH

ARRESTEE # 1 ADDRESS: Street City State Zip DATE OF BIRTH 8343 BASELINE APT. B RD LITTLE ROCK AR 72209 7/24/1982

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk PLACE OF EMPLOYMENT PHONE (TYPE) None

ARREST LOCATION 6000 MARKHAM ARREST DATE 12/27/2011 ARREST TYPE: (O) On View Arrest (S) Summons/Cited (T) Taken Into Custody

CHARGE: 5-13-204 5-54-125F 5-64-401F 5-54-102 NIC #

SEX: (M) Male (F) Female (U) Unk. AGE: 29 SUSPECTS ACTIONS RELATED TO: (V1) (V2) (V3) (V4) (V5) (V6) (V7) (V8) WEAPONS AT ARREST: (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) (#5) (#6) (#7) (#8) 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) Aene (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 (9) 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 (01) Designs (02) Initials (03) Names (04) Pictures (05) Words (06) Numbers (07) Insignia (08) 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

SUSPECT # 2	NAME: Last JOHANNES, CHRISTOPHER	First CHRISTOPHER	Middle	AKA
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ARRESTEE # 0	ADDRESS: Street 700 W MARKHAM	City LITTLE ROCK	State AR	Zip 72201	DATE OF BIRTH 10/26/1980
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT Little Rock Police Dept	PHONE (TYPE) Busi 5013714605
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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) AR
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CHARGE:	NIC #
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age 31 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 checked="" type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	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 checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	

THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8	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) Aene <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input 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 checked="" 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 checked="" type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	SCAR/B'THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (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 checked="" 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 checked="" 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 checked="" 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 <input checked="" type="checkbox"/> (5) Unknown	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 checked="" type="checkbox"/> (7) Unknown	ADDED DESCRIPTION				

INCIDENT# 2011-140828

JUVENILE INFORMATION

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OTHER PERSONS

Witness Owner Contact Missing Runaway ATL Wanted Driver Person Reporting Juvenile

Other Person# 1 NAME: Last First Middle Soc. Sec. No.:
MOSES, MARSHA

ADDRESS: Street City State Zip DATE OF BIRTH
1/13/1965

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown
PHONE (Home) PLACE OF EMPLOYMENT PHONE (Work)

MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk AGE: Exact Age 46 Range /
D.L./ID NO. (STATE) AR

SEX: (M) Male (F) Female (U) Unk. NIC #

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. (NN) Under 24 Hrs. Old
 (NB) 1-6 Days Old

RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown
 (BB) 7 - 364 Days Old
 (99) Over 98 Yrs. Old
 (00) Unknown

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 (lft)

(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 (4) Pictures (03) Leg (lft)

(4) Acne (04) Curly (4) Grey (04) Must. (hvy) (04) Irrational (04) Hand (lft) (4) Words (04) Leg (rt)

(5) Freckled (05) Braided (5) Red (05) Must. (thin) (05) Nervous (05) Arm (rt) (5) Pictures (05) Hand (lft)

(6) Ruddy (06) Ponytail (6) Sandy (06) Brows (hvy) (06) Polite (06) Arm (lft) (6) Numbers (06) Hand (rt)

(7) Other (07) Military (7) Other (07) Brows (thin) (07) Professional (07) Body (7) Insignia (7) Face

(8) Unknown (08) Processed (8) Unknown (08) Side Burns (08) Stupor (08) Leg (rt) (8) None (8) Neck

HAIR LENGTH:-2 HAIR COLOR:-1 EYE COLOR:-1 (09) Goatee (09) Violent (09) Leg (lft) (9) Unknown (09) Finger(s)

(1) Long (11) Unknown (1) Blue (10) Other (10) Drunk/High (10) Other (10) Chest

(2) Medium (1) Light (2) Brown (11) Unknown (11) Other (11) None (11) Back

(3) Short (4) Bald(ing) (3) Grey (3) Other (3) Heavy (3) Muscular (3) Unknown

(6) Unknown (4) Muscular (5) Unknown (4) Hazel (4) Other (4) Unknown

BUILD:-1 (1) Light (2) Medium (3) Heavy (4) Muscular (5) Unknown

CLOTHING DESCRIPTION Hat Coat Shirt Pants/Dress Shoes

Witness Owner Contact Missing Runaway ATL Wanted Driver Person Reporting Juvenile

Other Person# 2 NAME: Last First Middle Soc. Sec. No.:
HAWKINS, SARA

ADDRESS: Street City State Zip DATE OF BIRTH
6000 W MARKHAM LITTLE ROCK, AR 72204 1/13/1963

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown PHONE (Home) PLACE OF EMPLOYMENT PHONE (Work)
 Park Plaza Mall 5016644956

MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk AGE: Exact Age 48 D.L./ID NO. (STATE) AR
 Range /

SEX: (M) Male (F) Female (U) Unk. NIC #

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (BB) 7 - 364 Days Old (99) Over 98 Yrs. Old (00) Unknown

RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown HEIGHT: Ft. In.

COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input checked="" type="checkbox"/> (8) Unknown	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 checked="" type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input checked="" type="checkbox"/> (12) Unknown	SCAR/B*THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lt) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lt) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lt) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" 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 checked="" type="checkbox"/> (9) Unknown	TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lt) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lt) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lt) <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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CLOTHING DESCRIPTION
 Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____

VEHICLE # 1

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

YEAR 2006	MAKE CHEV	MODEL MALIBU	STYLE 4D	VIN 1G1ZT51F16F202147	LICENSE NO. (TYPE) 004RIF 0000	LIC YR 2010	STATE AR
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OWNER'S NAME HAYES, STARLAH ADDRESS 8205 Mark AV Sherwood, AR 72120

COLOR GRY DISPOSITION OF RECOVERY (I) Impounded (R) Release to Owner NIC # INSURANCE/POLICY # AR520083

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 JUVENILE INFORMATION

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PROPERTY

DRUG INFORMATION

P.LOSS	P. DES	QTY	Description (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
0	10	1	00 0 White Powder Sub	390320	1.00	B	6.80	GM
0	10	1	00 0 White Powder Sub	390321	1.00	B	1.00	GM
0	20	1,159	00 0 US Currency	390319	1,159.00		0.00	
0	20	1,315	00 0 US Currency	390355	1,315.00		0.00	

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	

TYPE DRUG MEASUREMENT

DRUG TYPE:	(D) Heroin	(H) Other Narcotics	(L) Amphetamines/	(O) Other Depressants	Units	Weight	Capacity
(A) "Crack" Cocaine	(E) Marijuana	(I) LSD	Methamphetamines	(P) Other Drugs	(DU) Dosage Unit	(GM) Gram	(ML) Milliliter
(B) Cocaine	(F) Morphine	(J) PCP	(M) Other Stimulants	(U) Unknown Type Drug	(Pills, etc.)	(KG) Kilogram	(LT) Liter
(C) Hashish	(G) Opium	(K) Other Hallucino.	(N) Barbiturates		(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

WHILE WORKING OFF DUTY AT THE GIVEN LOCATION OFFICER JOHANNES WAS CALLED TO ASSIST MALL SECURITY OFFICERS SIMMONS AND HAWKINS ON THE PARKING LOT. WHILE ON THE PARKING LOT OFFICER JOHANNES AND SECURITY OFFICERS MADE CONTACT WITH MOSES AND HER MOTHER WHO ADVISED THEM THAT THERE WERE THREE BLACK MALES SITTING IN V1 WHO HAD TRIED TO GET HER DAUGHTER (B. MOSES) INTO THEIR CAR. OFFICER JOHANNES AND SECURITY OFFICERS APPROACHED V1 AT WHICH TIME THE DRIVER OF V1 SAW THEM AND JUMPED BACK INTO THE VEHICLE AND BEGAN TO BACK OUT. OFFICER JOHANNES ADVISED THE DRIVER TO STOP AND INDICATED THAT THE VEHICLE BEGAN BACKING TOWARDS SECURITY OFFICERS AND OTHER SUBJECTS ON THE PARKING LOT AT A HIGH RATE OF SPEED. OFFICER JOHANNES FIRED SEVERAL SHOTS AT THE DRIVERS SIDE OF V1 STRIKING THE DRIVER AND FRONT SEAT PASSENGER. V1 THEN SPEED OFF TOWARD THE PARKING DECK EXIT AT WHICH TIME THE DRIVER LOST CONTROL AND STRUCK THE ELEVATOR SHAFT OF THE BUILDING. THE DRIVER EXITED THE VEHICLE AND FLED SOUTHBOUND ON FOOT THROUGH THE PARKING LOT. AFTER A BRIEF FOOT PURSUIT THE DRIVER WAS TAKEN INTO CUSTODY. HE WAS IDENTIFIED AS JOSEPH WILLIAMS. SECURITY OFFICERS OBSERVED THE FRONT SEAT PASSENGER AND REAR SEAT PASSENGER EXIT THE V1 AND FLEE EAST ACROSS THE PARKING LOT. OFFICERS TOOK THESE SUBJECTS INTO CUSTODY A SHORT TIME LATER. THE FRONT SEAT PASSENGER WAS IDENTIFIED AS KEITHEN PETTUS. THE BACK SEAT PASSENGER WAS IDENTIFIED AS JOHNNIE CAMPBELL.

WILLIAMS WAS SUFFERING FROM MULTIPLE GSW AND WAS TRANSPORTED TO UAMS WHERE HE WAS LISTED IN CRITICAL BUT STABLE CONDITION. OFFICERS ALSO FOUND A WHITE POWDER SUBSTANCE AND LARGE SUM OF CASH ON HIS PERSON.

PETTUS WAS SUFFERING FROM WHAT APPEARED TO BE A GSW TO THE LEFT SIDE OF HIS FACE AND WAS TRANSPORTED TO BAPTIST HOSPITAL WHERE HE WAS TREATED AND RELEASED.

CAMPBELL HAD VISIBLE MINOR INJURY AND REFUSED MEDICAL ATTENTION AT THE SCENE. DETECTIVES AND CSSU WERE CALLED TO THE SCENE TO INVESTIGATE THE INCIDENT.

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 JUVENILE INFORMATIONPAGE 10 OF 10

ADDITIONAL HOMICIDE CIRCUMSTANCES

 (A) Criminal attacked police officer, that officer killed criminal (B) Criminal attacked police officer; criminal killed by other officer (C) Criminal attacked a civilian (D) Criminal attempted flight from a crime (E) Criminal killed in commission of a crime (F) Criminal resisted arrest (G) Unable to determine/not enough information

RELATED CASE NUMBER(S)

CAR JACKING? YES NODRIVE-BY? YES NOGANG RELATED? YES NO**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