

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			PAGE 1 OF <u>5</u>	
INCIDENT NUMBER <b>2012-026565</b>		UNIT ASSIGNED <b>EMPNBR</b>	CALL DATE <b>3/14/2012</b>	CALL TIME <b>11:50</b>	TYPE OF CALL <b>SEXABU</b>	
DATE(S) OF INCIDENT <b>08/01/2010-02/25/2012</b>		TIME(S) OF INCIDENT <b>1200</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>3224 Kavanaugh BL</b>			DISTRICT <b>50</b>
<b>OFFENSE</b>						
INCIDENT/OFFENSE TYPE <b>1. Sexual assault 1st degree</b>				OFFENSE STATUS		
2.				1. 2. 3. 4.		
3.				Attempted A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/>		
4.				Completed C <input checked="" type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>		
5.				Attempted 5. 6. 7. 8.		
6.				A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/>		
7.				Completed C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> 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"/> (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		
LOCATION CODE: (Enter 1)		WEAPON FORCE (Max. 3)		METHOD OF ENTRY:		
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (08) Department/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 checked="" 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"/> <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/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 type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input checked="" type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (Hands, etc.)		(For Burglary Only) NUMBER OF PREMISES ENTERED <u>0</u> F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force		
<b>VICTIM</b>						
VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS: <b>SEE SUPPLEMENT,</b>			D.L./ID NO. (STATE) <b>AR</b>	DATE OF BIRTH	
ADDRESS: Street City State Zip <b>, AR</b>				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:		
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		AGE:		(SE) Spouse    (AQ) Acquaintance (CS) Common-Law Spouse <b>1</b> (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    (VO) Victim Was Suspect		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input checked="" type="checkbox"/> (U) Unk.		Exact Age _____ Range _____		MENTALLY AFFLICTED?		
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		<input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown		VICTIM TYPE: <input checked="" 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		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		
VICTIM INJURY: (Max. 5)		AGGRAVATED ASSAULT/HOMICIDE (Max. 2)		NIC #		
<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"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident				

REPORT DATE <b>3/14/2012</b>	TIME (Military) <b>11:50</b>	REPORTING OFFICER <b>JOHN TRENT</b>	EMPLOYEE # <b>27114</b>	APPROVING SUPERVISOR <b>VICKY KEATHLEY</b>	EMPLOYEE # <b>11811</b>
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**SUSPECT**

SUSPECT # 1	NAME: Last <b>OROURKE, KELLY ANN</b> First Middle AKA						
ARRESTEE # 0	ADDRESS: Street City State Zip <b>LITTLE ROCK AR 72205</b>	DATE OF BIRTH <b>7/9/1971</b>					
RES. STATUS: <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<input checked="" type="checkbox"/> (R) Resident	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT <b>Mt. St. Mary Academy</b>	PHONE (TYPE) Cell			
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) <b>AR</b>				
CHARGE: <b>5-14-124</b>			NIC #				
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <b>40</b> Age Range: to	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input 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 checked="" 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. <b>5</b> In. <b>8</b>	WEIGHT: lbs. <b>160</b>				
CLOTHING DESCRIPTION Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____							
COMPLEXION:-2 <input checked="" 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 checked="" 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input 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				

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### OTHER PERSONS

_Witness    _Owner <input checked="" type="checkbox"/> Contact    _Missing    _Runaway    _ATL    _Wanted    _Driver    _Person Reporting    _Juvenile															
Other Person# 1	NAME: Last <b>WOLFE, DIANA</b>			First	Middle	Soc. Sec. No.:									
ADDRESS: Street City State Zip 3224 KAVANAUGH BL LITTLE ROCK, AR 72205					DATE OF BIRTH 1/30/1956										
RES. STATUS: <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		PHONE (Home)		PLACE OF EMPLOYMENT Mt. St. Mary Academy		PHONE (Work) 501-416-6150									
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk			AGE: Exact Age <u>56</u> Range _____ / _____		D.L./ID NO. (STATE) AR										
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.			(NN) Under 24 Hrs. Old (NB) 1-6 Days Old (BB) 7 - 364 Days Old (99) Over 98 Yrs. Old (00) Unknown		NIC #										
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.					HEIGHT: Ft. _____ In. _____										
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					WEIGHT: lbs. _____										
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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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) None <input checked="" 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	
CLOTHING DESCRIPTION															
Hat _____ Coat _____				Shirt _____				Pants/Dress _____				Shoes _____			



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ADDITIONAL HOMICIDE CIRCUMSTANCES <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal <input type="checkbox"/> (B) Criminal attacked police officer, criminal killed by other officer <input type="checkbox"/> (C) Criminal attacked a civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/not enough information			
RELATED CASE NUMBER(S)			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> IF YES, COMPLETE BELOW</b>			
<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