

INCIDENT

OFFENSE

VICTIM

ADM

PAGE # 1		ORI NUMBER AR0230100		ARKANSAS INCIDENT REPORT			INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input checked="" type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded		EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable																
INCIDENT NUMBER 12-04788							DATE(S) OF INCIDENT 04/30/2012		AGENCY NAME Conway Police Department		DISPATCHER 444 - HARRIS, ATHENA DANE'		TIME RECEIVED 0:20		TIME ARRIVED 0:23		REPORTING AREA 71		EXCEPT. CLEAR. DATE						
OFFENSE # 1		UCR CODE 90D		OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		OFFENDER USED: <input type="checkbox"/> (N) Not Applicable <input checked="" type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs		Burglary (220) Location 14&19: # PREMISES ENTERED?		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATUTE 5-65-103		OFFENSE DESCRIPTION VIOLATION OF OMNIBUS DWI ACT / 1ST OFFENSE		ADDRESS OF OFFENSE 835 S DONAGHEY AV, CONWAY, AR 72034									
LOCATION CODE (Enter 1) <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) Speciality Store (TV,Fur, etc.) <input type="checkbox"/> (25) Other/Unknown						WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation						BIAS MOTIVATED CRIME: 88 - None (No Bias)							
VICTIM # 1		NAME: Last, First, Middle		SOC. SEC. NO.		DRIVER'S LICENSE		DR. LI. STATE		DATE OF BIRTH		RESIDENT ADDRESS: Street City State ZIP		OCCUPATION		RESIDENT PHONE		EMPLOYMENT PHONE		SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		AGE: Exact Age _____ Range ____/____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration		<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9		AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances		Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With 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		Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer		RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number): #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 VICTIM WAS: <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysittee (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender									
ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked 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		REPORT DATE 04/30/2012		DAY Mon		TIME (Military) 4:14		REPORTING OFFICER THOMAS KENNEDY		CODE # 456		APPROVING SUPERVISOR CHRISTOPHER R. PADGETT		CODE # 221		DATE APPROVED 04/30/2012									

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME
	3	04/30/2012	12-04788	THOMAS KENNEDY			456	
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE	
2005	Toyota	Tundra	PK	5TBRT34165S466970	993 PXD	AR		
OWNER'S NAME				ADDRESS				
Davis, Jason Gregory				835 S. Donaghey #333, Conway, AR 72034				
TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY:		
SIL						<input checked="" type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE		
OWNER'S NAME				ADDRESS				
TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY:		
						<input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE
		1	13	1	Firearms ; SN:RLH225 ; MK:Glock ; MD:27 ; PC:BLK		400.00	
		1	77	1	Holster ; SN:None ; MK:Unk ; PC:BLK		35.00	
		1	77	1	Handcuffs ; SN:NA ; MK:Smith and Wesson ; MD:NA		20.00	
		1	77	1	Leather Badge Holder ; SN:NA ; MK:None		10.00	
		1	13	1	Firearms ; SN:NA ; MK:Glock magazine with 10 rounds ; MD:NA		20.00	
TOTAL NUMBER VEHICLES STOLEN:		TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:		
PROPERTY LOSS: (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		
(02) Alcohol			(12) Farm Equipment			(22) Nonnegotiable Instruments		
(03) Automobiles			(13) Firearms			(23) Office-Type Equipment		
(04) Bicycles			(14) Gambling Equipment			(24) Other Motor Vehicles		
(05) Buses			(15) Heavy Equipment-Construction/Industry			(25) Purses/Handbags/Wallets		
(06) Cloths/Furs			(16) Household Goods			(26) Radios/TVs/VCRs		
(07) Computer Hardware/Software			(17) Jewelry/Precious Metals			(27) Recordings-Audio/Visual		
(08) Consumable Goods			(18) Livestock			(28) Recreational Vehicles		
(09) Credit Cards/Debit Cards			(19) Merchandise			(29) Structures-Single Occupancy		
(10) Drugs/Narcotics			(20) Money			(30) Structures-Other Dwellings		
						(31) Structures-Commercial/Business		
						(32) Structures-Industrial/Manufacture		
						(33) Structures-Public/Community		
						(34) Structures-Storage		
						(35) Structures-Other		
						(36) Tools-Power/Hand		
						(37) Trucks		
						(38) Vehicle Parts/Accessories		
						(39) Watercraft		
						(77) Other		
						(88) Pending Inventory (of Property)		
						(99) Special Category		
DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT	TYPE DRUG MEASUREMENT:			
					WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound			
					CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon			
DRUG TYPE:					UNITS			
(A) "Crack" Cocaine		(F) Morphine	(K) Other Hallucinogens	(O) Other Depressants	(DU) Dosage Unit (Pills, etc.)			
(B) Cocaine		(G) Opium	(L) Amphetamines/ Methamphetamines	(P) Other Drugs	(NP) Number of Plants			
(C) Hashish		(H) Other Narcotics	(M) Other Stimulants	(U) Unknown Type Drug				
(D) Heroin		(I) LSD	(N) Barbituates	(X) Over 3 Drug Types				
(E) Marijuana		(J) PSP						
COMPLT.	NAME: Last, First, Middle			SEX:	AGE:	RACE:		
				<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (00) Unknown	<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		
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPLOY'T. PHONE			

SUPPLEMENT NARRATIVE

PAGE #	INCIDENT NUMBER	SUPP #	INCIDENT DATE	INCIDENT TIME	CASE STATUS
1	12-04788	1	04/30/2012	0:18	A - Active
SUPPLEMENT TYPE			SUPPLEMENT DATE	SUPPLEMENT TIME	SUPPLEMENTING OFFICER
Officers narrative			04/30/2012	4:23	456 - THOMAS M. KENNEDY
NARRATIVE:					
On 4/30/12 at approximately 00:18, I was dispatched to 835 S. Donaghey (Centerstone apartments) for a personal injury accident. Dispatch advised the accident occurred at the main entrance off of Moix Blvd and the driver was intoxicated according to witnesses at the scene.					
On arrival, I saw a silver Toyota pickup truck facing southwest near the entrance to the centerstone apartments. The vehicle had significant front end damage. I shined my light on the driver seat and immediately recognized the driver as Jason Davis DOB:9/18/80. I requested a supervisor to respond to the scene due to the fact Davis is a Police Officer for Conway PD. Davis was slumped over to his right and had a cut on the bridge of his nose. There was a moderate odor of alcohol intoxicants coming from the vehicle. Davis was unresponsive and I checked for a pulse. He had a carotid pulse and I attempted to wake him up. It took several attempts to wake up Davis. When he woke up, he was unaware of where he was. He did not recall being in an accident and seemed very dazed. His speech was slurred and difficult to understand. His eyes were bloodshot and watery and his eyelids were droopy. I located his off duty pistol underneath his right leg and placed it into my cargo pocket. I also located a Conway PD badge on a belt clip under his right leg and placed that into my cargo pocket. I removed Davis from his vehicle and placed him into my patrol vehicle handcuffed. Sgt. Padgett arrived on scene and I turned over the weapon and badge to his possession.					
Officer's L Wood and Fitzhugh arrived on scene and performed the accident investigation. Please reference accident # 12-04787 for details of the accident. Wood and Fitzhugh performed the vehicle inventory and identified witnesses to the accident. The inventory and witness statements will be included with this report.					
Fire and MEMS arrived on scene and checked Davis for any injuries. MEMS advised me that Davis' only injury was a small laceration to the bridge of his nose and did not require an ambulance. I transported Davis to CRMC to have the ER staff check him for injuries and to obtain a blood draw for a DWI investigation due to him being unconscious on my arrival. Davis was placed in a wheelchair and pushed into the ER due to his lack of balance and coordination.					
While checking Davis into the ER, he asked me if he hit something. I told him several times he was in an accident but he continued to ask the same question every few minutes. Officer Huff was with me while Davis was being checked into the ER and Davis looked at both of us while in uniform and asked if we were on duty. He then looked at the handcuffs and asked me while looking at the handcuffs "is that something you had to do?" Davis was placed in ER room #8 after being checked in.					
Davis was read the DWI statement of rights. He initialed and signed the appropriate spots and agreed to allow a chemical test of his blood. After signing the form, the ER sent him to X-ray for a CT Scan. I escorted Davis to CT and after completing the scan we returned to ER Room #8.					
The blood draw was conducted by the ER staff and the appropriate chain of custody was maintained. I requested 2 vials of blood, the first vial to be tested by the Department of Health and a 2nd vial to be tested for toxicology by the Arkansas State Crime Laboratory. Davis initially asked					

