

REPORT DATE	TIME (Military)	REPORTING OFFICER	EMPLOYEE #	APPROVING SUPERVISOR	EMPLOYEE #
7/17/2012	18:37	DAVID GREEN	17257	JAMES WHEELER	21345

INCIDENT# 2012-078497

☐ JUVENILE INFORMATION

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VICTIM

VICTIM # 1	NAME (Last, First, Middle) or BUSINESS: SWAIN, RICHARD		D.L./ID NO. (STATE) AR	DATE OF BIRTH 10/18/1977
ADDRESS: Street City State Zip 420 E WASHINGTON NORTH LITTLE ROCK, AR 72114			RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER	HOME PHONE 5012105102	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS: 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 1 (RU) Relationship Unknown _____ (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 34 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		<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 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 type="checkbox"/> (N) No <input checked="" 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 checked="" 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: REED, BRANDON		D.L./ID NO. (STATE) AR	DATE OF BIRTH 2/3/1986
ADDRESS: Street City State Zip 824 ALLIS LITTLE ROCK, AR 72204			RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)	
OCCUPATION/EMPLOYER	HOME PHONE 5015630996	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS: 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 1 (RU) Relationship Unknown _____ (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 26 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		<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 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 checked="" 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: LONDON, TERRY		D.L./ID NO. (STATE) AR	DATE OF BIRTH 6/15/1981
ADDRESS: Street City State Zip 3316 W 11TH LITTLE ROCK, AR 72204			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: 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 1 (RU) Relationship Unknown _____ (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 31 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		<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 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			NIC # 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 checked="" 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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SUSPECT

SUSPECT # 1	NAME: Last GOINS, RANDY		First Middle	AKA
ARRESTEE # 1	ADDRESS: Street City State Zip 801 RESERVOIR #109 LITTLE ROCK AR 72227			DATE OF BIRTH 6/3/1985
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
ARREST LOCATION 800 ALLIS		ARREST DATE 7/17/2012	ARREST TYPE: <input checked="" 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 911765394
CHARGE: 99-02 5-13-201				NIC #
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE:	SUSPECTS ACTIONS RELATED TO: <input checked="" 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	
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.		Exact Age 27 Age Range: to	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	
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		<input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown		
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" 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		HEIGHT: Ft. In.	WEIGHT: lbs.	
CLOTHING DESCRIPTION Hat _____ Coat _____ Shirt RED POLO TYPE Pants/Dress LIGHT BLUE JEANS Shoes _____				
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" 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
HAIR LENGTH:-2 <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" 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 checked="" 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 type="checkbox"/> (7) 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		
ADDED DESCRIPTION				

VEHICLE # 1

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

YEAR 1997	MAKE CADI	MODEL DEVILLE	STYLE 4D	VIN 1G6KD54Y8VU290775	LICENSE NO. (TYPE) 524 OZK PC	LIC YR 2013	STATE AR
OWNER'S NAME HUMPHREY, TONGAL				ADDRESS 700 N CEDAR LITTLE ROCK, AR 72205			
COLOR GRN	DISPOSITION OF RECOVERY <input checked="" type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner			NIC #		INSURANCE/POLICY #	

VEHICLE # 2							
<input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input checked="" type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD AUTH.							
YEAR 2008	MAKE DODG	MODEL CHARGER	STYLE 4D	VIN 2B3KA53H18H174205	LICENSE NO. (TYPE) 956 ODD PC	LIC YR 2013	STATE AR
OWNER'S NAME GOINS, RANDY				ADDRESS 1601 N SHACKLEFORD LITTLE ROCK, AR 72211			
COLOR RED	DISPOSITION OF RECOVERY <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner			NIC #		INSURANCE/POLICY #	

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☐ JUVENILE INFORMATIONPAGE 5 OF 5**NARRATIVE**

RECEIVED A CALL TO A SHOOTING JUST OCCURRED TO THE STATED ADDRESS. UPON MY ARRIVAL, I WAS ADVISED THAT THE SUSPECT (GOINS) HAD RUN NORTH ON ALLIS. I MADE CONTACT WITH HIM AT 8TH AND ALLIS AND TOOK HIM INTO CUSTODY WITHOUT INCIDENT AND RETURNED TO THE SCENE. UPON ARRIVING AT THE SCENE, LONDON WAS LOCATED INSIDE THE CARPORT AND WAS LATER PRONOUNCED DEAD. SWAIN WAS TAKEN TO UAMS BY PRIVATE VEHICLE AND REED WAS TRANSPORTED BY MEMS TO UAMS. SWAIN'S AND REED'S WOUNDS ARE NOT CONSIDERED TO BE LIFE-THREATENING. GOINS AND SWAIN WERE TAKEN TO THE DOWNTOWN DETECTIVE DIVISION FOR QUESTIONING. THE WEAPON RECOVERED FROM GOINS WAS TRANSFERRED OVER TO CRIME SCENE TECHNICIAN WILHITE.

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