

## LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT				PAGE 1 OF <b>11</b>
INCIDENT NUMBER <b>2012-083533</b>		UNIT ASSIGNED <b>3X82</b>	CALL DATE <b>7/30/2012</b>	CALL TIME <b>00:38</b>	TYPE OF CALL <b>ROBBIN</b>	
DATE(S) OF INCIDENT <b>07/30/2012</b>	TIME(S) OF INCIDENT <b>0035</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>9500 SOUTH RD</b>			DISTRICT <b>82</b>	
<b>OFFENSE</b>						
INCIDENT/OFFENSE TYPE				OFFENSE STATUS		
1. Homicide				1. Attempted A <input type="checkbox"/> 2. A <input type="checkbox"/> 3. A <input type="checkbox"/> 4. A <input type="checkbox"/>		
2.				Completed C <input checked="" type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>		
3.				5. Attempted A <input type="checkbox"/> 6. A <input type="checkbox"/> 7. A <input type="checkbox"/> 8. A <input type="checkbox"/>		
4.				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 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 checked="" 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 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"/> (25) Other/Unknown		<input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input checked="" 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 type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (Hands, etc.)		F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force		
		(For Burglary Only) NUMBER OF PREMISES ENTERED <u>0</u>				
<b>VICTIM</b>						
VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS: <b>GASKINS, CHARLES T.</b>		D.L./ID NO. (STATE) <b>AR</b>	DATE OF BIRTH <b>1/10/1962</b>		
ADDRESS: Street City State Zip <b>9500 SOUTH HEIGHTS 203 RD LITTLERCOK, AR 72209</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 checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE:		_____ (SE) Spouse _____ (AQ) Acquaintance		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		Exact Age <u>50</u>		_____ (CS) Common-Law Spouse _____ (FR) Friend		
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian		Range _____/_____		_____ (PA) Parent _____ (NE) Neighbor		
<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (NN) Under 24 Hrs. Old		_____ (SB) Sibling _____ (BE) Babysitter (baby)		
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident		<input type="checkbox"/> (BB) 7 - 364 Days Old		_____ (CH) Child _____ (BG) Boyfriend/Girlfriend		
<input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (99) Over 98 Yrs. Old		_____ (GP) Grandparents _____ (CF) Child of BF/GF		
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"/> (00) Unknown		_____ (GC) Grandchild _____ (HR) Homosexual Rel.		
<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other				_____ (IL) In-Law _____ (XS) Ex-Spouse		
VICTIM INJURY: (Max. 5)				_____ (SP) Stepparent _____ (EE) Employee		
<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones				_____ (SC) Stepchild _____ (ER) Employer		
<input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration				_____ (SS) Stepsibling <b>1</b> _____ (OK) Otherwise Known		
<input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness				_____ (OF) Other Family Member _____ (RU) Relationship Unknown		
				_____ (ST) Stranger _____ (VO) Victim Was Suspect		
				MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown		
				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		
				NIC #		
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"/> (01) Argument <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 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				
REPORT DATE <b>7/30/2012</b>	TIME (Military) <b>00:38</b>	REPORTING OFFICER <b>JOHN THOMPSON</b>	EMPLOYEE # <b>16794</b>	APPROVING SUPERVISOR <b>CLARENCE DAVIS</b>	EMPLOYEE # <b>17670</b>	

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## SUSPECT

SUSPECT # 1	NAME: Last First Middle AKA						
ARRESTEE # 0	ADDRESS: Street AR City State Zip DATE OF BIRTH						
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT	PHONE (TYPE) None				
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				
CHARGE:			NIC #				
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age _____ Age Range: 18 to 22 <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	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 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 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	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. <u>5</u> In. <u>7</u>	WEIGHT: lbs. <u>140</u>					
CLOTHING DESCRIPTION Hat <u>Black ski mask, eye</u> Coat <u>none</u> Shirt <u>black or possible dark color</u> pants/Dress <u>unk</u> Shoes <u>unk</u>							
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 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 checked="" 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	ADDED DESCRIPTION Witness-1 stated subject with black ski mask looked to have young eyes.				



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 JUVENILE INFORMATIONPAGE 3 OF 11**SUSPECT**

SUSPECT # <b>2</b>	NAME: Last <b>,</b>	First <b>,</b>	Middle <b>,</b>	AKA			
ARRESTEE # <b>0</b>	ADDRESS: Street <b>AR</b>	City	State	Zip	DATE OF BIRTH		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT	PHONE (TYPE) <b>None</b>				
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:				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 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)			
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hisp. <input checked="" type="checkbox"/> (U) Unk.	Exact Age _____ Age Range: _____ to _____	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department		<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			
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	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. _____				
CLOTHING DESCRIPTION							
Hat _____ Coat _____		Shirt <b>white</b>		Pants/Dress _____ Shoes _____			
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input 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				

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## OTHER PERSONS

 Witness     Owner     Contact     Missing     Runaway     ATL     Wanted     Driver     Person Reporting     Juvenile

Other Person# 1	NAME: Last <b>GIRNDT, NIKELLE T.</b>	First Middle	Soc. Sec. No.:						
ADDRESS: Street 9500 SOUTH HEIGHTS RD 203 LITTLE ROCK, AR 72209	City State Zip	DATE OF BIRTH 7/29/2012							
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT	PHONE (Work)						
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age _____ Range _____ / _____	D.L./ID NO. (STATE) AR 912496532						
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <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	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 <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 (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		
CLOTHING DESCRIPTION									
Hat _____		Coat _____		Shirt _____		Pants/Dress _____		Shoes _____	

INCIDENT# 2012-083533

 JUVENILE INFORMATIONPAGE 5 OF 11 Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 2	NAME: Last <b>GILLERSON, RACHEL L.</b>	First Middle	Soc. Sec. No.:						
ADDRESS: Street City State Zip 9500 SOUTH HEIGHTS RD 203 LITTLE ROCK, AR 72209			DATE OF BIRTH 11/4/1984						
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT	PHONE (Work)						
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age <u>27</u> Range _____ / _____	D.L./ID NO. (STATE) AR 912041811						
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <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	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 <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	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 (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		
CLOTHING DESCRIPTION									
Hat _____		Coat _____		Shirt _____		Pants/Dress _____		Shoes _____	



INCIDENT# 2012-083533

 JUVENILE INFORMATIONPAGE 6 OF 11 Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 3	NAME: Last <b>GILLERSON, STEPHON</b>	First Middle	Soc. Sec. No.:						
ADDRESS: Street City State Zip 9500 SOUTH HEIGHTS RD 203 LITTLE ROCK, AR 72209			DATE OF BIRTH 1/4/1985						
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT	PHONE (Work)						
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age <u>27</u> Range _____ / _____	D.L./ID NO. (STATE) AR 908868905						
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <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	NIC #						
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.			HEIGHT: Ft. _____ In. _____						
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			WEIGHT: lbs. _____						
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 checked="" type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input 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 (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		
CLOTHING DESCRIPTION									
Hat _____		Coat _____		Shirt _____		Pants/Dress _____		Shoes _____	

INCIDENT# 2012-083533

 JUVENILE INFORMATIONPAGE 7 OF 11 Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 4	NAME: Last <b>GASKIN, VICTORA</b>	First Middle	Soc. Sec. No.:						
ADDRESS: Street City State Zip 9500 SOUTH HEIGHTS RD 203 LITTLE ROCK, AR 72209			DATE OF BIRTH 10/30/2004						
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT	PHONE (Work)						
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age <u>7</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.		<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	NIC #						
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.			HEIGHT: Ft. _____ In. _____						
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			WEIGHT: lbs. _____						
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 (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		
CLOTHING DESCRIPTION									
Hat _____		Coat _____		Shirt _____		Pants/Dress _____		Shoes _____	

INCIDENT# 2012-083533

 JUVENILE INFORMATIONPAGE 8 OF 11

Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 5	NAME: Last <b>GASKIN, VICTOR E.</b>	First Middle	Soc. Sec. No.:						
ADDRESS: Street City State Zip 9500 SOUTH HEIGHTS 203 LITTLE ROCK, AR 72209			DATE OF BIRTH 10/19/2001						
RES. STATUS: <input type="checkbox"/> (N) Nonresident <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (U) Unknown	PHONE (Home)	PLACE OF EMPLOYMENT	PHONE (Work)						
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age <u>10</u> Range _____ / _____	D.L./ID NO. (STATE) AR						
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <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	NIC #						
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.			HEIGHT: Ft. _____ In. _____						
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			WEIGHT: lbs. _____						
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 (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		
CLOTHING DESCRIPTION									
Hat _____		Coat _____		Shirt _____		Pants/Dress _____		Shoes _____	



INCIDENT# 2012-083533

 JUVENILE INFORMATIONPAGE 9 OF 11

Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 6 NAME: Last First Middle Soc. Sec. No.:  
**GILLERSON, VITO E.**

ADDRESS: Street City State Zip DATE OF BIRTH  
 9500 SOUTH HEIGHTS 203 LITTLE ROCK, AR 72209 8/26/2008

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 3 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  (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.     

WEIGHT: lbs.     

COMPLEXION:-2 HAIR STYLE:-2 HAIR COLOR:-1  
 (1) Light  (01) Afro  (1) Black  
 (2) Medium  (02) Wavy  (2) Blonde  
 (3) Dark  (03) Straight  (3) Brown  
 (4) Acne  (04) Curly  (4) Grey  
 (5) Freckled  (05) Braided  (5) Red  
 (6) Ruddy  (06) Ponytail  (6) Sandy  
 (7) Other  (07) Military  (7) Other  
 (8) Unknown  (08) Processed  (8) Unknown  
 (09) Wig/Toupee

HAIR LENGTH:-2 EYE COLOR:-1  
 (1) Long  (1) Blue  
 (2) Medium  (2) Brown  
 (3) Short  (3) Grey  
 (4) Bald(ing)  (4) Green  
 (5) Other  (5) Hazel  
 (6) Unknown  (6) Other  
 (7) Unknown

FACIAL HAIR:-3  
 (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

DEMEANOR:-3  
 (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

SCAR/B\*THMARK:-3  
 (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

TATTOO:-2 TATTOO LOC:-2  
 (1) Designs  (01) Arm (lft)  
 (2) Initials  (02) Arm (rt)  
 (3) Names  (03) Leg (lft)  
 (4) Pictures  (04) Leg (rt)  
 (5) Words  (05) Hand (lft)  
 (6) Numbers  (06) Hand (rt)  
 (7) Insignia  (07) Face  
 (8) None  (08) Neck  
 (9) Unknown  (09) Finger(s)  
 (10) Chest  
 (11) Back

CLOTHING DESCRIPTION  
 Hat      Coat      Shirt      Pants/Dress      Shoes     

VEHICLE # 1

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

YEAR MAKE MODEL STYLE VIN LICENSE NO. (TYPE) LIC YR STATE  
 0 0000 UNK 0000 9999999999999999 PC 0 AR

OWNER'S NAME ADDRESS  
     , AR

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

**NARRATIVE**

RESPONDED TO THE LISTED INCIDENT LOCATION IN REFERENCE TO A ROBBERY OF AN INDIVIDUAL. UPON OFFICERS ARRIVAL, OFFICERS APPROACHED THE RESIDENCE WHICH HAD A RAISED WOODEN PORCH ATTACHED TO THE FRONT OF THE RESIDENCE. THE FRONT PORCH HAD AN ATTACHED WOODEN GATE WHICH OPENED IN ON THE FRONT PORCH. AS OFFICERS STEPPED UP ON THE FRONT PORCH VICTIM-1, MR. C. GASKINS WAS FOUND LAYING ON HIS BACK WITH HIS HEAD ALMOST TOUCHING THE WOODEN GATE. THE VICTIM HAD WHAT APPEARED TO BE A GUN SHOT WOUND TO THE RIGHT HAND, ANOTHER WOUND TO THE CENTER CHEST AREA. THE VICTIM ALSO HAD SMEARED BLOOD ON THE LEFT SIDE OF HIS FACE, AND ALSO WHAT APPEARED TO BE A GUN SHOT WOUND TO THE LOWER CHEEK AREA OF THE FACE. AT THIS POINT OFFICERS REQUEST MEMS, LRFD-RESCUE, SOUTHWEST PATROL SUPERVISOR, CSSU AND HOMICIDE DETECTIVES. AS OFFICERS ENTERED THE PORCH THE FRONT DOOR OF THE RESIDENCE OPENED AND CONTACT WAS MADE WITH WITNESS-3, MR. GILLERSON. OFFICERS INSTRUCTED MR. GILLERSON THE NOT ENTER THE PORCH AREA AND CLOSE THE DOOR AND OFFICERS WOULD MEET WITH HIM DIRECTLY. MEMS AND LRFD RESCUE ARRIVED AND FOUND THAT THE VICTIM NO LONGER HAD ANY VITAL SIGNS AND HAD PASSED AWAY. AFTER SECURING THE AREA AS A CRIME SCENE. OFFICERS MADE CONTACT WITH THE FOLLOWING CONTACTS IN THE RESIDENCE. WITNESS-1, MS. GIRNDT, FIANCEE OF THE VICTIM. WITNESS-2, MS. GILLERSON, DAUGHTER OF THE VICTIM. WITNESS-3, MR. GILLERSON, THE SON-IN-LAW OF THE VICTIM. ALSO THERE WERE THREE JUVENILES IN THE RESIDENCE AT THE TIME OF THE INCIDENT. WITNESS-4, MS. GASKIN, DAUGHTER OF MR & MS. GILLERSON. CONTACT-1 MR. VICTOR GASKIN AND CONTACT-2, BOTH SONS OF MR & MS. GILLERSON. MS. GIRNDT STATED THAT SHE AND THE VICTIM WERE SITING ON THE FRONT PORCH OF THE RESIDENCE. MS. GIRNDT STATED SHE WAS SITTING IN A CHAIR WITH HER BACK AGAINST THE FRONT WALL ON THE RESIDENCE AND THE VICTIM WAS SITTING IN A CHAIR THAT WAS FACING THE RESIDENCE. MS. GIRNDT SAW SUSPECT-1 CLIMB THE STAIRS TO THE FRONT PORCH AND SAY SOMETHING TO THE EFFECT, 'HEY MOTHER FUCKERS'. AFTER HEARING THIS STATEMENT MS. GIRNDT SAW WHAT APPEARED TO BE A GRAY AND BLACK SEMI-AUTO TYPE HANDGUN IN IS RIGHT HAND. SHE ALSO SAW SUSPECT-2, BUT COULD NOT GIVE ANY DESCRIPTION OTHER THAN THE SUSPECT HAD SOMETHING WHITE ON HIS CLOTHING. WHEN SEEING THE GUN IN SUSPECT-1'S HAND, MS. GIRNDT JUMPED FROM HER CHAIR AND ENTERED THE RESIDENCE, AND ATTEMPTED TO CLOSE THE DOOR. ONE OF THE SUSPECTS ATTEMPTED TO ENTER THE RESIDENCE AND WAS PUSHING/PULLING THE DOOR WITH HIS SHOULDER OR HIS HANDS. AT THE TIME OF HER STATEMENT TO THE OFFICERS PRESENT, AND DUE TO HER EMOTIONAL STATE OF MIND, SHE COULD NOT SAY WHICH OF THE SUSPECTS WAS THE ONE PUSHING/PULLING ON THE DOOR TO MAKE ENTRY INTO THE RESIDENCE. DURING THIS TIME MS. GIRNDT HEARD WHAT SHE THOUGHT TO BE TWO GUN SHOTS COMING FROM THE FRONT AREA OUT SIDE OF THE RESIDENCE. AFTER THE GUN SHOTS, THE PUSHING AT THE DOOR STOPED AND SHE CLOSED AND LOCKED THE DOOR. MS. GIRNDT ALSO STATED WHILE SHE AND THE VICTIM WERE SITTING ON THE FRONT PORCH SHE NOTICED VEHICLE-1 DRIVE BY THE FRONT ON THE RESIDENCE ON THE STREET WITH ITS HEAD LIGHTS OFF. CONTACT WAS MADE WITH MS. GILLERSON WHO WAS PRESENT INSIDE OF THE RESIDENCE DURING THIS INCIDENT. MS. GILLERSON STATED SHE WAS FOLDING LAUNDRY IN THE LAUNDRY AREA OF THE RESIDENCE WHEN SHE HEARD WHAT SHE THOUGHT SOME TYPE OF UNKNOWN DISTURBANCE COMING FROM THE FRONT DOOR AREA OF THE RESIDENCE. ENTERING THE LIVING ROOM AREA OF THE RESIDENCE SHE SAW MS. GIRNDT CLOSING THE FRONT DOOR AND THEN HEARING WHAT SHE THOUGHT WERE TWO GUN SHOTS COMING FROM THE PORCH AREA OF THE RESIDENCE. MS. GILLERSON ALSO STATED THAT HER DAUGHTER WITNESS-4 WAS IN THE LIVING ROOM DURING THE INCIDENT. CONTACT WAS NOT MADE WITH THIS WITNESS DUE TO HER AGE AND EMOTIONAL STATE. THIS INTERVIEW WAS DELAYED FOR THE ARRIVAL OF THE HOMICIDE DETECTIVES TO CONDUCT UPON THEIR ARRIVAL TO THE INCIDENT SCENE. WITNESS-3, MR. GILLERSON, WAS CONTACTED AND STATED HE WAS IN THE FRONT PART OF THE RESIDENCE CLOSEST TO THE STREET. HEARING SOME TYPE OF DISTURBANCE COMING FROM THE LIVING ROOM AREA OF THE RESIDENCE HE WALKED INTO THE HALLWAY LEADING INTO THE LIVING ROOM AND SAW MS. GIRNDT CLOSING THE FRONT DOOR AND THEN HEARD TWO GUNSHOTS COME FROM THE FRONT OF THE RESIDENCE. HOMICIDE DETECTIVES AND CSSU ARRIVED AND TOOK CONTROL OF THE CRIME SCENE. THE PULASKI CO. CORONER ARRIVED AND TOOK CUSTODY OF THE VICTIM AND TRANSPORTED HIM TO THE STATE CRIME LAB FOR FURTHER INVESTIGATION AND EXAMINATION. THERE WERE TWO SHELL CASINGS LOCATED NEAR THE STAIRS TO THE FRONT PORCH. CSSU TOOK POSSESSION OF THE CASINGS.

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## 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