

## LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT			PAGE 1 OF <u>6</u>	
INCIDENT NUMBER <b>2012-119477</b>		UNIT ASSIGNED <b>2X91</b>	CALL DATE <b>10/27/2012</b>	CALL TIME <b>20:43</b>	TYPE OF CALL <b>SHOOTJ</b>	
DATE(S) OF INCIDENT <b>10/27/2012</b>	TIME(S) OF INCIDENT <b>2042</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>11 TERRACE PL</b>			DISTRICT <b>91</b>	
<b>OFFENSE</b>						
INCIDENT/OFFENSE TYPE				OFFENSE STATUS		
1. Homicide <span style="float: right;">5.</span>				1. Attempted <span style="float: right;">A <input type="checkbox"/></span>		
2. Aggravated robbery <span style="float: right;">6.</span>				2. Completed <span style="float: right;">C <input checked="" type="checkbox"/></span>		
3. <span style="float: right;">7.</span>				3. Attempted <span style="float: right;">A <input type="checkbox"/></span>		
4. <span style="float: right;">8.</span>				4. Completed <span style="float: right;">C <input type="checkbox"/></span>		
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 checked="" 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 checked="" type="checkbox"/> (P) Possessing/Concealing		<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None/Unknown		
LOCATION CODE: (Enter 1)		WEAPON FORCE (Max. 3)		METHOD OF ENTRY:		
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (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>COSAS, VICTOR</b>		D.L./ID NO. (STATE) <b>AR</b>	DATE OF BIRTH <b>11/27/1985</b>		
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 checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: Exact Age <u>26</u> Range <u>/</u>		____ (SE) Spouse <input type="checkbox"/> (AQ) Acquaintance		
ETHNIC: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (NN) Under 24 Hrs. Old		____ (CS) Common-Law Spouse <input type="checkbox"/> (FR) Friend		
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian		<input type="checkbox"/> (NB) 1-6 Days Old		____ (PA) Parent <input type="checkbox"/> (NE) Neighbor		
<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (BB) 7 - 364 Days Old		____ (SB) Sibling <input type="checkbox"/> (BE) Babysitter (baby)		
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident		<input type="checkbox"/> (99) Over 98 Yrs. Old		____ (CH) Child <input type="checkbox"/> (BG) Boyfriend/Girlfriend		
<input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (00) Unknown		____ (GP) Grandparents <input type="checkbox"/> (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"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		____ (GC) Grandchild <input type="checkbox"/> (HR) Homosexual Rel.		
VICTIM INJURY: (Max. 5)		MENTALLY AFFLICTED?		THIS VICTIM RELATED TO WHICH OFFENSES?		
<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones		<input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown		<input checked="" type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4		
<input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration		NIC #		<input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8		
<input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness						
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 checked="" type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen		
<input checked="" 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>10/28/2012</b>	TIME (Military) <b>00:58</b>	REPORTING OFFICER <b>DREW TALBERT</b>	EMPLOYEE # <b>30411</b>	APPROVING SUPERVISOR <b>ROBERT OLDHAM</b>	EMPLOYEE # <b>23696</b>	





INCIDENT# 2012-119477

JUVENILE INFORMATION

PAGE 3 OF 6

OTHER PERSONS

Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 1 NAME: Last First Middle Soc. Sec. No.:  
**FLOYD, NICOLE**

ADDRESS: Street City State Zip DATE OF BIRTH  
11 TERRACE PL 1 LITTLE ROCK, AR 72209 3/7/1990

RES. STATUS:  (R) Resident  (N) Nonresident  (U) Unknown PHONE (Home) 8704768038 PLACE OF EMPLOYMENT PHONE (Work)

MENTALLY AFFLICTED?  (Y) Yes  (N) No  (U) Unk AGE: Exact Age 22 Range / D.L./ID NO. (STATE) AR

SEX:  (M) Male  (F) Female  (U) Unk.  (NN) Under 24 Hrs. Old  (NB) 1-6 Days Old  (BB) 7 - 364 Days Old  (99) Over 98 Yrs. Old  (00) Unknown

ETHNIC:  (H) Hispanic  (N) Non-Hisp.  (U) Unk. HEIGHT: Ft. In.

RACE:  (W) White  (B) Black  (I) American Indian  (A) Asian/Pacific Islander  (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  
 (1) Light  (01) Afro  (1) Black  (01) Clean Shaven  (01) Angry  (01) Head  (1) Designs  (01) Arm (lf)  
 (2) Medium  (02) Wavy  (2) Blonde  (02) Unshaven  (02) Apologetic  (02) Neck  (2) Initials  (02) Arm (rt)  
 (3) Dark  (03) Straight  (3) Brown  (03) Full Beard  (03) Calm  (03) Hand (rt)  (3) Names  (03) Leg (lf)  
 (4) Aene  (04) Curly  (4) Grey  (04) Must. (hvy)  (04) Irrational  (04) Hand (lf)  (4) Pictures  (04) Leg (rt)  
 (5) Freckled  (05) Braided  (5) Red  (05) Must. (thin)  (05) Nervous  (05) Arm (rt)  (5) Words  (05) Hand (lf)  
 (6) Ruddy  (06) Ponytail  (6) Sandy  (06) Brows (hvy)  (06) Polite  (06) Arm (lf)  (6) Numbers  (06) Hand (rt)  
 (7) Other  (07) Military  (7) Other  (07) Body  (07) Insignia  (7) Face  (07) Face  
 (8) Unknown  (08) Processed  (8) Unknown  (08) Side Burns  (08) Stupor  (08) Leg (rt)  (8) None  (08) Neck  
 (9) Wig/Toupee  (09) Wig/Toupee  (09) Goatee  (09) Violent  (09) Leg (lf)  (9) Unknown  (09) Finger(s)  
HAIR LENGTH:-2 BUILD:-1 EYE COLOR:-1  (10) Other  (10) Drunk/High  (10) Other  (10) Other  (10) Chest  
 (1) Long  (11) Unknown  (1) Blue  (11) Unknown  (11) None  (11) Back  
 (2) Medium  (2) Brown  (2) Unknown  (12) Unknown  (12) Unknown  
 (3) Short  (3) Grey  (3) Unknown  
 (4) Bald(ing)  (4) Green  (4) Unknown  
 (5) Other  (5) Hazel  (5) Unknown  
 (6) Unknown  (6) Other  (6) Unknown  
 (7) Unknown  (7) Unknown

CLOTHING DESCRIPTION Hat Coat Shirt Pants/Dress Shoes

INCIDENT# 2012-119477

JUVENILE INFORMATION

PAGE 4 OF 6

Witness    Owner    Contact    Missing    Runaway    ATL    Wanted    Driver    Person Reporting    Juvenile

Other Person# 2   NAME: Last CALDERON, DENNIS   First DENNIS   Middle    Soc. Sec. No.:

ADDRESS: Street 11 TERRACE PL 1   City LITTLE ROCK, AR   State 72209   Zip    DATE OF BIRTH 1/20/1990

RES. STATUS:  (R) Resident    (N) Nonresident    (U) Unknown   PHONE (Home) 4136804   PLACE OF EMPLOYMENT    PHONE (Work) 8704768038

MENTALLY AFFLICTED?  (Y) Yes    (N) No    (U) Unk   AGE: Exact Age 22   Range  /    D.L./ID NO. (STATE) AR

SEX:  (M) Male    (F) Female    (U) Unk.    (NN) Under 24 Hrs. Old    (NB) 1-6 Days Old    (BB) 7 - 364 Days Old    (99) Over 98 Yrs. Old    (00) Unknown

ETHNIC:  (H) Hispanic    (N) Non-Hisp.    (U) Unk.   HEIGHT: Ft.  In.

RACE:  (W) White    (B) Black    (I) American Indian    (A) Asian/Pacific Islander    (U) Unknown   WEIGHT: lbs.

<p>COMPLEXION:-2</p> <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 type="checkbox"/> (8) Unknown	<p>HAIR STYLE:-2</p> <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	<p>HAIR COLOR:-1</p> <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 type="checkbox"/> (8) Unknown	<p>FACIAL HAIR:-3</p> <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 type="checkbox"/> (11) Unknown	<p>DEMEANOR:-3</p> <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 type="checkbox"/> (12) Unknown	<p>SCAR/B*THMARK:-3</p> <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 type="checkbox"/> (12) Unknown	<p>TATTOO:-2</p> <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 type="checkbox"/> (9) Unknown	<p>TATTOO LOC:-2</p> <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
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CLOTHING DESCRIPTION  
Hat    Coat    Shirt    Pants/Dress    Shoes

Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

**Other Person# 3** NAME: Last **ALLEN**, First **ANTHONY**, Middle \_\_\_\_\_, Soc. Sec. No.: \_\_\_\_\_

ADDRESS: Street **9400 STARDUST TR**, City **LITTLE ROCK, AR**, State **72209**, Zip \_\_\_\_\_, DATE OF BIRTH **10/31/1962**

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 **50**, Range \_\_\_\_\_/\_\_\_\_\_, D.L./ID NO. (STATE) **AR**

SEX:  (M) Male  (F) Female  (U) Unk, ETHNIC:  (H) Hispanic  (N) Non-Hisp.  (U) Unk, RACE:  (W) White  (B) Black  (I) American Indian  (A) Asian/Pacific Islander  (U) Unknown

COMPLEXION:-2  (1) Light  (2) Medium  (3) Dark  (4) Acne  (5) Freckled  (6) Ruddy  (7) Other  (8) Unknown, HAIR STYLE:-2  (01) Afro  (02) Wavy  (03) Straight  (04) Curly  (05) Braided  (06) Ponytail  (07) Military  (08) Processed  (09) Wig/Toupee  (10) Other  (11) Unknown, HAIR COLOR:-1  (1) Black  (2) Blonde  (3) Brown  (4) Grey  (5) Red  (6) Sandy  (7) Other  (8) 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  (1) Designs  (2) Initials  (3) Names  (4) Pictures  (5) Words  (6) Numbers  (7) Insignia  (8) None  (9) Unknown, TATTOO LOC:-2  (01) Arm (lft)  (02) Arm (rt)  (03) Leg (lft)  (04) Leg (rt)  (05) Hand (lft)  (06) Hand (rt)  (07) Face  (08) Neck  (09) Finger(s)  (10) Chest  (11) Back, HEIGHT: Ft. \_\_\_\_\_ In. \_\_\_\_\_, WEIGHT: lbs. \_\_\_\_\_

CLOTHING DESCRIPTION: Hat **LIGHT BROWN**, Coat **BLUE**, Shirt \_\_\_\_\_, Pants/Dress \_\_\_\_\_, Shoes \_\_\_\_\_

PROPERTY						DRUG INFORMATION		
P. LOSS	P. DES	QTY	Description (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
7	25	1	UNK UNK UNK WALLET		1.00		0.00	
TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.								
PROPERTY DESCRIPTION:			(11) Drug/Narc. Equipment	(21) Negotiable Instruments	(32) Structures-Industrial/Manufacture			
(01) Aircraft			(12) Farm Equipment	(22) Nonnegotiable Instruments	(33) Structures-Public/Community			
(02) Alcohol			(13) Firearms	(23) Office-Type Equipment	(34) Structures-Storage			
(03) Automobiles			(14) Gambling Equipment	(24) Other Motor Vehicles	(35) Structures-Other			
(04) Bicycles			(15) Heavy Equipment	(25) Purses/Handbags/Wallets	(36) Tools-Power/Hand/Lawnmower			
(05) Buses			Construction/Industry	(26) Radios/TVs/VCR	(37) Trucks			
(06) Clothes/Furs			(16) Household Good	(27) Recordings-Audio/Visual	(38) Vehicle Parts/Accessories			
(07) Computer Hardware/ Software			(17) Jewelry/Precious Metal	(28) Recreational Vehicles	(39) Watercraft			
(08) Consumable Goods			(18) Livestock	(29) Structures-Single Occupancy	(77) Other			
(09) Credit Cards/Debit Cards			(19) Merchandise	(30) Structures-Other Dwellings	(88) Pending Inventory (of Property)			
(10) Drugs/Narcotics			(20) Money	(31) Structures-Commercial/Business				
DRUG TYPE:						TYPE DRUG MEASUREMENT		
(D) Heroin		(H) Other Narcotics	(L) Amphetamines/	(O) Other Depressants		Units	Weight	Capacity
(A) "Crack" Cocaine		(I) LSD	Methamphetamines		(P) Other Drugs	(DU) Dosage Unit	(GM) Gram	(ML) Milliliter
(B) Cocaine		(J) PCP	(M) Other Stimulants		(U) Unknown Type Drug	(Pills, etc.)	(KG) Kilogram	(LT) Liter
(C) Hashish		(K) Other Hallucino.	(N) Barbiturates			(NP) Number of Plants	(OZ) Ounce	(FO) Fluid Ounce
							(LB) Pound	(GL) Gallon

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:  
 Point of Entry \_\_\_\_\_ Tools Apparently Used \_\_\_\_\_

INCIDENT# 2012-119477

 JUVENILE INFORMATIONPAGE 6 OF 6**NARRATIVE**

VICTOR COSAS WAS STANDING OUTSIDE AND A B/M APPROACHED HIM. THE B/M POINTED A GUN AT MR COSAS AND TOLD HIM TO GIVE HIM HIS WALLET. AFTER TAKING MR COSAS WALLET THE B/M SHOT MR COSAS WITH A BLACK SEMI AUTOMATIC HANDGUN. MR COSAS HAD A FATAL GUNSHOT TO THE CHEST. NICOLE FLOYD AND DENNIS CALDERON WERE STANDING NEARBY WHEN THE SHOOTING OCURRED AND SAW THE SUSPECT. THEY SAID THAT THE SUSPECT RAN AWAY NORTHBOUND. MEMS RESPONDED AND TRANSPORTED MR COSAS TO UAMS. SGT WHITENER, SGT BROWN, CSSU, AND MAJOR CRIMES DETECTIVES RESPONDED TO THE SCENE. MR CALDERON IDENTIFIED A B/M WALKING DOWN THE SIDEWALK AS THE SUSPECT. OFFICERS HANDCUFFED AND DETAINED ANTHONY ALLEN WITHOUT INCIDENT. IT WAS LATER DETERMINED THAT HE WAS NOT INVOLVED IN THE INCIDENT AND RELEASED.

## ADDITIONAL HOMICIDE CIRCUMSTANCES

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

RELATED CASE NUMBER(S) 2012-119497

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