

PAGE #		ORI NUMBER		ARKANSAS INCIDENT REPORT				INTERNAL INCIDENT STATUS:		EXCEPTIONAL CLEARANCE STATUS:					
1		AR0230100						INCIDENT NUMBER		10-02518		<input type="checkbox"/> (A) Active	<input type="checkbox"/> (A) Death of the Offender	<input type="checkbox"/> (B) Prosecution Declined	<input type="checkbox"/> (C) Extradition Denied
DATE(S) OF INCIDENT				AGENCY NAME				<input type="checkbox"/> (CA) Closed by Arrest		<input type="checkbox"/> (D) Victim Ref. to Cooperate					
03/08/2010				Conway Police Department				<input type="checkbox"/> (CE) Closed by Exception		<input type="checkbox"/> (E) Juvenile, No Custody					
TIME(S) OF INCIDENT				DAY(S) OF INCIDENT				<input checked="" type="checkbox"/> (CO) Closed by Other Means		<input checked="" type="checkbox"/> (N) Not Applicable					
22:00 - 22:10				Monday				<input type="checkbox"/> (I) Inactive							
DISPATCHER				TIME RECEIVED		TIME ARRIVED		REPORTING AREA		EXCEPT. CLEAR. DATE					
2358 - LEWIS, ATHENA DANE'				22:10		22:10		70							
OFFENSE #		UCR CODE		OFFENSE STATUS:		OFFENDER USED:		Burglary (220) Location 14&19:		FORCED ENTRY?					
1		240		<input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		<input checked="" type="checkbox"/> (N) Not Applicable		# PREMISES ENTERED?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
STATUTE		OFFENSE DESCRIPTION				ADDRESS OF OFFENSE									
5-36-103a(4)		THEFT OF PROPERTY / MOTOR VEHICLE THEFT				1705 S SALEM RD, CONWAY, AR 72034									
LOCATION CODE (Enter 1)				WEAPON FORCE: (Max. 3)											
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket				<input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input checked="" type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Speciality Store (TV,Fur, etc.) <input type="checkbox"/> (25) Other/Unknown				<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation				<input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None			
TYPE CRIMINAL ACTIVITY: (Max. 3)				TYPE GANG ACTIVITY: (Max. 2)				BIAS MOTIVATED CRIME:							
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming				<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input checked="" type="checkbox"/> (N) None/Unknown				88 - None (No Bias)							
VICTIM #		NAME: Last, First, Middle				SOC. SEC. NO.		DRIVER'S LICENSE		DR. LI. STATE		DATE OF BIRTH			
1		STARK, CAMERON WADE								AR		07/17/1988			
RESIDENT ADDRESS: Street City State ZIP				RELATIONSHIP OF THIS VICTIM TO OFFENDERS											
1760 S. SALEM APT 10, Conway, AR 72034				(check relationship under appropriate offender number):											
OCCUPATION				RESIDENT PHONE				VICTIM WAS:							
ADVISOR				(870) 279-1630				<input 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 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender							
EMPLOYMENT PHONE				SEX:											
(501) 329-5945				<input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown											
ETHNIC:				AGE:											
<input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown				Exact Age 21											
RACE:				Range /											
<input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander				<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:				VICTIM TYPE:											
<input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown				<input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other											
VICTIM INJURY: (Max. 5)				THIS VICTIM RELATED TO WHICH OFFENSES?											
<input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration				<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (D) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness				<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9							
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES				Negligent Manslaughter: (enter 1)				ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)							
Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances				<input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings				<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information							
Justifiable Homicide: (enter 1)				<input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer											
REPORT DATE		DAY		TIME (Military)		REPORTING OFFICER		CODE #		APPROVING SUPERVISOR		CODE #		DATE APPROVED	
03/08/2010		Mon		22:10		JIMMY D. HENSON		397		LARRY M. HEARN, Jr		28		03/12/2010	

# INCIDENT REPORT

AD	PAGE #	DATE	INCIDENT NUMBER	OR# ("B")	REPORTING OFFICER	CODE #	VICTIM NAME	
	2	03/08/2010	10-02518	AR0230100	JIMMY D. HENSON	397	STARK, CAMERON WADE	
OFFENDER / ARRESTEE	ARRESTEE #	NAME Last, First, Middle,				AKA		
		Unknown						
OFFENDER / ARRESTEE	OFFENDER #	RESIDENT ADDRESS Street			City	State	Zip	DATE OF BIRTH
	1							
OFFENDER / ARRESTEE	RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE	DRIVER'S LICENSE		DR. LI. STATE	SSN		
OFFENDER / ARRESTEE	ARREST LOCATION	OCCUPATION	PLACE OF EMPLOYMENT		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.			
OFFENDER / ARRESTEE	SEX:	<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	AGE:	EXACT AGE	MULT. ARREST INDIC.:	<input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A	WEAPONS AT ARREST:	
	ETHNIC:	<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input checked="" type="checkbox"/> (U) Unk.	AGE RANGE:	to	<input type="checkbox"/> (C) Count Arrestee		(Max. 2) (Place "A" in blank if automatic)	
OFFENDER / ARRESTEE	RACE	<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input checked="" type="checkbox"/> (U) Unknown	<input type="checkbox"/> (99) Over 98 Yrs. Old <input checked="" type="checkbox"/> (00) Unknown	DISPOSITION OF JUVENILE:		<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr.		
	RES. STATUS:	<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input checked="" type="checkbox"/> (U) Unknown	UCR ARR. CODE	OFFENSE NAME	ARREST DATE	ARREST TRANSACT. #	<input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (17) Club / Blackjack / Brass Kn.	
OFFENDER / ARRESTEE	HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE
			UNK - Unknown	UNK - Unknown	UNK - Unknown	UNK - Unknown	UNK - Unknown	UNK - Unknown
OFFENDER / ARRESTEE	ARRESTEE #	NAME Last, First, Middle,				AKA		
OFFENDER / ARRESTEE	OFFENDER #	RESIDENT ADDRESS Street			City	State	Zip	DATE OF BIRTH
OFFENDER / ARRESTEE	RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE	DRIVER'S LICENSE		DR. LI. STATE	SSN		
OFFENDER / ARRESTEE	ARREST LOCATION	OCCUPATION	PLACE OF EMPLOYMENT		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.			
OFFENDER / ARRESTEE	SEX:	<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE:	EXACT AGE	MULT. ARREST INDIC.:	<input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A	WEAPONS AT ARREST:	
	ETHNIC:	<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.	AGE RANGE:	to	<input type="checkbox"/> (C) Count Arrestee		(Max. 2) (Place "A" in blank if automatic)	
OFFENDER / ARRESTEE	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 type="checkbox"/> (U) Unknown	<input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	DISPOSITION OF JUVENILE:		<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr.		
	RES. STATUS:	<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown	UCR ARR. CODE	OFFENSE NAME	ARREST DATE	ARREST TRANSACT. #	<input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (17) Club / Blackjack / Brass Kn.	
SUBJECT DESCRIPTORS	HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE

# INCIDENT REPORT

VEHICLE	PAGE # 3	DATE 03/08/2010	INCIDENT # 10-02518	REPORTING OFFICER JIMMY D. HENSON	CODE # 397	VICTIM NAME STARK, CAMERON WADE		
	YEAR 2004	MAKE INFINITE	MODEL G35	STYLE CP	VIN JNKCV54E94M801685	LICENSE NUMBER 217 OBG	STATE AR	
VEHICLE	OWNER'S NAME			ADDRESS				
	TOP/SOLID COLOR BLK			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE	
	OWNER'S NAME			ADDRESS				
VEHICLE	TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
	OF. CODE 240	P. LOSS 7/5	P. DES. 03	QTY. 1/1	DESCRIPTION (Include serial number, make, model, primary color) 2DR COUPE, PASSENGER CAR ; MK:INFINITE ; MD:G35 ; PC:BLK	OWNER	ITEM VALUE 18000/18000	RECOV. DATE 03/12/2010
PROPERTY	TOTAL NUMBER VEHICLES STOLEN:		TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:	
	1		1		\$18,000.00		\$18,000.00	
	PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.							
	PROPERTY DESCRIPTION:							
	(01) Aircraft		(11) Drug/Narc. Equipment		(21) Negotiable Instruments		(32) Structures-Industrial/Manufacture	
	(02) Alcohol		(12) Farm Equipment		(22) Nonnegotiable Instruments		(33) Structures-Public/Community	
	(03) Automobiles		(13) Firearms		(23) Office-Type Equipment		(34) Structures-Storage	
(04) Bicycles		(14) Gambling Equipment		(24) Other Motor Vehicles		(35) Structures-Other		
(05) Buses		(15) Heavy Equipment-Construction/Industry		(25) Purses/Handbags/Wallets		(36) Tools-Power/Hand		
(06) Cloths/Furs		(16) Household Goods		(26) Radios/TVs/VCRs		(37) Trucks		
(07) Computer Hardware/Software		(17) Jewelry/Precious Metals		(27) Recordings-Audio/Visual		(38) Vehicle Parts/Accessories		
(08) Consumable Goods		(18) Livestock		(28) Recreational Vehicles		(39) Watercraft		
(09) Credit Cards/Debit Cards		(19) Merchandise		(29) Structures-Single Occupancy		(77) Other		
(10) Drugs/Narcotics		(20) Money		(30) Structures-Other Dwellings		(88) Pending Inventory (of Property)		
				(31) Structures-Commercial/Business		(99) Special Category		
DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT	TYPE DRUG MEASUREMENT:			
					WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound			
DRUG INFO.	DRUG TYPE:				CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon			
	(A) "Crack" Cocaine	(F) Morphine	(K) Other Hallucinogens	(O) Other Depressants	UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants			
(B) Cocaine	(G) Opium	(L) Amphetamines/Methamphetamines	(P) Other Drugs					
(C) Hashish	(H) Other Narcotics	(M) Other Stimulants	(U) Unknown Type Drug					
(D) Heroin	(I) LSD	(N) Barbituates	(X) Over 3 Drug Types					
(E) Marijuana	(J) PSP							
COMPLT.	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: _____	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 type="checkbox"/> (U) Unknown		
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPLOY'T. PHONE			

# INCIDENT REPORT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME	
4	03/08/2010	10-02518	JIMMY D. HENSON	397	STARK, CAMERON WADE	
WITNESSES	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
	DATE OF BIRTH	SSN	OCCUPATION	PLACE OF EMPLOYMENT		
	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
	DATE OF BIRTH	SSN	OCCUPATION	PLACE OF EMPLOYMENT		
	<b>NARRATIVE:</b>					
	On 3-8-2010 at approx. 2200hrs, Stark arrived home at 1760 S. Salem APT 10(The Greens), parked his 2004 Infinite in the lot just outside his backside balcony and went inside. Stark advised that he had only been inside for a few minutes when he stepped out onto his back balcony to smoke. Stark observed his car leaving at a high rate of speed out of the complex and go north on South Salem. Stark rushed to a friend's car and attempted to follow but never gained sight of his car. Stark stated that he had left the doors unlocked with the key in the ignition. Stark also stated that the car is equipped with OnStar but he doesn't have a current contract with OnStar. Vehicle was entered in ACIC/NCIC. Stark was able to provide a picture of his car. Picture is added to this report.					
	SUPPLEMENT #2 ALLEN FAVRE - 36 03/12/2010 14:03					
	On 03-12-2010 at 1405 hours, I was advised by our dispatch that North Little Rock PD had recovered the listed stolen vehicle in their city. Vehicle removed from ACIC. ( Note ) I added the recovery information to the property tab of the report, and I also attempted to contact the owner by phone on this date, but I was unable to make contact.					
SUPPLEMENT #4 DAVID G. SHORT - 37 03/15/2010 11:13						
I attempted to make contact with the owner of the vehicle and left him a message and informed him of the location of the vehicle. The vehicle was recovered abandoned in Burns Park in North Little Rock by Arkansas State Police. The vehicle was towed by AC Lewis towing and the number is 501 375-2436. One of the possible suspects in the case, Jesse Chaney, was interviewed and denied any involvement in the case and he advised that he only took the charges in Little Rock for his friend to help her out. Chaney stated that he did not know where she got the items that were in the vehicle.						
SUPPLEMENT #5 DAVID G. SHORT - 37 05/28/2010 08:22						
The prosecutors office will not file charges against Jesse Chaney for the theft due to lack of evidence of the theft. Chaney was in possession of the property that was taken from the vehicle and he has a history of theft of vehicles. Chaney was not charged by our department and was later charged with another auto theft and numerous other charges in Little Rock. There is no further action to be taken in this case and it will be closed by other means.						