

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>				PAGE 1 OF 4
INCIDENT NUMBER <b>2012-006525</b>	UNIT ASSIGNED <b>Z61</b>	CALL DATE <b>1/18/2012</b>	CALL TIME <b>22:01</b>	TYPE OF CALL <b>SHOOTJ</b>		
DATE(S) OF INCIDENT <b>01/18/2012</b>	TIME(S) OF INCIDENT <b>2200</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>1770 BARROW RD</b>			DISTRICT <b>62</b>	

**OFFENSE**

INCIDENT/OFFENSE TYPE		OFFENSE STATUS	
1. Homicide	5.	1. A <input type="checkbox"/> 2. A <input type="checkbox"/> 3. A <input type="checkbox"/> 4. A <input type="checkbox"/>	Completed C <input checked="" type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>
2.	6.	5. A <input type="checkbox"/> 6. A <input type="checkbox"/> 7. A <input type="checkbox"/> 8. A <input type="checkbox"/>	Completed C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>
3.	7.		
4.	8.		

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 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)	<input type="checkbox"/> (13) Highway/Road/Alley	WEAPON FORCE (Max. 3)
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (14) Hotel/Motel/Etc.	(For 11-15, place "A" on line if weapon was an Automatic/ Semi-Automatic)
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (15) Jail/Penitentiary	<input type="checkbox"/> (11) Firearm (Unknown)
<input type="checkbox"/> (03) Bar/Night Club	<input type="checkbox"/> (16) Lake/Waterway	<input type="checkbox"/> (12) Handgun
<input type="checkbox"/> (04) Church/Synagogue/Temple	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (13) Rifle
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (18) Parking Lot/Garage	<input type="checkbox"/> (14) Shotgun
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (15) Other Firearm
<input type="checkbox"/> (07) Convenience Store	<input checked="" type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (20) Knife/Cutting Instru. (Axe, etc.)
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (30) Blunt Object (Club, etc.)
<input type="checkbox"/> (09) Drug Store/DR's Office/Hospital	<input type="checkbox"/> (22) School/College	<input type="checkbox"/> (35) Motor Vehicle (As weapon)
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (23) Service/Gas Station	<input type="checkbox"/> (40) Personal Weapons (Hands, etc.)
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc.)	
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (25) Other/Unknown	(For Burglary Only) NUMBER OF PREMISES ENTERED <u>0</u>

METHOD OF ENTRY: F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force
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**VICTIM**

VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS: <b>HOLMES, NAKIA</b>	D.L./ID NO. (STATE) <b>AR 907464096</b>	DATE OF BIRTH <b>8/8/1983</b>
ADDRESS: Street City State Zip <b>1217 ADAMS ST LR, 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>28</u> Range <u>   </u> / <u>   </u>		(SE) Spouse                      (AQ) Acquaintance
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian		(CS) Common-Law Spouse      (FR) Friend
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		(PA) Parent                      (NE) Neighbor
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other	<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		(SB) Sibling                      (BE) Babysitter (baby)
VICTIM INJURY: (Max. 5)			(CH) Child                        (BG) Boyfriend/Girlfriend
<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones			(GP) Grandparents              (CF) Child of BF/GF
<input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration			(GC) Grandchild                  (HR) Homosexual Rel.
<input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			(IL) In-Law                        (XS) Ex-Spouse
			(SP) Stepparent                  (EE) Employee
			(SC) Stepchild                    (ER) Employer
			(SS) Stepsibling                  (OK) Otherwise Known
			(OF) Other Family Member      1 (RU) Relationship Unknown
			(ST) Stranger                      (VO) Victim Was Suspect
AGGRAVATED ASSAULT/HOMICIDE (Max. 2)	<input type="checkbox"/> (01) Argument	<input type="checkbox"/> (02) Assault on Law Enf. Officer	<input type="checkbox"/> (03) Drug Deal
<input type="checkbox"/> (04) Gangland	<input type="checkbox"/> (05) Juvenile Gang	<input type="checkbox"/> (06) Lover's Quarrel	<input type="checkbox"/> (07) Mercy Killings
<input type="checkbox"/> (08) Other Felony Involved	<input type="checkbox"/> (09) Other Circumstances	<input checked="" type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (20) Criminal Killed by Private Citizen
<input type="checkbox"/> (21) Criminal Killed by Police Officer	<input type="checkbox"/> (30) Child Playing w/Weapon	<input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (32) Hunting Accident
<input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (34) Other Negligent Killings		

MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	NIC #	THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8
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REPORT DATE <b>1/18/2012</b>	TIME (Military) <b>22:01</b>	REPORTING OFFICER <b>KENNETH BAER</b>	EMPLOYEE # <b>11808</b>	APPROVING SUPERVISOR <b>JACKIE PARKER</b>	EMPLOYEE # <b>18195</b>
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INCIDENT# 2012-006525

JUVENILE INFORMATION

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SUSPECT

SUSPECT # 1	NAME: Last <b>THREATS, JAMES</b>	First <b>JAMES</b>	Middle	AKA
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ARRESTEE # 1	ADDRESS: Street 1770 BARROW 91 RD LR AR 72204	City	State	Zip	DATE OF BIRTH 6/21/1983
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT	PHONE (TYPE) None
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ARREST LOCATION 1770 BARROW RD	ARREST DATE 1/17/2012	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input checked="" type="checkbox"/> (T) Taken Into Custody	D.L./ID NO. (STATE) AR
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CHARGE: 99-02	NIC #
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <u>28</u> Age Range: <u>  </u> to <u>  </u> <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 checked="" type="checkbox"/> (01) Unnamed <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>  </u> In. <u>  </u>	WEIGHT: lbs. <u>  </u>
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CLOTHING DESCRIPTION
Hat _____ Coat _____ Shirt <u>BLUE SHIRT</u> Pants/Dress <u>DARK SHORTS</u> Shoes _____

COMPLEXION:-2 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input checked="" type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input 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 checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B <sup>Y</sup> 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 checked="" type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input 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 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				

OTHER PERSONS

Witness  Owner  Contact  Missing  Runaway  ATL  Wanted  Driver  Person Reporting  Juvenile

Other Person# 1 NAME: Last First Middle Soc. Sec. No.: CALDWELL, EDWARD

ADDRESS: Street City State Zip DATE OF BIRTH 1770 BARROW RD 91 LR, AR 3/17/1990

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 21 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) Acne (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) Brows (thin) (07) Professional (07) Body (7) Insignia (07) Face
(8) Unknown (08) Processed (8) Unknown (08) Side Burns (08) Stupor (08) Leg (rt) (8) None (08) Neck
(09) Wig/Toupee (09) Other (09) Goatee (09) Violent (09) Leg (lf) (9) Unknown (09) Finger(s)
(10) Other (10) Unknown (10) Other (10) Other (10) Other (10) Chest
(11) Unknown (11) Unknown (11) Other (11) Other (11) None (11) Back
(12) Unknown (12) Unknown (12) Unknown

CLOTHING DESCRIPTION Hat Coat Shirt Pants/Dress Shoes

NARRATIVE

RESPONDED TO THE LISTED LOCATION TO A REPORT OF A SHOOTING J/O. AS I APPROACHED THE APARTMENT BUILDING I OBSERVED THE VICTIM (HOLMES) LAYING ON THE SIDEWALK IN FRONT OF THE APARTMENT WITH WIT-1(CALDWELL) STANDING ON THE WALKWAY TO THE APARTMENT DOOR. AFTER UNITS ARRIVED, WIT-1 WAS SECURED AND THE APARTMENT WAS CLEARED FOR ANY SUSPECTS. VIC-1 APPEARED TO BE DECEASED MEMS RESPONDED TO THE SCENE AND FOUND NO LIFE SIGNS. A CRIME SCENE WAS SECURED AROUND THE ENTIRE APARTMENT BUILDING FROM THE FRONT TO THE REAR AND ON BOTH THE EAST AND WEST ENDS OF THE BUILDING. THE D.O. AND C.S.S.U. WERE ALSO REQUESTED. SGT. PARKER ALSO RESPONDED TO THE SCENE. THE CRIME SCENE WAS TURNED OVER TO C.S.S.U. AND HOMICIDE DETECTIVES. AFTER SECURING THE SCENE ARR-1(THREATS) ATTEMPTED TO ENTER THE CRIME SCENE. ARR-1 WAS IDENTIFIED AND TAKEN INTO CUSTODY WITHOUT INCIDENT. ARR-1 WAS TRANSPORTED TO THE DETECTIVE DIVISION. WIT-1 WAS ALSO TRANSPORTED TO THE DETECTIVE DIVISION.

ADDITIONAL HOMICIDE CIRCUMSTANCES		<input checked="" type="checkbox"/> (C) Criminal attacked a civilian	<input type="checkbox"/> (F) Criminal resisted arrest
<input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal	<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)

CAR JACKING?  YES  NO DRIVE-BY?  YES  NO GANG RELATED?  YES  NO

**HATE/BIAS RELATIONSHIP:  (88) None  IF YES, COMPLETE BELOW**

<b>RACIAL (Anti-)</b>	<b>RELIGIOUS (Anti-)</b>	<b>ETHNICITY/NATIONAL ORIGIN (Anti-)</b>	<b>SEXUAL (Anti-)</b>
<input type="checkbox"/> (11) White	<input type="checkbox"/> (21) Jewish	<input type="checkbox"/> (32) Hispanic	<input type="checkbox"/> (41) Male Homosexual (Gay)
<input type="checkbox"/> (12) Black	<input type="checkbox"/> (22) Catholic	<input type="checkbox"/> (33) Other Ethnicity	<input type="checkbox"/> (42) Female Homosexual (Lesbian)
<input type="checkbox"/> (13) American Indian/ Alaskan Native	<input type="checkbox"/> (23) Protestant	<b>DISABILITY (Anti-)</b>	<input type="checkbox"/> (43) Homosexual (Gay and Lesbian)
<input type="checkbox"/> (14) Asian/Pacific Islander	<input type="checkbox"/> (24) Islamic (Muslim)	<input type="checkbox"/> (51) Physical Disability	<input type="checkbox"/> (44) Heterosexual
<input type="checkbox"/> (15) Multi-Racial Group	<input type="checkbox"/> (25) Other Religion	<input type="checkbox"/> (52) Mental Disability	<input type="checkbox"/> (45) Bisexual
	<input type="checkbox"/> (26) Multi-Religious Group		
	<input type="checkbox"/> (27) Atheism/Agnosticism		