

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		<b>INCIDENT</b>			PAGE 1 OF <b>6</b>
INCIDENT NUMBER <b>2012-025899</b>		UNIT ASSIGNED <b>2X64</b>	CALL DATE <b>3/12/2012</b>	CALL TIME <b>16:35</b>	TYPE OF CALL <b>DIS</b>
DATE(S) OF INCIDENT <b>03/12/2012</b>	TIME(S) OF INCIDENT <b>1635</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>1502 GREEN MOUNTAIN DR</b>			DISTRICT <b>71</b>

OFFENSE			
INCIDENT/OFFENSE TYPE		OFFENSE STATUS	
1. Homicide	5.	1. Attempted	A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/>
2.	6.	2. Completed	C <input checked="" type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>
3.	7.	3. Attempted	A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/>
4.	8.	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)	
<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	
LOCATION CODE: (Enter 1)		WEAPON FORCE (Max. 3)	
<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 type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (08) Department/Discount Store <input checked="" 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		(For 11-15, place "A" on line if weapon was an Automatic/ Semi-Automatic) <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.)	
GANG RELATED INFO: (Max. 2)		METHOD OF ENTRY:	
<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None/Unknown		(For Burglary Only) NUMBER OF PREMISES ENTERED <u>0</u> F <input type="checkbox"/> Foreible N <input type="checkbox"/> No Force	

VICTIM			
VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS: <b>DIVIAIO, ZEUS</b>	D.L./ID NO. (STATE) AR	DATE OF BIRTH <b>1/4/2005</b>
ADDRESS: Street City State Zip <b>1501 GREEN MOUNTAIN 104 DR LITTLE ROCK, AR 72212</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>7</u> Range _____ / _____		_____ (SE) Spouse      _____ (AQ) Acquaintance _____ (CS) Common-Law Spouse      _____ (FR) Friend _____ (PA) Parent      _____ (NE) Neighbor _____ (SB) Sibling      _____ (BE) Babysitter (baby) _____ (CH) Child      _____ (BG) Boyfriend/Girlfriend _____ (GP) Grandparents      _____ (CF) Child of BF/GF _____ (GC) Grandchild      _____ (HR) Homosexual Rel. _____ (IL) In-Law      _____ (XS) Ex-Spouse _____ (SP) Stepparent      _____ (EE) Employee _____ (SC) Stepchild      _____ (ER) Employer _____ (SS) Stepsibling      _____ (OK) Otherwise Known _____ (OF) Other Family Member <b>1</b> (RU) Relationship Unknown _____ (ST) Stranger      _____ (VO) Victim Was Suspect
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.	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	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) Unknown
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		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	
VICTIM INJURY: (Max. 5)		NIC #	
<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness			
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 type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input checked="" 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>3/12/2012</b>	TIME (Military) <b>16:35</b>	REPORTING OFFICER <b>MATTHEW HOFFINE</b>	EMPLOYEE # <b>28438</b>	APPROVING SUPERVISOR <b>DERRICK THREADGILL</b>	EMPLOYEE # <b>27113</b>
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**SUSPECT**

SUSPECT # 1	NAME: Last <b>UNK, UNK</b>	First <b>UNK, UNK</b>	Middle	AKA
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ARRESTEE # 0	ADDRESS: Street <b>AR</b>	City	State	Zip	DATE OF BIRTH
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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
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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
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CHARGE:	NIC #
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SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.	AGE: Exact Age _____ Age Range: _____ to _____ <input type="checkbox"/> (99) Over 98 Yrs. Old <input checked="" 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 type="checkbox"/> (N) Non-Hisp. <input checked="" type="checkbox"/> (U) Unk.	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	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. _____ In. _____	WEIGHT: lbs. _____
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CLOTHING DESCRIPTION  
Hat \_\_\_\_\_ Coat \_\_\_\_\_ Shirt \_\_\_\_\_ Pants/Dress \_\_\_\_\_ Shoes \_\_\_\_\_

<b>COMPLEXION:-2</b> <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	<b>HAIR STYLE:-2</b> <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	<b>HAIR COLOR:-1</b> <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	<b>FACIAL HAIR:-3</b> <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	<b>DEMEANOR:-3</b> <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	<b>SCAR/B*THMARK:-3</b> <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	<b>TATTOO:-2</b> <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	<b>TATTOO LOC:-2</b> <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
<b>HAIR LENGTH:-2</b> <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	<b>BUILD:-1</b> <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	<b>EYE COLOR:-1</b> <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.:  
**DIVIAIO, DARA**

ADDRESS: Street City State Zip DATE OF BIRTH  
**1502 GREEN MOUNTAIN DR 105 LITTLE ROCK, AR 72212** **5/15/1980**

RES. STATUS:  (R) Resident  (N) Nonresident  (U) Unknown PHONE (Home) PLACE OF EMPLOYMENT PHONE (Work)  
**9047389806**

MENTALLY AFFLICTED?  (Y) Yes  (N) No  (U) Unk AGE: Exact Age **31** D.L./ID NO. (STATE)  
**AR**

SEX:  (M) Male  (F) Female  (U) Unk. Range: /

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. \_\_\_\_\_

COMPLEXION:-2 HAIR STYLE:-2 HAIR COLOR:-1 FACIAL HAIR:-3 DEMEANOR:-3 SCAR/B'THMARK:-3 TATTOO:-2 TATTOO LOC:-2  
 (1) Light  (2) Medium  (3) Dark  (4) Aene  (5) Freckled  (6) Ruddy  (7) Other  (8) Unknown  
 (1) Afro  (2) Wavy  (3) Straight  (4) Curly  (5) Braided  (6) Ponytail  (7) Military  (8) Processed  (9) Wig/Toupee  (10) Other  (11) Unknown  
 (1) Black  (2) Blonde  (3) Brown  (4) Grey  (5) Red  (6) Sandy  (7) Other  (8) Unknown  
 (1) Clean Shaven  (2) Unshaven  (3) Full Beard  (4) Must. (hvy)  (5) Must. (thin)  (6) Brows (hvy)  (7) Brows (thin)  (8) Side Burns  (9) Goatee  (10) Other  (11) Unknown  
 (1) Angry  (2) Apologetic  (3) Calm  (4) Irrational  (5) Nervous  (6) Polite  (7) Professional  (8) Stupor  (9) Violent  (10) Drunk/High  (11) Other  (12) Unknown  
 (1) Head  (2) Neck  (3) Hand (rt)  (4) Hand (lft)  (5) Arm (rt)  (6) Arm (lft)  (7) Body  (8) Leg (rt)  (9) Leg (lft)  (10) Other  (11) None  (12) Unknown  
 (1) Designs  (2) Initials  (3) Names  (4) Pictures  (5) Words  (6) Numbers  (7) Insignia  (8) None  (9) Unknown  
 (1) Arm (lft)  (2) Arm (rt)  (3) Leg (lft)  (4) Leg (rt)  (5) Hand (lft)  (6) Hand (rt)  (7) Face  (8) Neck  (9) Finger(s)  (10) Chest  (11) Back

WEIGHT: lbs. \_\_\_\_\_

CLOTHING DESCRIPTION  
 Hat \_\_\_\_\_ Coat \_\_\_\_\_ Shirt \_\_\_\_\_ Pants/Dress \_\_\_\_\_ Shoes \_\_\_\_\_

INCIDENT# 2012-025899	<input checked="" type="checkbox"/> JUVENILE INFORMATION	PAGE <u>4</u> OF <u>6</u>
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Witness  
  Owner  
  Contact  
  Missing  
  Runaway  
  ATL  
  Wanted  
  Driver  
  Person Reporting  
  Juvenile

Other Person# 2	NAME: Last <b>DIVIAIO</b> , First <b>GUY</b> , Middle	SOC. SEC. NO.:
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ADDRESS: Street <b>1502 GREEN MOUNTAIN DR 104 LITTLE ROCK, AR 72212</b>	City	State	Zip	DATE OF BIRTH <b>7/10/1977</b>
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	PHONE (Home) <b>9047389806</b>	PLACE OF EMPLOYMENT	PHONE (Work)
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MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk	AGE: Exact Age <u>34</u> Range ____ / ____	D.L./ID NO. (STATE) <b>AR</b>
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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

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 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 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 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 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 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 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
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CLOTHING DESCRIPTION  
 Hat \_\_\_\_\_ Coat \_\_\_\_\_ Shirt \_\_\_\_\_ Pants/Dress \_\_\_\_\_ Shoes \_\_\_\_\_

INCIDENT# 2012-025899		<input checked="" type="checkbox"/> JUVENILE INFORMATION		PAGE <u>5</u> OF <u>6</u>	
<input type="checkbox"/> Witness		<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Contact	
<input type="checkbox"/> Missing		<input type="checkbox"/> Runaway		<input type="checkbox"/> ATL	
<input type="checkbox"/> Wanted		<input type="checkbox"/> Driver		<input type="checkbox"/> Person Reporting	
<input checked="" type="checkbox"/> Juvenile					
Other Person# 3	NAME: Last <b>██████████</b>		First <b>██████████</b>	Middle <b>██████████</b>	Soc. Sec. No.:
ADDRESS: Street 1502 GREEN MOUNTAIN DR 104 LITTLE ROCK, AR 72212				City Little Rock	State AR
DATE OF BIRTH 5/23/2002					
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		PHONE (Home) 9047389806		PLACE OF EMPLOYMENT	
PHONE (Work)					
MENTALLY AFFLICTED? <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk				AGE: Exact Age <u>9</u> Range _____ / _____	
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.				D.L./ID NO. (STATE) AR	
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.				NIC #	
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				HEIGHT: Ft. _____ In. _____	
				WEIGHT: lbs. _____	
COMPLEXION:-2 <input type="checkbox"/> (1) Light <input 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 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 type="checkbox"/> (8) Unknown	
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 type="checkbox"/> (6) 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 type="checkbox"/> (7) Unknown		BUILD:-1 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) 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 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 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 (lf) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lf) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lf) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input 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 type="checkbox"/> (9) Unknown		TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lf) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lf) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lf) <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 _____		Shoes _____	
Shirt _____		Pants/Dress _____			

## NARRATIVE

DIVIAIO, ZEUS (VIC 1) IS THE SON OF DIVIAIO, DARA (C1) AND DIVIAIO, GUY (C2), AND THE BROTHER OF **██████████** (C3). DISPATCHED TO 1502 GREEN MOUNTAIN ON A DISTURBANCE. LRFD RESCUE ARRIVED FIRST AND ADVISED FOR POLICE TO EXPEDITE. UPON MY ARRIVAL I MET WITH DIVIAIO, GUY, DIVIAIO, DARA, AND **██████████** WHO WERE IN THE FRONT LIVING ROOM. GUY ADVISED THAT HIS SON, ZEUS, WAS BEING LOOKED AFTER IN THE FIRST BEDROOM ON THE LEFT. ZEUS DIVIAIO WAS LAYING ON THE FLOOR AND LRFD WAS PERFORMING CPR. LRFD ADVISED ZEUS HAD SUFFERED FROM A GUNSHOT WOUND. IT APPEARED THE WOUND WAS TO THE UPPER RIGHT CHEST AREA. THERE WAS BLOOD ON THE FLOOR NEAR THE ENTRANCE TO THE ROOM WHERE ZEUS LAY. GUY DIVIAIO ADVISED THAT HIS DAUGHTER, **██████████** TOLD HIM THAT ZEUS WAS HURT WHEN THEY CAME BACK INSIDE THE APARTMENT. GUY STATED THAT HE AND HIS WIFE, DARA, WERE AT THE LEASING OFFICE SIGNING PAPERWORK. GUY STATES THEY HAD LEFT APPROX. 5 MINUTES EARLIER AND HAD LOCKED THE FRONT DOOR UPON LEAVING. HE STATES THAT THE DOOR WAS LOCKED UPON HIS RETURN AND HE HAD TO UNLOCK THE FRONT DOOR TO ENTER. GUY STATED HE HAD FIREARMS IN A CASE IN THE BACK BEDROOM CLOSET. THERE WERE BLOOD MARKS IN THE BACK BEDROOM AND CLOSET. THERE WAS A LARGE POOL IN THE CLOSET NEAR A SILVER CASE. TWO HANDGUNS WERE LOCATED IN THE GUN CASE IN THE CLOSET. ZEUS WAS TRANSPORTED TO BAPTIST HOSPITAL BY MEMS WITH DARA RIDING ALONG. **██████████** STATED THAT TWO MALES ENTERED THE APARTMENT AND SHOT HER BROTHER. GUY DIVIAIO STATED THAT HIS DAUGHTER HAD HIGH FUNCTIONING AUTISM. THERE WAS NO EVIDENCE OF FORCED ENTRY TO THE APARTMENT AND NO ITEMS WERE NOTICED MISSING. GUY STATED THAT HIS DAUGHTER OFTEN TOLD STORIES, AND HE DID NOT BELIEVE THAT THE APARTMENT HAD BEEN ENTERED BY ANYONE. SGT BROWN WAS NOTIFIED, DETECTIVES AND CRIME SCENE WAS CALLED OUT. LT. JACKSON WAS NOTIFIED AND ARRIVED ON SCENE. CRIME SCENE WAS SECURED, TAPED OFF, AND A LOG WAS STARTED. ZEUS DIVIAIO WAS PRONOUNCED DECEASED BY BAPTIST PERSONNEL.

INCIDENT# 2012-025899	<input checked="" type="checkbox"/> JUVENILE INFORMATION		PAGE <u>6</u> OF <u>6</u>
<b>ADDITIONAL HOMICIDE CIRCUMSTANCES</b> <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"/> (C) Criminal attacked a 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			
RELATED CASE NUMBER(S)			
CAR JACKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DRIVE-BY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>HATE/BIAS RELATIONSHIP: <input checked="" type="checkbox"/> (88) None <input type="checkbox"/> IF YES, COMPLETE BELOW</b>			
<b>RACIAL (Anti-)</b> <input type="checkbox"/> (11) White <input type="checkbox"/> (12) Black <input type="checkbox"/> (13) American Indian/ Alaskan Native <input type="checkbox"/> (14) Asian/Pacific Islander <input type="checkbox"/> (15) Multi-Racial Group	<b>RELIGIOUS (Anti-)</b> <input type="checkbox"/> (21) Jewish <input type="checkbox"/> (22) Catholic <input type="checkbox"/> (23) Protestant <input type="checkbox"/> (24) Islamic (Muslim) <input type="checkbox"/> (25) Other Religion <input type="checkbox"/> (26) Multi-Religious Group <input type="checkbox"/> (27) Atheism/Agnosticism	<b>ETHNICITY/NATIONAL ORIGIN (Anti-)</b> <input type="checkbox"/> (32) Hispanic <input type="checkbox"/> (33) Other Ethnicity  <b>DISABILITY (Anti-)</b> <input type="checkbox"/> (51) Physical Disability <input type="checkbox"/> (52) Mental Disability	<b>SEXUAL (Anti-)</b> <input type="checkbox"/> (41) Male Homosexual (Gay) <input type="checkbox"/> (42) Female Homosexual (Lesbian) <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) <input type="checkbox"/> (44) Heterosexual <input type="checkbox"/> (45) Bisexual