

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			PAGE 1 OF <u>4</u>
INCIDENT NUMBER 2012-052414		UNIT ASSIGNED 3X61	CALL DATE 5/17/2012	CALL TIME 00:05	TYPE OF CALL CUTTJO
DATE(S) OF INCIDENT 05/17/2012	TIME(S) OF INCIDENT 0001	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) 9712 LABETTE DR			DISTRICT 64

OFFENSE			
INCIDENT/OFFENSE TYPE		OFFENSE STATUS	
1. Homicide	5.	1. Attempted	A <input type="checkbox"/> 2. A <input type="checkbox"/> 3. A <input type="checkbox"/> 4. A <input type="checkbox"/>
2.	6.	Completed	C <input checked="" type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>
3.	7.	5. Attempted	A <input type="checkbox"/> 6. A <input type="checkbox"/> 7. A <input type="checkbox"/> 8. A <input type="checkbox"/>
4.	8.	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	
GANG RELATED INFO: (Max. 2)			
<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)	
<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		<input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input 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/ <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (75) Sleeping Pills <input checked="" type="checkbox"/> (20) Knife/Cutting Instru. (Axe, etc.) <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (99) None	
		(For Burglary Only)	
		NUMBER OF PREMISES ENTERED <u>0</u>	
		METHOD OF ENTRY: F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force	

VICTIM			
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS: WINFREY, DARRELL	D.L./ID NO. (STATE) AR	DATE OF BIRTH 10/6/1967
ADDRESS: Street City State Zip 9712 LABETTE DR LITTLE ROCK, AR		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>44</u> Range _____/_____		_____ (SE) Spouse 1 _____ (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 _____ (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 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	RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input 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		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	
VICTIM INJURY: (Max. 5)		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 checked="" 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		<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	

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"/> (08) Other Felony Involved <input checked="" type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <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"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings		<input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (32) Hunting Accident	

REPORT DATE 5/17/2012	TIME (Military) 00:05	REPORTING OFFICER MISCHA FULTON	EMPLOYEE # 21600	APPROVING SUPERVISOR STEVEN TAYLOR	EMPLOYEE # 14477
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OTHER PERSONS

Witness Owner Contact Missing Runaway ATL Wanted Driver Person Reporting Juvenile

Other Person# 1 NAME: Last First Middle Soc. Sec. No.:
CAFFEY, KIM

ADDRESS: Street City State Zip DATE OF BIRTH
 9712 LABETTE DR LITTLE ROCK, AR 3/26/1974

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown PHONE (Home) 5015638485 PLACE OF EMPLOYMENT PHONE (Work)

MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk AGE: Exact Age 38 Range / D.L./ID NO. (STATE) AR

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

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. (NN) Under 24 Hrs. Old (NB) 1-6 Days Old (BB) 7 - 364 Days Old (99) Over 98 Yrs. Old (00) Unknown HEIGHT: Ft. In.

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

<p>COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input checked="" 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>	<p>HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" 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>	<p>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</p>	<p>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</p>	<p>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 checked="" type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown</p>	<p>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 checked="" type="checkbox"/> (12) Unknown</p>	<p>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</p>	<p>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</p>
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CLOTHING DESCRIPTION
 Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____

INCIDENT# 2012-052414

 JUVENILE INFORMATION

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NARRATIVE

C1(CAFFEY) IS THE MOTHER OF SUS1() AND THE LIVE IN GIRLFRIEND OF VIC1(WINFREY). MYSELF AND 3X60(OFC. LLOYD) RESPONDED TO 9712 LABETTE DRIVE ON A CUTTING JUST OCCURRED. LR COMMUNICATIONS ADVISED A MOTHER CALLED STATING HER DAUGHTER HAD JUST STABBED HER BOYFRIEND. LR COMMUNICATIONS FURTHER ADVISED THE VICTIM HAD BEEN TAKEN TO BAPTIST HOSPITAL BY A PERSONAL VEHICLE PRIOR TO POLICE ARRIVAL. WHILE APPROACHING THE FRONT DOOR I OBSERVED A WHITE SHIRT WITH BLOOD ON IT LAYING IN THE YARD. I ALSO OBSERVED BLOOD ON THE FRONT STEP AND SCREEN DOOR. I MADE CONTACT WITH FOREMAN WHO OPENED THE FRONT DOOR. FOREMAN WAS CRYING AND APPEARED TO BE NERVOUS. FOREMAN EXCITEDLY UTTERED I DIDNT MEAN TO DO IT I WAS JUST TRYING TO SCARE HIM SO HE COULD STOP HITTING MY MOMMA. OFC. LLOYD PLACED FOREMAN IN THE REAR OF HIS PATROL VEHICLE. 3L34(SGT. TAYLOR), THE DETECTIVE DIVISION, AND CRIME SCENE WERE NOTIFIED AND RESPONDED TO THE SCENE. 3X72(OFC. WEST) RESPONDED TO BAPTIST HOSPITAL TO CHECK THE STATUS OF WINFREY. CAFFEY ADVISED WINFREY MOVED OUT VOLUNTARILY ON THE MORNING OF 05/16/12. CAFFEY STATED WINFREY RETURNED TO THE RESIDENCE THE SAME EVENING BANGING ON THE FRONT DOOR. CAFFEY ADVISED WHEN SHE OPENED THE DOOR WINFREY PULLED HER OUT OF THE RESIDENCE BY HER HAIR AND SHIRT. CAFFEY ADVISED WINFREY BEGAN THROWING HER AROUND THE FRONT YARD WHILE PUNCHING AND SLAPPING HER. CAFFEY ADVISED WINFREY BEGAN TO PUNCH OTHER FAMILY MEMBERS WHEN FOREMAN STABBED WINFREY WITH A KNIFE. CAFFEY STATED SHE AND THE OTHER FAMILY MEMBERS THEN WENT INTO THE RESIDENCE AND LOCKED THE DOOR. CAFFEY STATED SHE LOOKED OUT OF THE WINDOW AND NOTICED BLOOD ON WINFREY. CAFFEY STATED SHE PLACED WINFREY IN HER VEHICLE AND TRANSPORTED HIM TO BAPTIST HOSPITAL WHERE HE LATER DIED FROM HIS STAB WOUNDS. I LOCATED A KNIFE WITH A RED HANDLE IN THE UPSTAIRS BATHROOM ON THE SINK. THE BLADE OF THE KNIFE APPEARED TO HAVE BLOOD ON IT. I TOOK POSSESSION OF THE KNIFE DUE TO SEVERAL FAMILY MEMBERS BEING INSIDE THE RESIDENCE. THE KNIFE WAS LATER TURNED OVER TO CRIME SCENE. FOREMAN DID NOT APPEAR TO HAVE ANY VISIBLE INJURIES. CAFFEY APPEARED TO HAVE AN ABRASION ON HER LEFT ELBOW. CAFFEY AND FOREMAN WERE TRANSPORTED TO THE DOWNTOWN DETECTIVE DIVISION FOR STATEMENTS. THE MOTHER OF WINFREY, LINDA SMITH, RESPONDED TO BAPTIST HOSPITAL. FAMILY MEMBERS OF WINFREY RESPONDED TO 9712 LABETTE DRIVE TO PICK UP HIS VEHICLE. DUE TO A DISTURBANCE BETWEEN THE FAMILY MEMBERS OFFICERS MADE THE FAMILY OF WINFREY LEAVE THE RESIDENCE. MVR

ADDITIONAL HOMICIDE CIRCUMSTANCES

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

RELATED CASE NUMBER(S)

CAR JACKING? YES NODRIVE-BY? YES NOGANG RELATED? YES NOHATE/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