

## LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input checked="" type="checkbox"/> JUVENILE INFORMATION		INCIDENT			PAGE 1 OF <u>6</u>																									
INCIDENT NUMBER <b>2012-082974</b>		OFFENSE <b>2X62</b>	CALL DATE <b>7/28/2012</b>	CALL TIME <b>15:15</b>	TYPE OF CALL <b>SUBDWN</b>																									
DATE(S) OF INCIDENT <b>07/28/2012</b>		TIME(S) OF INCIDENT <b>1430-1513</b>	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <b>2820 ZION ST</b>			DISTRICT <b>62</b>																								
<b>OFFENSE</b>																														
INCIDENT/OFFENSE TYPE				OFFENSE STATUS																										
1. Homicide 2. Kidnapping 3. 4.				<table border="0"> <tr> <td>1.</td><td>2.</td><td>3.</td><td>4.</td></tr> <tr> <td>Attempted</td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td></tr> <tr> <td>Completed</td><td>C <input checked="" type="checkbox"/></td><td>C <input checked="" type="checkbox"/></td><td>C <input type="checkbox"/></td></tr> <tr> <td>5.</td><td>6.</td><td>7.</td><td>8.</td></tr> <tr> <td>Attempted</td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td><td>A <input type="checkbox"/></td></tr> <tr> <td>Completed</td><td>C <input type="checkbox"/></td><td>C <input type="checkbox"/></td><td>C <input type="checkbox"/></td></tr> </table>			1.	2.	3.	4.	Attempted	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	Completed	C <input checked="" type="checkbox"/>	C <input checked="" type="checkbox"/>	C <input type="checkbox"/>	5.	6.	7.	8.	Attempted	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	Completed	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
1.	2.	3.	4.																											
Attempted	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>																											
Completed	C <input checked="" type="checkbox"/>	C <input checked="" type="checkbox"/>	C <input type="checkbox"/>																											
5.	6.	7.	8.																											
Attempted	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>																											
Completed	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>																											
SUSPECTS USED (As Many As Apply)		TYPE CRIMINAL ACTIVITY: (Max. 3)		GANG RELATED INFO: (Max. 2)																										
<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Computer Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable/Unknown		<input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (U) Using/Consuming <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)		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 type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" 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) 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"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input checked="" type="checkbox"/> (20) Knife/Cutting Instru. (Axe, 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																										
		(For Burglary Only) NUMBER OF PREMISES ENTERED <u>0</u>		METHOD OF ENTRY: F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force																										

REPORT DATE <b>7/28/2012</b>	TIME (Military) <b>15:15</b>	REPORTING OFFICER <b>ANTHONY WITHERS</b>	EMPLOYEE # <b>30408</b>	APPROVING SUPERVISOR <b>GREGORY BIRKHEAD</b>	EMPLOYEE # <b>14460</b>
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INCIDENT# 2012-082974

☒ JUVENILE INFORMATION

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# Report Contains Juvenile Information - Redact Before Release

## VICTIM

VICTIM # <b>1</b>	NAME (Last, First, Middle) or BUSINESS: <b>WHITLOW, ANNETTE</b>	D.L./ID NO. (STATE) <b>AR</b>	DATE OF BIRTH <b>7/26/1947</b>
ADDRESS: Street City State Zip <b>2820 ZION ST LITTLE ROCK, AR 72204</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:      SUSP. # (S) VICTIM WAS: _____ (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
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <b>65</b> Range _____ / _____		
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			
VICTIM INJURY: (Max. 5) <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 checked="" type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	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
AGGRAVATED ASSAULT/HOMICIDE (Max. 2) <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (33) Other Negligent Weapon Handling		<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (34) Other Negligent Killings	

## VICTIM

VICTIM # <b>2</b>	NAME (Last, First, Middle) or BUSINESS: <b>WHITLOW, BOBBY</b>	D.L./ID NO. (STATE) <b>AR</b>	DATE OF BIRTH <b>1/20/1947</b>
ADDRESS: Street City State Zip <b>2820 ZION ST LITTLE ROCK, AR 72204</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:      SUSP. # (S) VICTIM WAS: _____ (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
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age <b>65</b> Range <b>30.00</b> / <b>70.00</b>		
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			
VICTIM INJURY: (Max. 5) <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		MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unknown	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
AGGRAVATED ASSAULT/HOMICIDE (Max. 2) <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (33) Other Negligent Weapon Handling		<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (34) Other Negligent Killings	



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**Report Contains Juvenile  
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## VICTIM

<b>VICTIM #</b>	NAME (Last, First, Middle) or BUSINESS: <b>WHITLOW, AMBER</b>			D.L./ID NO. (STATE) AR	DATE OF BIRTH 1/1/2000
ADDRESS: Street City State Zip <b>2820 ZION ST LITTLE ROCK, AR 72209</b>				RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)  SUSP. # (S) VICTIM WAS:      SUSP. # (S) VICTIM WAS: ____ (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      ____ (RU) Relationship Unknown ____ (ST) Stranger                      ____ (VO) Victim Was Suspect	
OCCUPATION/EMPLOYER		HOME PHONE	EMPLOYMENT PHONE		
SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: Exact Age <u>12</u> Range ____ / ____			
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		<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			
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					
VICTIM INJURY: (Max. 5) <input checked="" 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				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 type="checkbox"/> #1 <input checked="" 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"/> (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 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					

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**Report Contains Juvenile  
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## SUSPECT

SUSPECT # 1	NAME: Last <b>UNK, UNK</b>		First <b>UNK</b>	Middle <b>UNK</b>	AKA				
ARRESTEE # 0	ADDRESS: Street <b>UNK AR</b>		City	State	Zip	DATE OF BIRTH			
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) <b>None</b>			
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) <b>AR</b>			
CHARGE:						NIC #			
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input checked="" type="checkbox"/> (U) Unk.		AGE:		SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input checked="" type="checkbox"/> V2 <input checked="" 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.		Exact Age _____ Age Range: _____ to _____		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department					
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							
THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input checked="" 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. _____					
CLOTHING DESCRIPTION									
Hat _____ Coat _____		Shirt _____		Pants/Dress _____		Shoes _____			
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 checked="" 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 checked="" 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 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	
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 checked="" 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 checked="" type="checkbox"/> (7) 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 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			
BUILD:-1 <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				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					
		ADDED DESCRIPTION							

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**Report Contains Juvenile  
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**OTHER PERSONS**

☐ Witness ☐ Owner ☐ Contact ☐ Missing ☐ Runaway ☐ ATL ☐ Wanted ☐ Driver ☒ Person Reporting ☐ Juvenile

Other Person# <b>1</b>	NAME: Last <b>CARTER</b> , First <b>GRADY</b> , Middle			Soc. Sec. No.:								
ADDRESS: Street <b>20 EATON DR</b> , City <b>LITTLE ROCK</b> , State <b>AR</b> , Zip <b>72209</b>				DATE OF BIRTH <b>5/11/1956</b>								
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		PHONE (Home) <b>5018313207</b>	PLACE OF EMPLOYMENT									
PHONE (Work)												
MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input checked="" type="checkbox"/> (U) Unk		AGE: Exact Age <b>56</b> Range _____/_____ <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		D.L./ID NO. (STATE) <b>AR</b>								
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		NIC #										
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.		HEIGHT: Ft. _____ In. _____										
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		WEIGHT: lbs. _____										
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <b>COMPLEXION:-2</b>  <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   <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 type="checkbox"/> (6) Unknown </td> <td style="vertical-align: top;"> <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>BUILD:-1</b>  <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 </td> <td style="vertical-align: top;"> <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 type="checkbox"/> (8) 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 type="checkbox"/> (7) Unknown </td> <td style="vertical-align: top;"> <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 type="checkbox"/> (11) Unknown </td> <td style="vertical-align: top;"> <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 type="checkbox"/> (12) Unknown </td> <td style="vertical-align: top;"> <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 type="checkbox"/> (12) Unknown </td> <td style="vertical-align: top;"> <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 type="checkbox"/> (9) Unknown </td> <td style="vertical-align: top;"> <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 </td> </tr> </table>					<b>COMPLEXION:-2</b> <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  <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 type="checkbox"/> (6) 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>BUILD:-1</b> <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	<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 type="checkbox"/> (8) 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 type="checkbox"/> (7) 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. 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CLOTHING DESCRIPTION												
Hat _____ Coat _____ Shirt _____ Pants/Dress _____ Shoes _____												

**PROPERTY****DRUG INFORMATION**

P.LOSS	P. DES	QTY	Description (Include ser.#, size, color, etc.)	PROP TAG	VALUE	TYPE	QUANTITY	MEASURE
1	77	1	UNK UNK UNK		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.

<b>PROPERTY DESCRIPTION:</b> (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/ Software (08) Consumable Goods (09) Credit Cards/Debit Cards (10) Drugs/Narcotics	(11) Drug/Narc. Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money	(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)
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<b>DRUG TYPE:</b> (A) "Crack" Cocaine (B) Cocaine (C) Hashish	(D) Heroin (E) Marijuana (F) Morphine (G) Opium	(H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino.	(L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbiturates	(O) Other Depressants (P) Other Drugs (U) Unknown Type Drug
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TYPE DRUG MEASUREMENT		
<b>Units</b> (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants	<b>Weight</b> (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound	<b>Capacity</b> (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:

Point of Entry \_\_\_\_\_ Tools Apparently Used \_\_\_\_\_



INCIDENT# 2012-082974

☒ JUVENILE INFORMATIONPAGE 6 OF 6

# Report Contains Juvenile Information - Redact Before Release

## NARRATIVE

OFFICERS WERE DISPATCHED TO THE LISTED ADDRESS DUE TO A POSSIBLE SUBJECT DOWN CALL. CARTER CALLED 911 AND ADVISED THAT HE ARRIVED AT THE LISTED LOCATION FOR A MEETING AND SAW A SUBJECT DOWN IN THE LIVING ROOM. OFFICERS ARRIVED AND OBSERVED A. WHITLOW DOWN IN THE LIVING ROOM BY THE FIREPLACE. OFFICERS THEN PROCEEDED TO CLEAR THE REST OF THE RESIDENCE AND FOUND B. WHITLOW DOWN IN THE KITCHEN. CARTER ADVISED OFFICERS THAT AMBER WHITLOW WAS MISSING FROM THE LOCATION. MEMS AND RESCUE RESPONDED TO THE SCENE. OFFICERS ALSO NOTIFIED 2L35 (SGT. BIRKHEAD) AND HE RESPONDED TO THE SCENE WITH L27 (LT. GILBERT). CSSU, MAJOR CRIMES DETECTIVES AND HOMICIDE DETECTIVES ALSO RESPONDED TO THE SCENE. THE SUSPECT WAS NOT IN THE RESIDENCE. AMBER WHITLOW WAS ENTERED INTO ACIC BY DETECTIVES AND AN AMBER ALERT HAS BEEN ISSUED.

### 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 ☒ 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