

INCIDENT	PAGE # <b>1</b>		ORI NUMBER <b>AR0600300</b>		ARKANSAS INCIDENT REPORT			INTERNAL INCIDENT STATUS:		EXCEPTIONAL CLEARANCE STATUS:																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	INCIDENT NUMBER <b>2019057271</b>							AGENCY NAME <b>North Little Rock Police Department</b>		<input type="checkbox"/> (A) Active	<input type="checkbox"/> (CA) Closed by Arrest	<input type="checkbox"/> (A) Death of the Offender	<input type="checkbox"/> (B) Prosecution Declined																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	DATE(S) OF INCIDENT <b>07/07/2019</b>		R		TIME RECEIVED <b>14:37</b>			TIME ARRIVED <b>14:47</b>		REPORTING AREA <b>B</b>		EXCEPT. CLEAR. DATE																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	TIME(S) OF INCIDENT <b>14:30</b>		R		DAY(S) OF INCIDENT <b>Sunday</b>			DISPATCHER <b>JBDAVENPORT - DAVENPORT, JOSHUA B</b>		EXCEPT. CLEAR. DATE																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
OFFENSE	OFFENSE # <b>1</b>	UCR CODE <b>90Z</b>	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable		Burglary (220) Location 14&19: # PREMISES ENTERED?		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	STATUTE <b>5-54-102</b>		OFFENSE DESCRIPTION <b>OBSTRUCTING GOV OPERATIONS</b>				ADDRESS OF OFFENSE <b>101 LINDENHURST, NLR, AR 72118</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	LOCATION CODE (Enter 1)		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (24) Convenience Store <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (26) Department/Discount Store <input type="checkbox"/> (27) Abandoned/Condemned Structure <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (28) Field/Woods <input type="checkbox"/> (29) Amusement Park <input type="checkbox"/> (30) Shopping Mall <input type="checkbox"/> (55) Tribal Lands <input type="checkbox"/> (31) Government/Public Building <input type="checkbox"/> (32) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (33) ATM Separate From Bank <input type="checkbox"/> (34) Auto Dealership New/Used <input type="checkbox"/> (35) Camp/Campground <input type="checkbox"/> (36) Daycare Facility <input type="checkbox"/> (37) Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> (38) Other Gang <input type="checkbox"/> (39) Juvenile Gang <input type="checkbox"/> (40) None/Unknown				WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (85) Asphyxiation																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	TYPE CRIMINAL ACTIVITY: (Max. 3)				TYPE GANG ACTIVITY: (Max. 3)				BIAS MOTIVATED CRIME: <b>None (No Bias)</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	<input type="checkbox"/> (B) Buying		<input type="checkbox"/> (O) Operating/Promoting/Assisting		<input type="checkbox"/> (G) Other Gang																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	<input type="checkbox"/> (C) Cultivate/Manufacture/Publish		<input type="checkbox"/> (P) Possessing/Concealing		<input type="checkbox"/> (J) Juvenile Gang																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> (D) Distributing/Selling		<input type="checkbox"/> (T) Transport/Transmit/Import		<input type="checkbox"/> (N) None/Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> (E) Exploiting Children		<input type="checkbox"/> (U) Using/Consuming																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
VICTIM	VICTIM # <b>1</b>	NAME: Last, First, Middle <b>CITY OF NLR</b>			SOC. SEC. NO.		DRIVER'S LICENSE		DR. LI. STATE		DATE OF BIRTH																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	RESIDENT ADDRESS: Street City State ZIP				RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	OCCUPATION				RESIDENT PHONE				<table border="0"> <tr> <td>#1</td><td>#2</td><td>#3</td><td>#4</td><td>#5</td><td>#6</td><td>#7</td><td>#8</td><td>#9</td><td>#10</td> <td>VICTIM WAS:</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(SE) Spouse</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(CS) Common-Law Spouse</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(PA) Parent</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(SB) Sibling</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(CH) Child</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(GP) Grandparent</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(GC) Grandchild</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(IL) In-Law</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(SP) Stepparent</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(SC) Stepchild</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(SS) Stepsibling</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(OF) Other Family Member</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(AQ) Acquaintance</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(FR) Friend</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(NE) Neighbor</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(BE) Babysittee (baby)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(BG) Boyfriend/Girlfriend</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(CF) Child of Boyfriend/Girlfriend</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(HR) Homosexual Relationship</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(XS) Ex-Spouse</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(EE) Employee</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(ER) Employer</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(OK) Otherwise Known</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(RU) Relationship Unknown</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(ST) Stranger</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td>(VO) Victim was Offender</td> </tr> <tr> <td colspan="4">AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES</td> <td colspan="4">ADDITIONAL JUSTIFIABLE HOMICIDE CIRC. (enter 1)</td> <td colspan="4"> <input type="checkbox"/> (A) Criminal Attacked Police Officer  <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer  <input type="checkbox"/> (C) Criminal Attacked Civilian  <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime  <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime  <input type="checkbox"/> (F) Criminal Resisted Arrest  <input type="checkbox"/> (G) Unable to Determine/Not Enough Information </td> </tr> <tr> <td colspan="2">Aggravated Assault/Murder: (max. 2)</td> <td colspan="2">Negligent Manslaughter: (enter 1)</td> <td colspan="2">Justifiable Homicide: (enter 1)</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (01) Argument</td> <td colspan="2"><input type="checkbox"/> (30) Child Playing With Weapon</td> <td colspan="2"><input type="checkbox"/> (20) Criminal Killed by Private Citizen</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (02) Assault On Law Enf. Officer</td> <td colspan="2"><input type="checkbox"/> (31) Gun-Cleaning Accident</td> <td colspan="2"><input type="checkbox"/> (21) Criminal Killed by Police Officer</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (03) Drug Dealing</td> <td colspan="2"><input type="checkbox"/> (32) Hunting Accident</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (04) Gangland</td> <td colspan="2"><input type="checkbox"/> (33) Other Negligent Weapon Handling</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (05) Juvenile Gang</td> <td colspan="2"><input type="checkbox"/> (34) Other Negligent Killings</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (06) Lover's Quarrel</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (07) Mercy Killing</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (08) Other Felony Involved</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (09) Other Circumstances</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> (10) Unknown Circumstances</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center; font-weight: bold;">ADM</td> <td>REPORT DATE <b>07/07/2019</b></td> <td>DAY <b>Sun</b></td> <td>TIME (Military) <b>14:30</b></td> <td>REPORTING OFFICER <b>John P. Scott</b></td> <td>CODE # <b>9677</b></td> <td>APPROVING SUPERVISOR <b>Matt S. Anderson</b></td> <td>CODE # <b>4258</b></td> <td colspan="2">DATE APPROVED <b>07/08/2019</b></td> </tr> </table>				#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	VICTIM WAS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-Law Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other Family Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysittee (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES				ADDITIONAL JUSTIFIABLE HOMICIDE CIRC. (enter 1)				<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information				Aggravated Assault/Murder: (max. 2)		Negligent Manslaughter: (enter 1)		Justifiable Homicide: (enter 1)								<input type="checkbox"/> (01) Argument		<input type="checkbox"/> (30) Child Playing With Weapon		<input type="checkbox"/> (20) Criminal Killed by Private Citizen								<input type="checkbox"/> (02) Assault On Law Enf. Officer		<input type="checkbox"/> (31) Gun-Cleaning Accident		<input type="checkbox"/> (21) Criminal Killed by Police Officer								<input type="checkbox"/> (03) Drug Dealing		<input type="checkbox"/> (32) Hunting Accident										<input type="checkbox"/> (04) Gangland		<input type="checkbox"/> (33) Other Negligent Weapon Handling										<input type="checkbox"/> (05) Juvenile Gang		<input type="checkbox"/> (34) Other Negligent Killings										<input type="checkbox"/> (06) Lover's Quarrel												<input type="checkbox"/> (07) Mercy Killing												<input type="checkbox"/> (08) Other Felony Involved												<input type="checkbox"/> (09) Other Circumstances												<input type="checkbox"/> (10) Unknown Circumstances												ADM	REPORT DATE <b>07/07/2019</b>	DAY <b>Sun</b>	TIME (Military) <b>14:30</b>	REPORTING OFFICER <b>John P. Scott</b>	CODE # <b>9677</b>	APPROVING SUPERVISOR <b>Matt S. Anderson</b>	CODE # <b>4258</b>	DATE APPROVED <b>07/08/2019</b>	
	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	VICTIM WAS:																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-Law Spouse																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other Family Member																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysittee (baby)																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES				ADDITIONAL JUSTIFIABLE HOMICIDE CIRC. (enter 1)				<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Aggravated Assault/Murder: (max. 2)		Negligent Manslaughter: (enter 1)		Justifiable Homicide: (enter 1)																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> (01) Argument		<input type="checkbox"/> (30) Child Playing With Weapon		<input type="checkbox"/> (20) Criminal Killed by Private Citizen																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> (02) Assault On Law Enf. Officer		<input type="checkbox"/> (31) Gun-Cleaning Accident		<input type="checkbox"/> (21) Criminal Killed by Police Officer																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> (03) Drug Dealing		<input type="checkbox"/> (32) Hunting Accident																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/> (04) Gangland		<input type="checkbox"/> (33) Other Negligent Weapon Handling																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/> (05) Juvenile Gang		<input type="checkbox"/> (34) Other Negligent Killings																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/> (06) Lover's Quarrel																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> (07) Mercy Killing																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> (08) Other Felony Involved																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> (09) Other Circumstances																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> (10) Unknown Circumstances																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
ADM	REPORT DATE <b>07/07/2019</b>	DAY <b>Sun</b>	TIME (Military) <b>14:30</b>	REPORTING OFFICER <b>John P. Scott</b>	CODE # <b>9677</b>	APPROVING SUPERVISOR <b>Matt S. Anderson</b>	CODE # <b>4258</b>	DATE APPROVED <b>07/08/2019</b>																																																																																																																																																																																																																																																																																																																																																																																																																																																																							



# INCIDENT REPORT

<b>VEHICLE</b>	<b>PAGE #</b> 3	<b>DATE</b> 07/07/2019	<b>INCIDENT #</b> 2019057271	<b>REPORTING OFFICER</b> John P. Scott			<b>CODE #</b> 9677	<b>VICTIM NAME</b> CITY OF NLR		
	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>STYLE</b>	<b>VIN</b>		<b>LICENSE NUMBER</b>	<b>STATE</b>		
	<b>OWNER'S NAME</b>				<b>ADDRESS</b>					
	<b>TOP/SOLID COLOR</b>				<b>SECOND COLOR</b>		<b>DISPOSITION OF RECOVERY:</b> <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner			
<b>VEHICLE</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>STYLE</b>	<b>VIN</b>		<b>LICENSE NUMBER</b>	<b>STATE</b>		
	<b>OWNER'S NAME</b>				<b>ADDRESS</b>					
	<b>TOP/SOLID COLOR</b>				<b>SECOND COLOR</b>		<b>DISPOSITION OF RECOVERY:</b> <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner			
	<b>OF. CODE</b>	<b>P. LOSS</b>	<b>P. DES.</b>	<b>QTY.</b>	<b>DESCRIPTION (Include serial number, make, model, primary color)</b>			<b>OWNER</b>	<b>ITEM VALUE</b>	<b>RECOV. DATE</b>
<b>TOTAL NUMBER VEHICLES STOLEN:</b>			<b>TOTAL NUMBER VEHICLES RECOVERED:</b>			<b>TOTAL VALUE STOLEN:</b>		<b>TOTAL VALUE RECOVERED:</b>		
<b>PROPERTY LOSS:</b> (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.										
<b>PROPERTY</b>	<b>PROPERTY DESCRIPTION:</b>									
	(01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms	(14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (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/VCRs/DVD Players	(27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment	(68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property)					
<b>DRUG INFO.</b>	<b>DRUG TYPE:</b>	<b>WHOLE DRUG QUANTITY</b>	<b>FRACTIONAL DRUG QUANTITY</b>	<b>DRUG MEASUREMENT</b>			<b>TYPE DRUG MEASUREMENT:</b>			
	(A) "Crack" Cocaine (B) Cocaine (C) Hashish (D) Heroin (E) Marijuana	(F) Morphine (G) Opium (H) Other Narcotics (I) LSD (J) PSP	(K) Other Hallucinogens (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbiturates	(O) Other Depressants (P) Other Drugs (U) Unknown Type Drug (X) Over 3 Drug Types				WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound  CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon  UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants		
<b>COMPLNT.</b>	<b>NAME:</b> Last, First, Middle			<b>SEX:</b> <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<b>AGE:</b> _____ <input type="checkbox"/> (00) Unknown		<b>RACE:</b> <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		
	<b>RESIDENT ADDRESS:</b> Street City State Zip			<b>RESIDENT PHONE</b>		<b>EMPLOY'T. PHONE</b>				

# INCIDENT REPORT

PAGE # <b>4</b>	DATE <b>07/07/2019</b>	INCIDENT NUMBER <b>2019057271</b>	REPORTING OFFICER <b>John P. Scott</b>	CODE # <b>9677</b>	VICTIM NAME <b>CITY OF NLR</b>
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
DATE OF BIRTH	SSN	OCCUPATION		PLACE OF EMPLOYMENT	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
DATE OF BIRTH	SSN	OCCUPATION		PLACE OF EMPLOYMENT	

WITNESSES

**NARRATIVE:**

I responded to 101 Lindenhurst in regards to juveniles riding their bikes through the yard at this location. Upon arrival, Officer Evans and Officer Cooper were talking to the complainant in the front yard. I observed a black female, later identified as [REDACTED], riding a blue and grey Ozone mountain bike in front of the address. The bicycle was identical to one that was stolen yesterday from 1510 Parkway, see report 19-57072.

I advised the female that I believed the bicycle may be stolen and asked what her name was. She instantly became very irate and refused to give me her name. [REDACTED] began stating that she's a juvenile and she does not have to tell me. I then asked her how old she was and she again stated she did not have to tell me. I then advised her that she was under arrest and she turned away from me and began walking up the driveway to 101 Lindenhurst. I followed her up the driveway and she turned around with her hands up saying her [REDACTED] was on the way. [REDACTED] then circled back around to the bicycle and Officer Evans attempted to calm her down. However, [REDACTED] continued to refuse to cooperate and provide me with her name.

I then grabbed her left arm and escorted her to my patrol vehicle. [REDACTED] kept pulling her arm in to her chest to resist any of my efforts to control her. I then forced [REDACTED] to the ground by placing her arm in an arm bar and guiding her to the ground. I was then able to force her left arm behind her back. I placed my right knee on [REDACTED] side to keep her under control and pinned to the ground. I was then able to apply a handcuff to her left wrist. Officer Cooper was able to gain control over her right arm and I applied the handcuff to her right wrist. I then assisted [REDACTED] to her feet.

While I was arresting [REDACTED], [REDACTED], Denise Barton, and [REDACTED] (unknown name) drove up in an orange Kia Soul and began interfering with mine and Officer Cooper's efforts to arrest [REDACTED]. [REDACTED] came up to [REDACTED], who I had restrained against the left rear side of my patrol vehicle, in handcuffs, and wrapped his arms around his [REDACTED] neck. I commanded the [REDACTED] several times to let go, but he refused. Officer Evans grabbed the [REDACTED] and pulled him away as I pulled [REDACTED] away in the opposite direction by her arms. [REDACTED] lost her balance and fell to the ground. I then lifted her back up to her feet and placed her in my patrol vehicle.

A few minutes later, [REDACTED] came up to me at my patrol vehicle. I told him to go back to his [REDACTED] vehicle, but he refused. I then push him away from me, but he stepped forward towards me. I then grabbed both of his wrists and walked him back to the passenger side of his



## CONTINUATION PAGE

PAGE # <b>6</b>	DATE <b>07/07/2019</b>	INCIDENT # <b>2019057271</b>	REPORTING OFFICER <b>John P. Scott</b>	CODE # <b>9677</b>	VICTIM NAME <b>CITY OF NLR</b>
--------------------	---------------------------	---------------------------------	---	-----------------------	-----------------------------------

### Offense(s)

OFFENSE # <b>2</b>	UCR CODE <b>90Z</b>	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input checked="" type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
STATUTE <b>5-54-103</b>		OFFENSE DESCRIPTION <b>RESISTING/REFUSAL TO SUBMIT TO ARREST</b>		ADDRESS OF OFFENSE <b>101 LINDENHURST, NLR, AR 72118</b>	
LOCATION CODE (Enter 1)				WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)	
<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/Mosque <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/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input checked="" type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (40) ATM Separate From Bank <input type="checkbox"/> (41) Auto Dealership New/Used <input type="checkbox"/> (42) Camp/Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock/Wharf/Freight/Modal Terminal		<input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center  <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation	
TYPE CRIMINAL ACTIVITY: (Max. 3)		TYPE GANG ACTIVITY: (Max. 3)		BIAS MOTIVATED CRIME:	
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children		<input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown  <b>None (No Bias)</b>	

### Arrest Offense(s)

Arrestee #1: [REDACTED]

SEQ.	OFFENSE CODE	OFFENSE DESCRIPTION
<b>2</b>	<b>90Z</b>	<b>RESISTING/REFUSAL TO SUBMIT TO ARREST</b>

### Others Involved

#### Other Involved-Person

NAME: Last, First, Middle <b>BARTON, DENISE</b>				SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: <b>36</b> <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	
RESIDENT ADDRESS: Street City State Zip <span style="background-color: black; color: black;">[REDACTED]</span> 72118				RESIDENT PHONE <b>(501) 414-6185</b>		EMPLOYT. PHONE			
DATE OF BIRTH <b>12/12/1982</b>		SSN <span style="background-color: black; color: black;">[REDACTED]</span>		OCCUPATION <b>NONE</b>		PLACE OF EMPLOYMENT			
NAME: Last, First, Middle <b>BARTON, ROMINTA D</b>				SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: <b>45</b> <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	
RESIDENT ADDRESS: Street City State Zip <span style="background-color: black; color: black;">[REDACTED]</span> 72118				RESIDENT PHONE <b>(501) 478-0529</b>		EMPLOYT. PHONE <b>(501) 301-8800</b>			
DATE OF BIRTH <b>11/12/1973</b>		SSN <span style="background-color: black; color: black;">[REDACTED]</span>		OCCUPATION <b>LABOR</b>		PLACE OF EMPLOYMENT <b>WELSPUN</b>			