

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

<input type="checkbox"/> JUVENILE INFORMATION		INCIDENT				PAGE 1 OF 5
INCIDENT NUMBER 2012-033668		UNIT ASSIGNED 3X50	CALL DATE 3/31/2012	CALL TIME 22:44	TYPE OF CALL DISDRK	
DATE(S) OF INCIDENT 03/31/2012	TIME(S) OF INCIDENT 2235	LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) 470 RIDGEWAY DR			DISTRICT 50	
OFFENSE						
INCIDENT/OFFENSE TYPE				OFFENSE STATUS		
1. Disorderly conduct 5.				1. Attempted A <input type="checkbox"/> 2. A <input type="checkbox"/> 3. A <input type="checkbox"/> 4. A <input type="checkbox"/>		
2. Resisting arrest - Refusal to submit to arrest 6.				Completed C <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/>		
3. Attempt to influence a public servant 7.				5. Attempted A <input type="checkbox"/> 6. A <input type="checkbox"/> 7. A <input type="checkbox"/> 8. A <input type="checkbox"/>		
4. Use of force 8.				Completed C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/>		
SUSPECTS USED (As Many As Apply)		TYPE CRIMINAL ACTIVITY: (Max. 3)		GANG RELATED INFO: (Max. 2)		
<input checked="" type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip. <input type="checkbox"/> (N) Not Applicable/ Unknown		<input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (P) Possessing/Concealing		<input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (G) Other Gang <input checked="" type="checkbox"/> (N) None/Unknown		
LOCATION CODE: (Enter 1)		WEAPON FORCE (Max. 3)		METHOD OF ENTRY:		
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (15) Jail/Penitentiary <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (08) Department/Discount Store <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (22) School/College <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc.) <input type="checkbox"/> (25) Other/Unknown		<input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Axe, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (95) Unknown <input checked="" type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (99) None		F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force		
		(For Burglary Only) NUMBER OF PREMISES ENTERED 0				
VICTIM						
VICTIM # 1	NAME (Last, First, Middle) or BUSINESS: SOCIETY,		D.L./ID NO. (STATE) AR	DATE OF BIRTH		
ADDRESS: Street City State Zip LITTLE ROCK, AR			RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space)			
OCCUPATION/EMPLOYER		HOME PHONE	EMPLOYMENT PHONE	SUSP. # (S) VICTIM WAS:		
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE:		_____ (SE) Spouse _____ (AQ) Acquaintance		
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.		Exact Age _____ Range _____/_____		_____ (CS) Common-Law Spouse _____ (FR) Friend		
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 type="checkbox"/> (U) Unknown		<input type="checkbox"/> (NN) Under 24 Hrs. Old		_____ (PA) Parent _____ (NE) Neighbor		
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (NB) 1-6 Days Old		_____ (SB) Sibling _____ (BE) Babysitter (baby)		
VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		<input type="checkbox"/> (BB) 7 - 364 Days Old		_____ (CH) Child _____ (BG) Boyfriend/Girlfriend		
VICTIM INJURY: (Max. 5)		<input type="checkbox"/> (99) Over 98 Yrs. Old		_____ (GP) Grandparents _____ (CF) Child of BF/GF		
<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		<input type="checkbox"/> (00) Unknown		_____ (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 1 _____ (RU) Relationship Unknown		
				_____ (ST) Stranger _____ (VO) Victim Was Suspect		
				MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown		
				THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input checked="" type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8		
				NIC # NA		
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						
REPORT DATE 3/31/2012	TIME (Military) 22:44	REPORTING OFFICER CHRISTOPHER JOHANNES	EMPLOYEE # 26261	APPROVING SUPERVISOR CHRISTOPHER SCOTT	EMPLOYEE # 17444	

INCIDENT# 2012-033668

JUVENILE INFORMATION

PAGE 2 OF 5

SUSPECT

SUSPECT # 1	NAME: Last THOMPSON, JOSEPH	First Middle	AKA
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ARRESTEE # 1	ADDRESS: Street 470 RIDGEWAY	City LITTLE ROCK	State AR	Zip 72205	DATE OF BIRTH 6/13/1962
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk	PLACE OF EMPLOYMENT STATE OF ARKANSAS	PHONE (TYPE) Home 5016639070
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ARREST LOCATION 470 RIDGEWAY	ARREST DATE 3/31/2012	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input checked="" type="checkbox"/> (T) Taken Into Custody	D.L./ID NO. (STATE) AR 906019374
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CHARGE: 5-71-207 5-54-103 5-52-105	NIC #
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SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: Exact Age 49 Age Range: ___ to ___	SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8	WEAPONS AT ARREST: (Max 2) (Place "A" in blank if auto/semi) <input checked="" type="checkbox"/> (01) 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 checked="" type="checkbox"/> (N) Non-Hisp. <input type="checkbox"/> (U) Unk.	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department	

THIS SUSPECT RELATES TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input checked="" 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. 6 In. 0	WEIGHT: lbs. 175
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CLOTHING DESCRIPTION Hat _____ Coat _____ Shirt RED FLORAL Pants/Dress KHAKI SHORTS Shoes NONE
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COMPLEXION:-2 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Aene <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input checked="" type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input checked="" type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input checked="" 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 checked="" type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B'THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
HAIR LENGTH:-2 <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input checked="" type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	BUILD:-1 <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular <input type="checkbox"/> (5) Unknown	EYE COLOR:-1 <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input checked="" type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	ADDED DESCRIPTION				

INCIDENT# 2012-033668

 JUVENILE INFORMATIONPAGE 3 OF 5**OTHER PERSONS**

Witness Owner Contact Missing Runaway ATL Wanted Driver Person Reporting Juvenile

Other Person# **1** NAME: Last First Middle Soc. Sec. No.:
FARQUE, JACOB

ADDRESS: Street City State Zip DATE OF BIRTH
111 S CENTER ST LITTLE ROCK, AR 72202 1/25/1986

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown PHONE (Home) **5018602203** PLACE OF EMPLOYMENT **STEPHENS INC** PHONE (Work) **5013772412**

MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk AGE: Exact Age **26** D.L./ID NO. (STATE) **AR**
 Range _____/_____ NIC #

SEX: (M) Male (F) Female (U) Unk. HEIGHT: Ft. _____ In. _____

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

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

COMPLEXION:-2 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	HAIR STYLE:-2 <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/Toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	HAIR COLOR:-1 <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Grey <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	FACIAL HAIR:-3 <input type="checkbox"/> (01) Clean Shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full Beard <input type="checkbox"/> (04) Must. (hvy) <input type="checkbox"/> (05) Must. (thin) <input type="checkbox"/> (06) Brows (hvy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Side Burns <input type="checkbox"/> (09) Goatee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	DEMEANOR:-3 <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/High <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	SCAR/B*THMARK:-3 <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (rt) <input type="checkbox"/> (04) Hand (lft) <input type="checkbox"/> (05) Arm (rt) <input type="checkbox"/> (06) Arm (lft) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (rt) <input type="checkbox"/> (09) Leg (lft) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown	TATTOO:-2 <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	TATTOO LOC:-2 <input type="checkbox"/> (01) Arm (lft) <input type="checkbox"/> (02) Arm (rt) <input type="checkbox"/> (03) Leg (lft) <input type="checkbox"/> (04) Leg (rt) <input type="checkbox"/> (05) Hand (lft) <input type="checkbox"/> (06) Hand (rt) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back
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CLOTHING DESCRIPTION
 Hat _____ Coat _____ Shirt **WHITE DRESS SHIRT WITH I** Pants/Dress **DARK DRESS PANTS** Shoes **BLACK DRESS SHOES**

NARRATIVE

OFFICER KINSEY AND I WERE DISPATCHED TO A DISTURBANCE WITH A WHITE MALE IN A RED FLORAL SHIRT. WHILE ENROUTE, COMMUNICATIONS ADVISED OUR COMPLAINANT (FARQUE) LEFT THE ADDRESS, DUE TO THE WHITE MALE ESCALATING THE SITUATION. WE MADE CONTACT WITH FARQUE AT MARKHAM AND RIDGEWAY. HE IDENTIFIED HIMSELF AS SECURITY FOR THE BUSINESS, STEPHENS INC. FARQUE PATROLS THE ADDRESS OF 476 RIDGEWAY ON A DAILY BASIS. HE PATROLS NUMEROUS ADDRESSES IN A 12 HOUR WORK SHIFT. HE HAS PATROLLED THAT PARTICULAR RESIDENCE FOR AT LEAST 1 AND 1/2 YEARS AND 5-6 TIMES DAILY. HE SAID TONIGHT, HE WAS PERFORMING HIS USUAL DUTIES WHEN THE W/M (LATER IDENTIFIED AS THOMPSON) CAME OUT OF A RESIDENCE ACROSS FROM 476 RIDGEWAY AND CONFRONTED HIM IN AN AGGRESSIVE MANNER WHILE FARQUE WAS STILL BEHIND THE STEERING WHEEL OF THE COMPANY CHEVROLET TAHOE. FARQUE ADVISED THOMPSON SMELLED HEAVILY OF ALCOHOL AND WAS DEMANDING HIS (FARQUE) REASONS FOR BEING IN THE NEIGHBORHOOD. FARQUE ADVISED THOMPSON HE WAS WITH THE STEPHENS, INC. AND HE WAS PERFORMING A PATROL OF A RESIDENCE IN THE AREA. THOMPSON DEMANDED TO SEE IDENTIFICATION, SO HE SHOWED THOMPSON HIS BADGE, STEPHENS INC. SECURITY ID, AND HIS STATE SECURITY COMMISSION BADGE. THOMPSON KEPT HIS LEFT ARM DOWN OUT OF VIEW, GIVING HIM THE IMPRESSION THOMPSON HAD A WEAPON. FARQUE EXITED THE VEHICLE AND WALKED AROUND TO MEET WITH THOMPSON FOR SAFETY CONCERNS. THOMPSON STARTED TO ASK FOR PHONE NUMBERS AND A BUSINESS CARD. FARQUE ADVISED HIM HE DID NOT HAVE EITHER, BUT WOULD BE HAPPY TO CALL OUT A SUPERVISOR OR IF THOMPSON SO CHOSE TO CALL THE POLICE. THOMPSON RESPONDED WITH SLURS AND OBSCENE LANGUAGE. FARQUE IS AN ARMED SECURITY GUARD. DURING THEIR ENCOUNTER, THOMPSON KEPT BRUSHING UP AGAINST HIM. FARQUE WENT INSIDE HIS PATROL UNIT AND LOCKED HIS FIRE ARM IN A LOCK BOX, BUT KEPT HIS TASER OUT FOR PROTECTION. FARQUE SAID WHEN HE CALLED 911, THOMPSON FOLLOWED HIM AROUND CONTINUING TO YELL AND USE OBSCENE LANGUAGE. FARQUE THOUGHT IT BEST TO LEAVE THE AREA AND MEET WITH POLICE. WHEN HE ENTERED HIS VEHICLE TO LEAVE, THOMPSON WALKED INTO 470 RIDGEWAY. OFFICERS FARQUE, KINSEY, AND I MADE OUR WAY TO 470 RIDGEWAY. UPON EXITING OUR PATROL UNITS, THOMPSON WAS OBSERVED SITTING IN A ROOM IN THE HOUSE. HE WAS POSITIVELY IDENTIFIED BY FARQUE. OFFICERS MADE CONTACT WITH THOMPSON AT HIS FRONT DOOR. HE STEPPED OUT (AT OUR REQUEST) ON TO THE FRONT STEPS. I ASKED THOMPSON IF AN ALTERCATION OR INCIDENT HAD TAKEN PLACE THIS EVENING. HE SAID PRIVATE SECURITY FORCES WERE IN HIS NEIGHBORHOOD AND IT WAS ILLEGAL TO DO WITHOUT NOTIFICATION. WHEN I ATTEMPTED TO EXPLAIN IT WAS LEGAL, HE RETORTED FARQUE ILLEGALLY TRESPASSED ON HIS PROPERTY. WHEN I ASKED HOW SO, HE THEN SAID, 'WELL HE PARKED IN FRONT OF MY HOUSE.' I, AGAIN, TOLD HIM IT IS NOT ILLEGAL TO PARK ON THE STREET. THOMPSON (WHO HAD A STRONG ODOR OF ALCOHOL AND WAS SWAYING AS HE STOOD) IMMEDIATELY TURNED HIS ATTENTION TO OFFICER KINSEY WHO HAD HIS FLASHLIGHT OUT AND WAS POINTING AT THE WAISTBAND OF THOMPSON. WHEN OFFICER KINSEY ATTEMPTED TO EXPLAIN THIS, THOMPSON TOOK AN AGGRESSIVE AND HOSTILE STANCE TOWARDS OFFICER KINSEY. THOMPSON CAME WITHIN 1 AND 1/2 INCHES FROM HIS FACE AND BEGAN TO YELL AT HIM. THOMPSON ADVISED HE WAS THE SURGEON GENERAL AND HIS NEIGHBORS WOULD BACK HIM IN THIS MATTER. THOMPSON ADVISED HE WAS NOT GOING TO TALK TO US ANY FURTHER. I ADVISED THOMPSON I NEEDED TO OBTAIN HIS INFORMATION AND THEN HE WOULD BE FREE TO GO INSIDE. HE SAID HE WAS NOT GOING TO GIVE ME ANYTHING. GIVEN HIS HOSTILE DEMEANOR TOWARDS OFFICERS AND REFUSAL TO COMPLY WITH OUR LAWFUL ORDERS, I ADVISED THOMPSON HE WAS UNDER ARREST. I PLACED A HANDCUFF ON HIS RIGHT WRIST AND HE TENSED UP AND PULLED AWAY. OFFICER KINSEY TOOK CONTROL OF HIS LEFT ARM. I, AGAIN, EXPLAINED TO THOMPSON HE WAS UNDER ARREST AND TO STOP RESISTING. WHEN THOMPSON PULLED AWAY, I FORCED THOMPSON TO THE GROUND. BOTH OFFICERS ADVISED HIM TO STOP RESISTING. HIS ARMS WERE EVENTUALLY FORCED BEHIND HIS BACK AND HE WAS TAKEN INTO CUSTODY. WHILE WALKING HIM TO MY PATROL UNIT, THOMPSON REFUSED TO WALK UNASSISTED. HE WAS PLACED IN MY PATROL UNIT AND TRANSPORTED TO THE DTDO. WHILE ENROUTE, THOMPSON ADVISED ME HE WAS 'THE SURGEON GENERAL AND YOU HAVE MADE A MISTAKE, BECAUSE I WORK FOR THE GOVERNOR.' THOMPSON WAS TAKEN UPSTAIRS TO AN INTERVIEW ROOM WHERE HE CONTINUOUSLY BEAT ON THE DOOR AND YELLED. HE ADVISED OFFICER KINSEY AND ME HE DID NOT RECEIVE ANY INJURIES, BUT TOLD SGT. SCOTT HIS BACK WAS HURT. MEMS WAS NOTIFIED AND RESPONDED, HOWEVER WHEN THEY ARRIVED, HE REFUSED TREATMENT STATING, 'I AM A DOCTOR AND I AM NOT HURT.' I RECEIVED MINOR ABRASIONS TO MY LEFT FOREARM WHICH DID NOT NEED MEDICAL ATTENTION. THOMPSON WAS TRANSPORTED TO THE PCRJ AND CHARGED WITH DISORDERLY CONDUCT, RESISTING ARREST, AND ATTEMPTING TO INFLUENCE A PUBLIC SERVANT.

INCIDENT# 2012-033668

 JUVENILE INFORMATIONPAGE 5 OF 5

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