

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

COPIED

PAGE 1 OF 6

| | | | | | |
|---|------------------------------------|---|--------------------------|--|-----------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | |
| INCIDENT NUMBER 2009-25991 | UNIT ASSIGNED Off Duty | CALL DATE 03-11-09 | CALL TIME 0945 | TYPE OF CALL Assist Security | |
| DATE(S) OF INCIDENT 03-11-09 | TIME(S) OF INCIDENT 0945 | LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) 600 W. Markham | | | DISTRICT 51 |

| | | | |
|--|---------------------------------------|---|---------------------------------------|
| INCIDENT/OFFENSE TYPE 1. Obstruction of Gov't Operations | | OFFENSE CODE (RECORD'S SECTION) 1. SUDOAR | |
| OFFENSE STATUS (Check Only One Per Offense) | | GANG RELATED INFO: (Max. 2) | |
| 1. <input type="checkbox"/> Attempted | 2. <input type="checkbox"/> Attempted | 3. <input type="checkbox"/> Attempted | 4. <input type="checkbox"/> Attempted |
| 3. <input checked="" type="checkbox"/> Completed | 5. <input type="checkbox"/> Completed | 6. <input type="checkbox"/> Completed | 7. <input type="checkbox"/> Completed |

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|--|--|
| SUSPECTS USED (As Many As Apply) | TYPE CRIMINAL ACTIVITY: (Max. 3) |
| <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs <input type="checkbox"/> (C) Computer Equip. <input checked="" type="checkbox"/> (N) Not Applicable/Unknown | <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (P) Possessing/Concealing |

| | |
|---|--|
| LOCATION CODE: (Enter 1) | WEAPON FORCE (Max. 3) |
| <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input checked="" type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket | (For 11-15, place "A" on line if weapon was an Automatic/ Semi-Automatic) <input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison <input 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"/> (85) Asphyxiation <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input checked="" type="checkbox"/> (99) None |
| METHOD OF ENTRY: F <input type="checkbox"/> Forcible N <input type="checkbox"/> No Force | |

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

| | | | |
|-------------------|--|---------------------|---------------|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS: Society | D.L./ID NO. (STATE) | DATE OF BIRTH |
|-------------------|--|---------------------|---------------|

| | |
|--|---|
| ADDRESS: Street _____ City _____ State _____ Zip _____ | 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: _____ (AQ) Acquaintance |
| SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | _____ (FR) Friend |
| ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | _____ (NE) Neighbor |
| RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian | _____ (BE) Babysitter (baby) |
| <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown | _____ (BG) Boyfriend/Girlfriend |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident | _____ (CH) Child |
| <input type="checkbox"/> (U) Unknown | _____ (CF) Child of BF/GF |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. | _____ (GP) Grandparents |
| <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other | _____ (GC) Grandchild |
| | _____ (IL) In-Law |
| | _____ (SP) Stepparent |
| | _____ (SC) Stepchild |
| | _____ (SS) Stepsibling |
| | _____ (OF) Other Family Member |
| | _____ (ST) Stranger |
| VICTIM INJURY: (Max. 5) | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown |
| <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 | THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 |

| | |
|--------------------------------------|--|
| AGGRAVATED ASSAULT/HOMICIDE (Max. 2) | <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |
|--------------------------------------|--|

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|--------------------------------|--------------------------------|--|----------------------------|--|----------------------------|
| REPORT DATE 03-11-09 | TIME (Military) 1008 | REPORTING OFFICER Drew Talbert | EMPLOYEE # 30411 | APPROVING SUPERVISOR <i>[Signature]</i> | EMPLOYEE # 15625 |
|--------------------------------|--------------------------------|--|----------------------------|--|----------------------------|

INCIDENT # 09-25991 JUVENILE INFORMATION PAGE 2 OF 6

PERSON REPORTING VICTIM WITNESS OWNER CONTACT MISSING RUNAWAY ATL DRIVER

VICTIM # NAME (Last, First, Middle) or BUSINESS: Spence, Glenna D.L./ID NO. (STATE) DATE OF BIRTH 10-21-50

ADDRESS: Street 600 W. Markham City LR, Ar State LR, Ar Zip 72204

OCCUPATION/EMPLOYER: HOME PHONE EMPLOYMENT PHONE 371-4640

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 58 Range 1

ETHNIC: (H) Hispanic (N) Non-Hispanic (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown

VICTIM TYPE: (I) Individual (B) Business (F) Financial Instit. (U) Unk. (G) Government (R) Religious (S) Society/Public (O) Other

VICTIM INJURY: (Max. 5) (N) None (M) Apparent Minor Injury (B) Apparent Broken Bones (I) Possible Internal Injury (T) Loss of Teeth (L) Severe Laceration (O) Other Major Injury (U) Unconsciousness

RELATIONSHIP OF THIS VICTIM TO OFFENDERS (For Multiple Offenders Relationships, Put Offender Number(s) in Space)

SUSP. # (S) VICTIM WAS: (SE) Spouse (AQ) Acquaintance (CS) Common-Law Spouse (FR) Friend (PA) Parent (NE) Neighbor (SB) Sibling (BE) Babysitter (baby) (CH) Child (BG) Boyfriend/Girlfriend (GP) Grandparents (CF) Child of BF/GF (GC) Grandchild (HR) Homosexual Relship (IL) In-Law (XS) Ex-Spouse (SP) Stepparent (EE) Employee (SC) Stepchild (ER) Employer (SS) Stepsibling (OK) Otherwise Known (OF) Other Family Member (RU) Relationship Unknown (ST) Stranger (VO) Victim Was Offender

AGGRAVATED ASSAULT/HOMICIDE: (Max. 2) (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (03) Drug Deal (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances (07) Mercy Killings (21) Criminal Killed by Police Officer (30) Child Playing w/Weapon (31) Gun-Cleaning Accident (20) Criminal Killed by Private Citizen (33) Other Negligent Weapon Handling (01) Argument (02) Assault on Law Enf. Officer (32) Hunting Accident (34) Other Negligent Killings

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER

IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SUSPECT # | NAME: Last Rule, Herbert First Middle AKA

ARRESTEE # | ADDRESS: Street 2120 North Spruce City LR, Ar State LR, Ar Zip 72209 DATE OF BIRTH 11-27-37

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk PLACE OF EMPLOYMENT Rose Law Firm PHONE (TYPE) 666-6226

ARREST LOCATION 600 W. Markham ARREST DATE 03-11-09 ARREST TYPE: (S) Summons/Cited (O) On View Arrest (T) Taken Into Custody D.L./ID NO. (STATE) 9 0204 3220

CHARGE: 1. Obstruction 2. 3. NIC #

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age 71 Age Range: to SUSPECTS ACTIONS RELATED TO: V1 V2 V3 V4 WEAPONS AT ARREST: (Max. 3) (Place "A" in blank if auto/semi) (01) Unarmed (11) Firearm (Unk) (12) Handgun (13) Rifle (14) Shotgun (15) Other Firearm (16) Illegal Cutting Instrument (17) Club/BlackJack/Brass

ETHNIC: (H) Hispanic (N) Non-Hisp. (U) Unk. RACE: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (U) Unknown DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department

THIS SUSPECT RELATES TO WHICH OFFENSES? #1 #2 #3 #4 HEIGHT: Ft. 6 In. 3 WEIGHT: lbs. 170

CLOTHING DESCRIPTION: Hat _____ Coat Brown Shirt white Pants/Dress Blue Shoes _____

COMPLEXION:-2 HAIR STYLE:-2 HAIR COLOR:-1 FACIAL HAIR:-3 DEMEANOR:-3 SCAR/B'THMARK:-3 TATTOO:-2 TATTOO LOC:-2

(1) Light (01) Afro (1) Black (01) Clean Shaven (01) Angry (01) Head (1) Designs (01) Arm (lf)

(2) Medium (02) Wavy (2) Blonde (02) Unshaven (02) Apologetic (02) Neck (1) Initials (02) Arm (rt)

(3) Dark (03) Straight (3) Brown (03) Full Beard (03) Cahn (03) Hand (rt) (3) Names (03) Leg (lf)

(4) Acne (04) Curly (4) Grey (04) Must. (hvy) (04) Irrational (04) Hand (lf)

(5) Freckled (05) Braided (5) Red (05) Nervous (05) Arm (rt) (4) Pictures (04) Leg (rt)

(6) Ruddy (06) Ponytail (6) Sandy (06) Polite (06) Arm (lf)

(7) Other (07) Military (7) Other (07) Professional (07) Body (5) Words (05) Hand (lf)

(8) Unknown (08) Processed (8) Unknown (08) Stupor (08) Leg (rt) (6) Numbers (06) Hand (rt)

(09) Wig/Toupee (09) Wig/Toupee (09) Goatee (09) Leg (lf) (7) Insignia (07) Face

(10) Other (10) Other (10) Other (10) Other (8) None (08) Neck

(11) Unknown (11) Unknown (11) Unknown (11) Unknown (9) Unknown (09) Finger(s) (10) Chest

AIR LENGTH:-2 BUILD:-1 EYE COLOR:-1 (1) Blue (2) Brown (3) Grey (4) Green (5) Hazel (6) Other (7) Unknown

(1) Long (1) Light (2) Medium (2) Medium (3) Heavy (4) Muscular

(3) Short (4) Bald(ing) (5) Other (6) Unknown

ADDED DESCRIPTION _____

INCIDENT# 09-25991

JUVENILE INFORMATION

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SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER
IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW.

| | | | | |
|---|--|--|--|---------------------------------|
| SUSPECT # | NAME: Last Conates, Darwin | First | Middle | AKA |
| ARRESTEE # | ADDRESS: Street 600 W. Markham | City LR, Ar | State LR, Ar | Zip 72204 |
| RES. STATUS: <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | <input checked="" type="checkbox"/> (R) Resident | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk | PLACE OF EMPLOYMENT 600 W. Markham | DATE OF BIRTH 2-20-79 |
| ARREST LOCATION | ARREST DATE | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Custody | PHONE (TYPE) 831-3128 | |
| CHARGE: 1. _____ 2. _____ 3. _____ | | | D.L./ID NO. (STATE) 906729371 | |

| | | | |
|--|---|---|--|
| SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | AGE: Exact Age 30 Age Range: _____ to _____ <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown | SUSPECTS ACTIONS RELATED TO: <input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 | WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if auto/semi) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/BlackJack/Brass |
| ETHNIC: <input checked="" type="checkbox"/> (H) Hispanic <input 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 type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 | HEIGHT: Ft. _____ In. _____ | WEIGHT: lbs. _____ | NIC# |

| | | | | | | | |
|---|--|---|--|--|---|---|--|
| CLOTHING DESCRIPTION | | Shirt | | Pants/Dress | | Shoes | |
| Hat | Coat | | | | | | |
| 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 |
| HAIR LENGTH:-2 <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown | BUILD:-1 <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular | EYE COLOR:-1 <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Grey <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown | ADDED DESCRIPTION _____ | | | | |

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|---|---|-------|-------|---------|--------------------|--------|-------|
| VEHICLE # | | | | | | | |
| <input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD AUTH. | | | | | | | |
| YEAR | MAKE | MODEL | STYLE | VIN | LICENSE NO. (TYPE) | LIC YR | STATE |
| OWNER'S NAME | | | | ADDRESS | | | |
| COLOR | DISPOSITION OF RECOVERY <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner | | NIC # | | INSURANCE/POLICY # | | |

| | | | | | | | |
|---|---|-------|-------|---------|--------------------|--------|-------|
| VEHICLE # | | | | | | | |
| <input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD AUTH. | | | | | | | |
| YEAR | MAKE | MODEL | STYLE | VIN | LICENSE NO. (TYPE) | LIC YR | STATE |
| OWNER'S NAME | | | | ADDRESS | | | |
| COLOR | DISPOSITION OF RECOVERY <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner | | NIC # | | INSURANCE/POLICY # | | |

HATE/BIAS RELATIONSHIP: (88) None IF YES, COMPLETE BELOW

| | | | |
|--|---|--|--|
| RACIAL (Anti-) <input type="checkbox"/> (11) White <input type="checkbox"/> (12) Black <input type="checkbox"/> (13) American Indian/ Alaskan Native <input type="checkbox"/> (14) Asian/Pacific Islander <input type="checkbox"/> (15) Multi-Racial Group | RELIGIOUS (Anti-) <input type="checkbox"/> (21) Jewish <input type="checkbox"/> (22) Catholic <input type="checkbox"/> (23) Protestant <input type="checkbox"/> (24) Islamic (Muslim) <input type="checkbox"/> (25) Other Religion <input type="checkbox"/> (26) Multi-Religious Group <input type="checkbox"/> (27) Atheism/Agnosticism | ETHNICITY/NATIONAL ORIGIN (Anti-) <input type="checkbox"/> (32) Hispanic <input type="checkbox"/> (33) Other Ethnicity | SEXUAL (Anti-) <input type="checkbox"/> (41) Male Homosexual (Gay) <input type="checkbox"/> (42) Female Homosexual (Lesbian) <input type="checkbox"/> (43) Homosexual (Gay and Lesbian) <input type="checkbox"/> (44) Heterosexual <input type="checkbox"/> (45) Bisexual |
| DISABILITY (Anti-) <input type="checkbox"/> (51) Physical Disability <input type="checkbox"/> (52) Mental Disability | | | |

| PROPERTY | | | | | | DRUG INFO. | | |
|----------|--------|-----|--|----------|-------|------------|----------|---------|
| P. LOSS | P. DES | QTY | DESCRIPTION (Include ser.#, size, color, etc.) | PROP TAG | VALUE | TYPE | QUANTITY | MEASURE |
| | | | | | | | | |
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TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.

- | | | | |
|-------------------------------------|-----------------------------|-------------------------------------|--|
| PROPERTY DESCRIPTION: | (11) Drug/Narc. Equipment | (21) Negotiable Instruments | (32) Structures-Industrial/Manufacture |
| (01) Aircraft | (12) Farm Equipment | (22) Nonnegotiable Instruments | (33) Structures-Public/Community |
| (02) Alcohol | (13) Firearms | (23) Office-Type Equipment | (34) Structures-Storage |
| (03) Automobiles | (14) Gambling Equipment | (24) Other Motor Vehicles | (35) Structures-Other |
| (04) Bicycles | (15) Heavy Equipment | (25) Purses/Handbags/Wallets | (36) Tools-Power/Hand/Lawnmower |
| (05) Buses | Construction/Industry | (26) Radios/TVs/VCR | (37) Trucks |
| (06) Clothes/Furs | (16) Household Good | (27) Recordings-Audio/Visual | (38) Vehicle Parts/Accessories |
| (07) Computer Hardware/ Software | (17) Jewelry/Precious Metal | (28) Recreational Vehicles | (39) Watercraft |
| (08) Consumable Goods | (18) Livestock | (29) Structures-Single Occupancy | (77) Other |
| (09) Credit Cards/Debit Cards | (19) Merchandise | (30) Structures-Other Dwellings | (88) Pending Inventory (of Property) |
| (10) Drugs/Narcotics | (20) Money | (31) Structures-Commercial/Business | |

- | | | | | | | | |
|---------------------|---------------|---------------------|---------------------------------------|-----------------------|-----------------------------------|---------------|------------------|
| DRUG TYPE: | (D) Heroin | (H) Other Narcotics | (L) Amphetamines/ Methamphetamines | (O) Other Depressants | TYPE DRUG MEASUREMENT | | |
| (A) "Crack" Cocaine | (E) Marijuana | (I) LSD | (M) Other Stimulants | (P) Other Drugs | Units | Weight | Capacity |
| (B) Cocaine | (F) Morphine | (J) PCP | (N) Barbiturates | (U) Unknown Type Drug | (DU) Dosage Unit (Pills, etc.) | (GM) Gram | (ML) Milliliter |
| (C) Hashish | (G) Opium | | | | (NP) Number of Plants | (KG) Kilogram | (LT) Liter |
| | | | | | | (OZ) Ounce | (FO) Fluid Ounce |
| | | | | | | (LB) Pound | (GL) Gallon |

COMPLETE THE INFORMATION IN THIS BOX ONLY WHEN INVESTIGATING BURGLARY:
 Point of Entry _____ Tools Apparently Used _____

NARRATIVE

Officers were working off-duty at court. The court security, Darwin Conales, approached officers and asked for assistance. Mr. Conales advised officers that a white male, later identified as Herbert Rule, was parked in the Judges spot and refused to move. Officers approached Mr. Rule and asked him for his ID. Mr. Rule said "No". Officers went outside to get the license information and advised the court personnel to find another officers. At this point Mr. Rule walked outside and Officers asked Mr. Rule for his ID again. Mr. Rule said "I don't have to give you anything" and began to walk off. Officers then placed Mr. Rule in custody without incident.

Officers talked with court personnel, Glenna Speace and Connie Hensen, they advised that Mr. Rule was being very rude and uncooperative. Mr. Conales advised that Mr. Rule refused to go through the metal detector or sign in. Mr. Rule had a cut on his finger and refused medical.

Officers gave Mr. Rule a citation for Obstruction of Government Operations. Citation # 150597.

It is unknown how Mr. Rule recieved his injury.

Additional Narrative on Supplement Form A
 Additional Narrative on Supplement Form B

- ADDITIONAL HOMICIDE CIRCUMSTANCES
- | | | |
|---|---|---|
| <input type="checkbox"/> (A) Criminal attacked police officer, that officer killed criminal | <input type="checkbox"/> (C) Criminal attacked a civilian | <input type="checkbox"/> (F) Criminal resisted arrest |
| <input type="checkbox"/> (B) Criminal attacked police officer; criminal killed by other officer | <input type="checkbox"/> (D) Criminal attempted flight from a crime | <input type="checkbox"/> (G) Unable to determine/not enough information |
| | <input type="checkbox"/> (E) Criminal killed in commission of a crime | |

RELATED CASE NUMBER(S) _____

CAR JACKING? YES NO

DRIVE-BY? YES NO

GANG RELATED? YES NO

COPIED

INCIDENT # 09-25991 SUPPLEMENT FORM A

SUSPECT WITNESS OWNER CONTACT MISSING RUNAWAY ATL WANTED DRIVER IF SUSPECT/ARRESTEE MUST COMPLETE ALL INFORMATION BELOW

SUSPECT # NAME: Last First Middle AKA

ARRESTEE # ADDRESS: Street City State Zip DATE OF BIRTH

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown MENTALLY AFFLICTED? (Y) Yes (N) No (U) Unk PLACE OF EMPLOYMENT PHONE (TYPE)

ARREST LOCATION ARREST DATE ARREST TYPE: (O) On View Arrest (S) Summons/Cited (T) Taken Into Custody D.L./ID NO. (STATE)

CHARGE: 1. 2. 3. NIC#

SEX: (M) Male (F) Female (U) Unk. AGE: Exact Age Age Range: (99) Over 98 Yrs. Old (00) Unknown SUSPECTS ACTIONS RELATED TO: (V1) (V2) (V3) (V4) DISPOSITION OF JUVENILE: (H) Handled within Department (R) Referred outside Department WEAPONS AT ARREST: (01) Unarmed (11) Firearm (12) Handgun (13) Rifle (14) Shotgun (15) Other Firearm (16) Illegal Cutting Instrument (17) Club/Black Jack/Brass

CLOTHING DESCRIPTION Hat Coat Shirt Pants/Dress Shoes

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

PROPERTY table with columns: P. LOSS, P. DES, QTY, DESCRIPTION (Include ser.#, size, color, etc.), PROP TAG, VALUE, TYPE, QUANTITY, MEASURE

TYPE PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.

PROPERTY DESCRIPTION: (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Clothes/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit Cards/Debit Cards (10) Drugs/Narcotics (11) Drug/Narc. Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment Construction/Industry (16) Household Good (17) Jewelry/Precious Metal (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCR (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand/Lawnmower (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property)

DRUG TYPE: (A) "Crack" Cocaine (B) Cocaine (C) Hashish (D) Heroin (E) Marijuana (F) Morphine (G) Opium (H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucino. (L) Amphetamines/ Methamphetamines (M) Other Stimulants (N) Barbituates (O) Other Depressants (P) Other Drugs (U) Unknown Type Drug (X) Over 3 Drug Types TYPE DRUG MEASUREMENT Units (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants Weight (GM) Gram (KG) Kilogram (LB) Pound Capacity (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon

LITTLE ROCK POLICE DEPARTMENT SUPPLEMENT REPORT

| SUPPLEMENT FORM A | | | | | |
|---|---|--|--|--|---------------------------------|
| ORIGINAL INCIDENT NUMBER <u>2009-25941</u> | ORIGINAL INCIDENT TYPE <u>Obstruction</u> | SUPPLEMENT CALL DATE <u>03-11-09</u> | SUPPLEMENT CALL TIME <u>1050</u> | PAGE <u>5</u> OF <u>6</u> | |
| LOCATION OF INCIDENT (ADDRESS/BLK#/APT#) <u>600 W. Markham</u> | | | IF RECOVERED STOLEN VEHICLE ADDRESS OF RECOVERY | | |
| <input type="checkbox"/> PERSON REPORTING <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> OWNER <input type="checkbox"/> CONTACT <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input type="checkbox"/> ATL <input type="checkbox"/> WANTED <input type="checkbox"/> DRIVER | | | | | |
| VICTIM # | NAME (Last, First, Middle) or BUSINESS: <u>Henson, Connie</u> | | D.L./ID NO. (STATE) | DATE OF BIRTH <u>03-29-59</u> | |
| ADDRESS: Street City State Zip <u>600 W. Markham LRAc 72209</u> | | | RELATIONSHIP OF THIS VICTIM TO SUSPECTS (For Multiple Suspect Relationships, Put Suspect Number(s) in Space) | | |
| OCCUPATION/EMPLOYER | | HOME PHONE | EMPLOYMENT PHONE <u>244-5471</u> | SUSP. # (S) VICTIM WAS: SUSP. # (S) VICTIM WAS: | |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | AGE: Exact Age <u>50</u> Range <u>1</u> | | _____ (SE) Spouse _____ (AQ) Acquaintance _____ (CS) Common-Law Spouse _____ (FR) Friend _____ (PA) Parent _____ (NE) Neighbor _____ (SB) Sibling _____ (BE) Babysitter (baby) _____ (CH) Child _____ (BG) Boyfriend/Girlfriend _____ (GP) Grandparents _____ (CF) Child of BF/GF _____ (GC) Grandchild _____ (HR) Homosexual Rel. _____ (IL) In-Law _____ (XS) Ex-Spouse _____ (SP) Stepparent _____ (EE) Employee _____ (SC) Stepchild _____ (ER) Employer _____ (SS) Stepsibling _____ (OK) Otherwise Known _____ (OF) Other Family Member _____ (RU) Relationship Unknown _____ (ST) Stranger _____ (VO) Victim Was Suspect | |
| ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unk. | | <input type="checkbox"/> (NN) Under 24 Hrs. Old _____ <input type="checkbox"/> (NB) 1-6 Days Old _____ <input type="checkbox"/> (BB) 7 - 364 Days Old _____ <input type="checkbox"/> (99) Over 98 Yrs. Old _____ <input type="checkbox"/> (00) Unknown _____ | | | |
| RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown | | RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | | | |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Instit. <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other | | MENTALLY AFFLICTED? <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown | | THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 | |
| VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | 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 | | | |
| VEHICLE # | | | | | |
| <input type="checkbox"/> WANTED <input type="checkbox"/> SUSPECT <input type="checkbox"/> SUBJECT OF REPORT <input type="checkbox"/> STOLEN <input type="checkbox"/> ABANDONED <input type="checkbox"/> STORED <input type="checkbox"/> OTHER <input type="checkbox"/> HOLD AUTH. | | | | | |
| YEAR | MAKE | MODEL | STYLE | VIN | LICENSE NO. (TYPE) LIC YR STATE |
| OWNER'S NAME | | | ADDRESS | | |
| COLOR | DISPOSITION OF RECOVERY <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner | NIC # | INSURANCE/POLICY # | | |
| NARRATIVE | | | | | |
| | | | | | |
| Additional Narrative on Supplement B <input type="checkbox"/> | | | | | |
| REPORT DATE <u>03-11-09</u> | TIME (Military) <u>1050</u> | REPORTING OFFICER <u>Drea Talbot</u> | EMP. # <u>30411</u> | APPROVING SUPERVISOR <u>AJC</u> | EMP. # <u>15625</u> |