

Incident # 12-0714  
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Arkansas NIBRS Incident Report

Report Date 2-29-12  
Report Time 14.40

Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Unfounded	Exceptional Clearance <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Denied <input type="checkbox"/> D Victim Refused To Prosecute <input type="checkbox"/> E Juvenile, No custody <input type="checkbox"/> Not Applicable	Reporting Officer (Badge, Name) <u>157 Dodge</u>	ORI#/Agency
		Entered By <u>[Signature]</u>	Approving Officer (Badge, Name) <u>185 M. Wash</u>

<b>Complainant</b>							
SSN	Title	Name (last, first, middle initial) <u>Davis, Andrea L</u>	Suffix	Age	DOB	Sex <u>F</u>	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Asian	Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Home Phone	Work Phone <u>501 622-6767</u>	Other Phone <u>501 620-9919</u>	DL (number, state) <u>915397888 AR</u>		
US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Legal Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Doc Type <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card	Immigration Doc #	Nationality <u>American</u>			
Home Address <u>251 Lakewood Hot Springs AR 71913</u>			Employer <u>Self</u>				
Work Address <u>534 Ouachita Ave suit a Hot Springs AR 71901</u>			Occupation <u>Attorney</u>				

<b>Offense</b>									
Incident Location <input checked="" type="checkbox"/> Same as Complainant <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business			Zone <u>5</u>	Earliest Date <u>2-29-12</u>	Time <u>1410</u>	Latest Date <u>2-29-12</u>	Time <u>1421</u>		
Event <u>01</u>	Offense Code#	Description <u>Dead Body</u>	<input type="checkbox"/> Misd. <input type="checkbox"/> Felony	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Loc Type <u>20</u>	Bias <u>99</u>	Weapons <u>11</u>	CATypes	
Event <u>02</u>	Offense Code#	Description	<input type="checkbox"/> Misd. <input type="checkbox"/> Felony	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Loc Type	Bias	Weapons	CATypes	
Event <u>03</u>	Offense Code#	Description	<input type="checkbox"/> Misd. <input type="checkbox"/> Felony	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Loc Type	Bias	Weapons	CATypes	
MO							Method of Entry <input type="checkbox"/> Forced Used <input type="checkbox"/> No Force Used	# Prem	

<b>Location Type</b>			<b>Bias Motivation Codes</b>					
01 Air/Bus/Train Terminal 02 Bank/S&L 03 Bar/Night Club Terminal 04 Church/Synag./Temple 05 Commercial/Off. Bldg 06 Construction Site 07 Convenience Site 08 Dept/Discount Store 09 Drug St/Dr Off/Hosp 10 Field/Woods 11 Govt/Public Bldg 12 Grocery/Supermarket 13 Hway/Road/Alley 14 Hotel/Motel 15 Jail/Prison 16 Lake/Waterway 17 Liquor Store 18 Parking Lot/Garage 19 Rental Storage Facility 20 Residence/Home 21 Restaurant 22 School/College 23 Service/Gas Station 24 Specialty Store 25 Unknown/Other 26 Anti-Protestant 27 Anti-Moslem 28 Anti-Other Religion 29 Anti-Multi-Religious Grp 30 Anti-Atheist/Agnostic 31 Anti-Arab 32 Anti-Hispanic 33 Anti-Other Ethnicity 34 Anti-Gay 35 Anti-Lesbian 36 Anti-Homosexual 37 Anti-Heterosexual 38 Anti-Bisexual 39 None 40 Unknown								
Suspected of Using (Check up to three) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer <input type="checkbox"/> None			Criminal Activity B Buying/Receiving C Cultivating/Manufacturing/Pub D Distributing/Selling E Exploiting Children O Operating/Promoting/Assist P Possessing/Concealing T Transporting/Import/Transmit U Using/Consuming			Weapon 11 Firearm (Auto) 12 Handgun (Auto) 13 Rifle (Auto) 14 Shotgun (Auto) 15 Other Firearm 20 Knife/Cutting Inst. 30 Blunt Object 35 Motor Vehicle 40 Personal Weapons 50 Poison 60 Explosives 65 Fire/Incendiary Device 70 Drugs/Narc./Sleeping Pills 85 Asphyxiation 90 Other 95 Unknown 99 None		

<b>Victim</b> <input checked="" type="checkbox"/> Is Complainant							
SSN	Title	Name (last, first, middle initial) <u>Anderson, Maxwell C</u>	Suffix	Age	DOB	Sex <u>M</u>	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Asian	Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Home Phone	Work Phone	Other Phone	DL (number, state) <u>928 973849 AR</u>		
US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Legal Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Doc Type <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card	Immigration Doc #	Nationality <u>American</u>			
Home Address <u>1412 Airport rd A9 Hot Springs AR 71913</u>			Employer				
Work Address			Occupation				

Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> Religious Org. <input type="checkbox"/> Society/Public <input type="checkbox"/> Unknown	Injury Type <input type="checkbox"/> Broken bones <input type="checkbox"/> Unconsciousness <input type="checkbox"/> Internal Injury <input type="checkbox"/> Other, major injury <input type="checkbox"/> Severe laceration <input type="checkbox"/> Minor injury <input type="checkbox"/> Loss of teeth <input type="checkbox"/> None	Aggravated Assault/Homicide <input type="checkbox"/> Argument <input type="checkbox"/> Assault/Homicide on Officer <input type="checkbox"/> Drug Dealing <input type="checkbox"/> Gangland <input type="checkbox"/> Juvenile Gang <input type="checkbox"/> Lovers Quarrel <input type="checkbox"/> Mercy Killing <input type="checkbox"/> Other Felony Involved <input type="checkbox"/> Other Circumstances <input type="checkbox"/> Unknown <input type="checkbox"/> Criminal Killed by Citizen <input type="checkbox"/> Criminal Killed by Officer <input type="checkbox"/> Child Playing w/ Weapon <input type="checkbox"/> Gun Cleaning Accident <input type="checkbox"/> Negligent Weapon Handling <input type="checkbox"/> Hunting Accident <input type="checkbox"/> Other Negligent Killings	Relationship to Suspect ___ Acquaintance ___ Babysitter ___ Boyfriend/Girlfriend ___ Child of Boy/Girlfriend ___ Child ___ Common Law Spouse ___ Employee ___ Employer ___ Grandchild ___ Grandparent ___ Homosexual partner ___ Inlaw ___ Neighbor ___ Other family member ___ Otherwise knownParent ___ Sibling ___ Step child ___ Spouse Step parent ___ Step sibling ___ Stranger ___ Friend ___ Offender ___ Ex-spouse ___ Relationship unknown
Justifiable Homicide <input type="checkbox"/> Criminal attempted flight from a crime <input type="checkbox"/> Criminal attacked police officer and that officer killed criminal <input type="checkbox"/> Criminal killed in commission of a crime <input type="checkbox"/> Criminal attacked police officer and criminal killed by another <input type="checkbox"/> Criminal resisted arrest <input type="checkbox"/> Criminal attacked by a civilian <input type="checkbox"/> Unable to determine/not enough information			Injury Description: <input type="checkbox"/> Taken to Hospital Hospital Name:

**Suspect/Arrestee #1**

SSN	Title	Name (last, first, middle initial) <i>Davis, Matthew</i>	Suffix	Age	DOB	Sex <i>M</i>	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian	Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Home Phone	Work Phone	Other Phone	DL (number, state) <i>904487303 AR</i>		
US Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Legal Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Doc Type <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card	Immigration Doc #	Nationality <i>American</i>			
Home Address <i>108 Gibbons Tr Hot Springs AR 71913</i>			Work Address <i>532 Ocachita Ave Hot Springs AR 71901</i>				
Employer <i>Davis Law Firm</i>			Occupation				
Height <i>6'1"</i>	Weight <i>225</i>	Eyes <i>Grn</i>	Build <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Slender	AKA			
Scars/Marks/Tattoos/Clothing GI Glasses C Clothing M Mole P Piercing T Tattoo S Scar MB Missing Body Part							
Appearance <input checked="" type="checkbox"/> Conservative <input type="checkbox"/> Dirty <input type="checkbox"/> Disguised <input type="checkbox"/> Flashy <input type="checkbox"/> Handsome <input type="checkbox"/> Military <input type="checkbox"/> Pretty <input type="checkbox"/> Unkempt <input type="checkbox"/> Unusual Odor <input type="checkbox"/> Well Groomed	Hair Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input checked="" type="checkbox"/> Blond <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Red	Hair Style <input type="checkbox"/> Afro/Natural <input type="checkbox"/> Flat Top/Military <input type="checkbox"/> Bald/Balding <input type="checkbox"/> Creasy <input type="checkbox"/> Bushy <input type="checkbox"/> Jheri Curl <input type="checkbox"/> Curly/Wavy <input type="checkbox"/> Ponytail <input type="checkbox"/> Fade <input type="checkbox"/> Processed <input type="checkbox"/> Straight <input type="checkbox"/> Wig	Complexion <input type="checkbox"/> Acne <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Pale <input type="checkbox"/> Freckled <input type="checkbox"/> Pocked <input type="checkbox"/> Light <input type="checkbox"/> Tanned	Facial Hair <input type="checkbox"/> Clean Shaven <input type="checkbox"/> Mustache <input type="checkbox"/> Fu Manchu <input type="checkbox"/> Sideburns <input type="checkbox"/> Full Beard <input type="checkbox"/> Unshaven <input type="checkbox"/> Fuzz <input type="checkbox"/> Van Dyke <input type="checkbox"/> Goatee <input type="checkbox"/> Lower Lip	Demeanor <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Disorganized <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Polite <input type="checkbox"/> Professional <input type="checkbox"/> Stupor <input type="checkbox"/> Violent	Speech <input type="checkbox"/> Accent <input type="checkbox"/> Lisps <input type="checkbox"/> Mumbles <input type="checkbox"/> Offensive <input checked="" type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Stutters <input type="checkbox"/> Talkative	Voice <input type="checkbox"/> Disguised <input type="checkbox"/> High Pitch <input type="checkbox"/> Loud <input type="checkbox"/> Low Pitch <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Monotone <input type="checkbox"/> Nasal <input type="checkbox"/> Pleasant <input type="checkbox"/> Raspy <input type="checkbox"/> Soft
Arrest Date	Time	Arrest Type <input type="checkbox"/> On View <input type="checkbox"/> Summons <input type="checkbox"/> Warrant	Disposition of Arrestee Under 18 <input type="checkbox"/> Handled Within Dept. <input type="checkbox"/> Referred to Other Authorities			Disp Date	
Multiple Clearance Indicator (check only one) <input type="checkbox"/> Arrest Cleared Offense <input type="checkbox"/> Not Applicable <input type="checkbox"/> Arr. Clear Mult. Off.			BAC %	Arrest Location			
Weapons At Arrest <input type="checkbox"/> 01 Unarmed <input type="checkbox"/> 12 Handgun <input type="checkbox"/> Auto <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> Auto <input type="checkbox"/> 20 Lethal Cutting Instr. <input type="checkbox"/> 11 Firearm(other) <input type="checkbox"/> Auto <input type="checkbox"/> 13 Rifle <input type="checkbox"/> Auto <input type="checkbox"/> 15 Other Firearm <input type="checkbox"/> Auto <input type="checkbox"/> 30 Club/Brass Knuckles							
Event	Offense Code#	Description	<input type="checkbox"/> Misd. <input type="checkbox"/> Felony	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Warrant		

**Suspect/Arrestee #2**

SSN	Title	Name (last, first, middle initial)	Suffix	Age	DOB	Sex	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Home Phone	Work Phone	Other Phone	DL (number, state)		
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Doc Type <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card	Immigration Doc #	Nationality			
Home Address City State Zip Code			Work Address City State Zip Code				
Employer			Occupation				
Height	Weight	Eyes	Build <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Slender	AKA			
Scars/Marks/Tattoos/Clothing GI Glasses C Clothing M Mole P Piercing T Tattoo S Scar MB Missing Body Part							
Appearance <input type="checkbox"/> Conservative <input type="checkbox"/> Dirty <input type="checkbox"/> Disguised <input type="checkbox"/> Flashy <input type="checkbox"/> Handsome <input type="checkbox"/> Military <input type="checkbox"/> Pretty <input type="checkbox"/> Unkempt <input type="checkbox"/> Unusual Odor <input type="checkbox"/> Well Groomed	Hair Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Red	Hair Style <input type="checkbox"/> Afro/Natural <input type="checkbox"/> Flat Top/Military <input type="checkbox"/> Bald/Balding <input type="checkbox"/> Creasy <input type="checkbox"/> Bushy <input type="checkbox"/> Jheri Curl <input type="checkbox"/> Curly/Wavy <input type="checkbox"/> Ponytail <input type="checkbox"/> Fade <input type="checkbox"/> Processed <input type="checkbox"/> Straight <input type="checkbox"/> Wig	Complexion <input type="checkbox"/> Acne <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Pale <input type="checkbox"/> Freckled <input type="checkbox"/> Pocked <input type="checkbox"/> Light <input type="checkbox"/> Tanned	Facial Hair <input type="checkbox"/> Clean Shaven <input type="checkbox"/> Mustache <input type="checkbox"/> Fu Manchu <input type="checkbox"/> Sideburns <input type="checkbox"/> Full Beard <input type="checkbox"/> Unshaven <input type="checkbox"/> Fuzz <input type="checkbox"/> Van Dyke <input type="checkbox"/> Goatee <input type="checkbox"/> Lower Lip	Demeanor <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Disorganized <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Polite <input type="checkbox"/> Professional <input type="checkbox"/> Stupor <input type="checkbox"/> Violent	Speech <input type="checkbox"/> Accent <input type="checkbox"/> Lisps <input type="checkbox"/> Mumbles <input type="checkbox"/> Offensive <input type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Stutters <input type="checkbox"/> Talkative	Voice <input type="checkbox"/> Disguised <input type="checkbox"/> High Pitch <input type="checkbox"/> Loud <input type="checkbox"/> Low Pitch <input type="checkbox"/> Medium <input type="checkbox"/> Monotone <input type="checkbox"/> Nasal <input type="checkbox"/> Pleasant <input type="checkbox"/> Raspy <input type="checkbox"/> Soft
Arrest Date	Time	Arrest Type <input type="checkbox"/> On View <input type="checkbox"/> Summons <input type="checkbox"/> Warrant	Disposition of Arrestee Under 18 <input type="checkbox"/> Handled Within Dept. <input type="checkbox"/> Referred to Other Authorities			Disp Date	
Multiple Clearance Indicator (check only one) <input type="checkbox"/> Arrest Cleared Offense <input type="checkbox"/> Not Applicable <input type="checkbox"/> Arr. Clear Mult. Off.			BAC %	Arrest Location			
Weapons At Arrest <input type="checkbox"/> 01 Unarmed <input type="checkbox"/> 12 Handgun <input type="checkbox"/> Auto <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> Auto <input type="checkbox"/> 20 Lethal Cutting Instr. <input type="checkbox"/> 11 Firearm(other) <input type="checkbox"/> Auto <input type="checkbox"/> 13 Rifle <input type="checkbox"/> Auto <input type="checkbox"/> 15 Other Firearm <input type="checkbox"/> Auto <input type="checkbox"/> 30 Club/Brass Knuckles							
Event	Offense Code#	Description	<input type="checkbox"/> Misd. <input type="checkbox"/> Felony	<input type="checkbox"/> Attempted <input type="checkbox"/> Completed	Warrant		

**Vehicle**

Involvement (loss type) 1 None    3 Counterfeit/Forge    5 Recovered    7 Stolen    9 Crime Location 2 Burned    4 Destroyed/Damaged    6 Seized    8 Unknown    10 Suspect Vehicle				Category 01 Aircraft    05 Buses    28 Recreational Vehicles 03 Automobiles    12 Farm Equipment    37 Trucks 15 Construction Equipment    24 Motorcycle/Other			
Involvement	Category	Tag #	Tag Yr	State	Tag Type	VIN#	NCIC Ref #
Year	Make	Model		Style		Primary Color	Secondary Color
Owner	Description			Est. Value	Evidence #	Impounded Yes No	Towed By
Recovered Date	Recovery Location			Recovered Condition		Recovered Value	

**Drugs**

Involvement (loss type) 1 None    5 Recovered 2 Burned    6 Seized 3 Counterfeit/Forge    7 Stolen 4 Destroyed/Damaged    8 Unknown		Drug Type A Crack Cocaine    F Morphine    L Amphetamines B Cocaine    G Opium    M Other Stimulants C Hashish    H Other Narcotics    N Barbiturates D Heroin    I LSD/Synthetic Drugs    O Other Depressants E Marijuana    J PCP    P Other Drugs U Unknown Type Drug			Drug Measurements GM Gram    LT Liter    LB Pound ML Milliliter    OZ Ounce    GL Gallon KG Kilogram    FO Fluid Ounce    DU Dosage/Pill NP Number of Plants		
Involvement	Drug Type	Amount	Msmt Type	Est. Value	Evidence #		
Description			Recvd Date	Recvd Value	Recovery Location		

**Drugs**

Involvement	Drug Type	Amount	Msmt Type	Est. Value	Evidence #	
Description			Recvd Date	Recvd Value	Recovery Location	

**LEOKA**

<input type="checkbox"/> Officer Activity At Time of Attack 01 Responding to Service Call 02 Burglary in Progress/Pursuing Burglar 03 Robbery in Progress/Pursuing Suspect 04 Attempting Other Arrest 05 Civil Disorder (Riot)	06 Handling/Transporting Prisoner 07 Investigating Suspicious Persons 08 Ambush-No Warning 09 Mentally Deranged 10 Traffic Pursuits/Stops 11 All Other	<input type="checkbox"/> Officer Assignment At Time Of Assault A Two-Man Vehicle    F Other, Alone B One-Man Vehicle, Alone    G Other, Assisted C One-Man Vehicle, Assisted D Detective/Special Assign. Alone E Detective/Special Assign. Assisted
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**Narrative**

ON 2-29-12 at Approx 1421 hrs I Dep Dodge responded to a call of a shooting upon arrival I encountered the complainant suspect sitting outside along with a unknown deceased white male subject on the ground. The scene was secured & CID was notified. CID arrived & the scene was turned over to them. no more information was available at the time of this report.