

# LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

|                                                          |                              |                                                                         |                              |                                      |                       |
|----------------------------------------------------------|------------------------------|-------------------------------------------------------------------------|------------------------------|--------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> JUVENILE INFORMATION |                              | <b>INCIDENT</b>                                                         |                              | Report generated: 7/30/2026 12:15 AM |                       |
| INCIDENT NUMBER<br><b>2026-092659</b>                    | UNIT ASSIGNED<br><b>2X93</b> | CALL DATE<br><b>07/29/2026</b>                                          | CALL TIME<br><b>16:32:00</b> | TYPE OF CALL<br><b>ROBBIN</b>        |                       |
| INCIDENT DATE<br><b>7/29/2026 4:32:30 PM</b>             |                              | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME)<br><b>6402 BUTLER RD</b> |                              |                                      | DISTRICT<br><b>80</b> |

Report Contains Juvenile Information  
Redact Before Release

| OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>INCIDENT OFFENSE TYPE</b><br><br>1. AGGRAVATED ROBBERY (INDIVIDUAL)      5.<br>2. THEFT BY RECEIVING FELONY              6.<br>3.                                                              7.<br>4.                                                              8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <b>SUSPECTS USED:</b><br><br><input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (D) Drugs<br><input type="checkbox"/> (C) Computer Equip <input checked="" type="checkbox"/> (N) Not Applicable / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TYPE OF CRIMINAL ACTIVITY:</b><br><br><input type="checkbox"/> (B) Buying / Receiving <input type="checkbox"/> (C) Cultivate / Manufacture / Publish<br><input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating / Promoting / Assisting<br><input type="checkbox"/> (T) Transport / Transmit / Import <input type="checkbox"/> (U) Using / Consuming<br><input type="checkbox"/> (D) Distributing / Selling <input checked="" type="checkbox"/> (P) Possessing / Concealing                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                      | <b>GANG RELATED INFO:</b><br><br><input type="checkbox"/> (J) Juvenile Gang<br><input type="checkbox"/> (G) Other Gang<br><input checked="" type="checkbox"/> (N) None / Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                             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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>LOCATION CODE:</b><br/> <input type="checkbox"/> (01) Air / Bus / Train Terminal<br/> <input type="checkbox"/> (02) Bank / Savings &amp; Loan<br/> <input type="checkbox"/> (03) Bar / Night Club<br/> <input type="checkbox"/> (04) Church / Synagogue / Temple<br/> <input type="checkbox"/> (05) Commercial / Office Building<br/> <input type="checkbox"/> (06) Construction Site<br/> <input type="checkbox"/> (07) Convenience Store<br/> <input type="checkbox"/> (08) Department / Discount Store<br/> <input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br/> <input type="checkbox"/> (10) Field / Woods<br/> <input type="checkbox"/> (11) Government / Public Building<br/> <input type="checkbox"/> (12) Grocery / Supermarket<br/> <input type="checkbox"/> (13) Highway / Road / Alley<br/> <input type="checkbox"/> (14) Hotel / Motel / Etc<br/> <input type="checkbox"/> (15) Jail / Penitentiary                             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> (16) Lake / Waterway<br/> <input type="checkbox"/> (17) Liquor Store<br/> <input type="checkbox"/> (18) Parking Lot / Garage<br/> <input type="checkbox"/> (19) Rental / Storage Facility<br/> <input checked="" type="checkbox"/> (20) Residence / House<br/> <input type="checkbox"/> (21) Restaurant<br/> <input type="checkbox"/> (22) School / College<br/> <input type="checkbox"/> (23) Service / Gas Station<br/> <input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br/> <input type="checkbox"/> (25) Other / Unknown<br/> <input type="checkbox"/> (37) Abandoned/Condemned Structure<br/> <input type="checkbox"/> (38) Amusement Park<br/> <input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br/> <input type="checkbox"/> (40) ATM Separate from Bank<br/> <input type="checkbox"/> (41) Auto Dealership New / Used<br/> <input type="checkbox"/> (42) Camp / Campground                             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> (44) Daycare Facility<br/> <input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br/> <input type="checkbox"/> (46) Farm Facility<br/> <input type="checkbox"/> (47) Gambling / Casino / Racetrack<br/> <input type="checkbox"/> (48) Industrial Site<br/> <input type="checkbox"/> (49) Military Installation<br/> <input type="checkbox"/> (50) Park / Playground<br/> <input type="checkbox"/> (51) Rest Area<br/> <input type="checkbox"/> (52) School - College / University<br/> <input type="checkbox"/> (53) School - Elementary / Secondary<br/> <input type="checkbox"/> (54) Shelter - Mission / Homeless<br/> <input type="checkbox"/> (55) Shopping Mall<br/> <input type="checkbox"/> (56) Tribal Lands<br/> <input type="checkbox"/> (57) Community Center                             </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                      | <b>LOCATION CODE:</b><br><input type="checkbox"/> (01) Air / Bus / Train Terminal<br><input type="checkbox"/> (02) Bank / Savings & Loan<br><input type="checkbox"/> (03) Bar / Night Club<br><input type="checkbox"/> (04) Church / Synagogue / Temple<br><input type="checkbox"/> (05) Commercial / Office Building<br><input type="checkbox"/> (06) Construction Site<br><input type="checkbox"/> (07) Convenience Store<br><input type="checkbox"/> (08) Department / Discount Store<br><input type="checkbox"/> (09) Drug Store / DR Office / Hospital<br><input type="checkbox"/> (10) Field / Woods<br><input type="checkbox"/> (11) Government / Public Building<br><input type="checkbox"/> (12) Grocery / Supermarket<br><input type="checkbox"/> (13) Highway / Road / Alley<br><input type="checkbox"/> (14) Hotel / Motel / Etc<br><input type="checkbox"/> (15) Jail / Penitentiary | <input type="checkbox"/> (16) Lake / Waterway<br><input type="checkbox"/> (17) Liquor Store<br><input type="checkbox"/> (18) Parking Lot / Garage<br><input type="checkbox"/> (19) Rental / Storage Facility<br><input checked="" type="checkbox"/> (20) Residence / House<br><input type="checkbox"/> (21) Restaurant<br><input type="checkbox"/> (22) School / College<br><input type="checkbox"/> (23) Service / Gas Station<br><input type="checkbox"/> (24) Specialty Store (TV, Fur, Etc)<br><input type="checkbox"/> (25) Other / Unknown<br><input type="checkbox"/> (37) Abandoned/Condemned Structure<br><input type="checkbox"/> (38) Amusement Park<br><input type="checkbox"/> (39) Arena / Stadium / Fairgrounds<br><input type="checkbox"/> (40) ATM Separate from Bank<br><input type="checkbox"/> (41) Auto Dealership New / Used<br><input type="checkbox"/> (42) Camp / Campground | <input type="checkbox"/> (44) Daycare Facility<br><input type="checkbox"/> (45) Dock / Wharf / Freight Terminal<br><input type="checkbox"/> (46) Farm Facility<br><input type="checkbox"/> (47) Gambling / Casino / Racetrack<br><input type="checkbox"/> (48) Industrial Site<br><input type="checkbox"/> (49) Military Installation<br><input type="checkbox"/> (50) Park / Playground<br><input type="checkbox"/> (51) Rest Area<br><input type="checkbox"/> (52) School - 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| <b>(FOR BURGLARY ONLY)</b><br><br>NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> (F) Forcible <input type="checkbox"/> (N) No Force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>WEAPON FORCE:</b> (on 11-15, an "A" denotes Automatic or Semi-Automatic)<br><br><input type="checkbox"/> (11) Firearm (Unknown) <input type="checkbox"/> (50) Poison<br><input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives<br><input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire / Incendiary Device<br><input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics / Drugs / Sleeping Pills<br><input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation<br><input type="checkbox"/> (20) Knife / Cutting Instr (Axe, etc) <input type="checkbox"/> (90) Other<br><input type="checkbox"/> (30) Blunt Object (Club, etc) <input type="checkbox"/> (95) Unknown<br><input type="checkbox"/> (35) Motor Vehicle (as weapon) <input checked="" type="checkbox"/> (99) None<br><input type="checkbox"/> (40) Personal Weapons (hands, etc) |                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                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| NARCAN USED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| ENTRY DATE<br><b>07/30/2026 02:45:28</b> | REPORTING OFFICER<br><b>KIMBERLY ANDERSON - [REDACTED]</b> | ORIGINAL APPROVING SUPERVISOR<br><b>BRANDON LIKINS - [REDACTED]</b> | <input checked="" type="checkbox"/> MVR in use |
|------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|

## VICTIM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
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| VICTIM #<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME (Last, First, Middle) or BUSINESS<br>BONNER,JAMYIA                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| ADDRESS:<br>13500 CHENAL PW 128 LITTLE ROCK AR 72211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| HOME PHONE:<br>3132284275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WORK PHONE:                                                                                                                                | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| SEX: <input type="checkbox"/> (M) Male<br><input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>09/19/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.       | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| AGE:<br>Exact Age: 20<br>Range: - <input type="checkbox"/> (BB) 7-364 Days Old<br><input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | NIC:<br>D.L. / ID No. (STATE)                                                                                                                                                                                                     | RELATIONSHIP OF THIS VICTIM TO SUSPECTS<br>SUSPECT(S) VICTIM WAS: (by Suspect Number)<br><table><tr><td>(SE) Spouse</td><td>(AQ) Acquaintance</td></tr><tr><td>(CS) Common-Law Spouse</td><td>(FR) Friend</td></tr><tr><td>(PA) Parent</td><td>(NE) Neighbor</td></tr><tr><td>(SB) Sibling</td><td>(BE) Babysitter (baby)</td></tr><tr><td>(CH) Child</td><td>(BG) Boy/Girl Friend</td></tr><tr><td>(GP) Grandparents</td><td>(CF) Child of BF / GF</td></tr><tr><td>(GC) Grandchild</td><td>(HR) Homosexual Rel.</td></tr><tr><td>(IL) Inlaw</td><td>(XS) Ex-Spouse</td></tr><tr><td>(SP) Stepparent</td><td>(EE) Employee</td></tr><tr><td>(SC) Stepchild</td><td>(ER) Employer</td></tr><tr><td>(SS) Stepsibling</td><td>(OK) Otherwise Known</td></tr><tr><td>(OF) Other Family</td><td>1 (RU) Relationship Unknown</td></tr><tr><td>(ST) Stranger</td><td>(VO) Victim Was Suspect</td></tr></table> | (SE) Spouse | (AQ) Acquaintance | (CS) Common-Law Spouse | (FR) Friend | (PA) Parent | (NE) Neighbor | (SB) Sibling | (BE) Babysitter (baby) | (CH) Child | (BG) Boy/Girl Friend | (GP) Grandparents | (CF) Child of BF / GF | (GC) Grandchild | (HR) Homosexual Rel. | (IL) Inlaw | (XS) Ex-Spouse | (SP) Stepparent | (EE) Employee | (SC) Stepchild | (ER) Employer | (SS) Stepsibling | (OK) Otherwise Known | (OF) Other Family | 1 (RU) Relationship Unknown | (ST) Stranger | (VO) Victim Was Suspect |
| (SE) Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (AQ) Acquaintance                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (CS) Common-Law Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (FR) Friend                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (PA) Parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (NE) Neighbor                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SB) Sibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (BE) Babysitter (baby)                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (CH) Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (BG) Boy/Girl Friend                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (GP) Grandparents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (CF) Child of BF / GF                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (GC) Grandchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (HR) Homosexual Rel.                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (IL) Inlaw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (XS) Ex-Spouse                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SP) Stepparent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (EE) Employee                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SC) Stepchild                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (ER) Employer                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (SS) Stepsibling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (OK) Otherwise Known                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (OF) Other Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 (RU) Relationship Unknown                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| (ST) Stranger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (VO) Victim Was Suspect                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| THIS VICTIM RELATED TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <input type="checkbox"/> (U) Unknown<br><input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society / Public <input type="checkbox"/> (O) Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| VICTIM INJURY:<br><input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones<br><input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration<br><input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal<br><input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings<br><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<br><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<br><input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |
| CLOTHING DESCRIPTION<br>HAT _____ SHIRT _____ SHOES _____<br>COAT _____ PANTS/DRESS _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                   |                        |             |             |               |              |                        |            |                      |                   |                       |                 |                      |            |                |                 |               |                |               |                  |                      |                   |                             |               |                         |

| SUSPECT #1                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| SUSPECT #<br>1                                                                                                                                                                                                                                                                | NAME (Last, First, Middle)<br>LEWEIS,DEJION                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                 | AKA:                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| ARRESTEE #<br>1                                                                                                                                                                                                                                                               | ADDRESS:<br>4811 TERRA VISTA CR 1618 LITTLE ROCK AR 72209                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| HOME PHONE:                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                               | WORK PHONE:                                                                                                                                                                                                                       | MOBILE PHONE:                   | OTHER PHONE:<br>5015531639                                                                                                                                                                                                                                                                                                                                                                                                 |                              |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                    | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.                                                                                                                                    | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown |                                 | DATE OF BIRTH<br>06/11/2008                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                          |                                                                                                                                                                                                                                   | OCCUPATION / EMPLOYER:          |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| AGE:<br>Exact Age: 18<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                 | SUSPECTS ACTIONS RELATED TO:<br><input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | NIC:                                                                                                                                                                                                                              | HEIGHT:<br>Ft _____<br>In _____ | WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic c) |                              |
| DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department                                                                                                                                |                                                                                                                                                                                                                                                                               | D.L. / ID No. (STATE)                                                                                                                                                                                                             | WEIGHT:<br>Lbs _____            |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 |                                                                                                                                                                                                                                                                               | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| ARREST LOCATION:<br>4811 TERRA VISTA CR                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   | ARREST DATE:<br>07/29/2026      |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| CHARGE: 5-12-103I                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| ARRESTING OFFICERS                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| OFFICER 1: KIMBERLY ANDERSON                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                               | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 5: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> MVR |
| OFFICER 2: _____                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                               | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 6: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> MVR |
| OFFICER 3: _____                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                               | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 7: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> MVR |
| OFFICER 4: _____                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                               | <input type="checkbox"/> MVR                                                                                                                                                                                                      | OFFICER 8: _____                |                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> MVR |

Suspect information continued on next page.

## SUSPECT #1

| SUSPECT #                                                                                                                                                                                                                                                                                                                                         | NAME (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AKA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 1                                                                                                                                                                                                                                                                                                                                                 | LEWEIS,DEJION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input checked="" type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown<br><br><b>BUILD:</b><br><input checked="" type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input checked="" type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown<br><br><b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown | <b>FACIAL HAIR:</b><br><input checked="" type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown<br><br><b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |
| <b>ADDED DESCRIPTION:</b><br>n/a                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## SUSPECT #2

|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br>2                                                                                                                                                                                                                                                                                                                                                                               | NAME (Last, First, Middle)<br><br>LEWIS, DEDRICK                                                                                                                                                                                                                                                                                                                                                                     | AKA:                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARRESTEE #<br>2                                                                                                                                                                                                                                                                                                                                                                              | ADDRESS:<br><br>4811 TERRA VISTA CR 1618 LITTLE ROCK AR 72209                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                  | WORK PHONE:                                                                                                                                                                                                                                                                                                                                                                                                          | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:<br>5019138340                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                   | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                           | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br>06/11/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                               | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                 | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| AGE:<br>Exact Age: 18<br>Range: _____<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                            | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8<br>DISPOSITION OF JUVENILE:<br><input type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department | NIC:<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                                 | HEIGHT:<br>Ft _____<br>In _____<br>WEIGHT:<br>Lbs _____<br>WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic) |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                      | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARREST LOCATION:<br>4811 TERRA VISTA                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      | ARREST DATE:<br>07/29/2026                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CHARGE:                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARRESTING OFFICERS<br>OFFICER 1: KIMBERLY ANDERSON <input type="checkbox"/> MVR<br>OFFICER 2: <input type="checkbox"/> MVR<br>OFFICER 3: <input type="checkbox"/> MVR<br>OFFICER 4: <input type="checkbox"/> MVR<br>OFFICER 5: <input type="checkbox"/> MVR<br>OFFICER 6: <input type="checkbox"/> MVR<br>OFFICER 7: <input type="checkbox"/> MVR<br>OFFICER 8: <input type="checkbox"/> MVR |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Suspect information continued on next page.

## SUSPECT #2

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 2         | LEWIS,DEDRICK              |      |

  

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input checked="" type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input type="checkbox"/> (3) Brown<br><input checked="" type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>FACIAL HAIR:</b><br><input checked="" type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown                                                                                           |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown                                                                          | <b>BUILD:</b><br><input checked="" type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown                                                                                                                                                                                                                                                                   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                        | <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

## ADDED DESCRIPTION:

n/a

## SUSPECT #3

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUSPECT #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME (Last, First, Middle)<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                       | AKA:                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARRESTEE #<br>3                                                                                                                                                                                                                                                                                                                                                                                                                                    | ADDRESS:<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HOME PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                                        | WORK PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                     | MOBILE PHONE:                                                                                                                                                                                                                     | OTHER PHONE:<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SEX: <input checked="" type="checkbox"/> (M) Male<br><input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                                                         | ETHNICITY: <input type="checkbox"/> (H) Hispanic<br><input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                      | RACE: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian<br><input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH<br><div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident<br><input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown                                                                                                                                                                                                                                                                                                     | MENTALLY AFFLICTED?<br><input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk.                                                                                                                                                                                                                                                                                            | OCCUPATION / EMPLOYER:                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| AGE:<br>Exact Age: 17<br>Range: -<br><input type="checkbox"/> (99) Over 98 Years Old<br><input type="checkbox"/> (00) Unknown                                                                                                                                                                                                                                                                                                                      | SUSPECTS ACTIONS RELATED TO:<br><input type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4<br><input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8<br>DISPOSITION OF JUVENILE:<br><input checked="" type="checkbox"/> (H) Handled within Department<br><input type="checkbox"/> (R) Referred outside Department | NIC:<br><br>D.L. / ID No. (STATE)                                                                                                                                                                                                 | HEIGHT:<br>Ft _____<br>In _____<br>WEIGHT:<br>Lbs _____<br>WEAPONS AT ARREST:<br><input type="checkbox"/> (01) Unarmed<br><input checked="" type="checkbox"/> (11) Firearm (Unk)<br><input type="checkbox"/> (12) Handgun<br><input type="checkbox"/> (13) Rifle<br><input type="checkbox"/> (14) Shotgun<br><input type="checkbox"/> (15) Other Firearm<br><input type="checkbox"/> (16) Illegal Cutting Instrument<br><input type="checkbox"/> (17) Club/Blackjack/Brass<br>(A -- automatic) |
| THIS SUSPECT RELATES TO WHICH OFFENSES?<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                 | ARREST TYPE: <input type="checkbox"/> (O) On View Arrest<br><input type="checkbox"/> (S) Summons / Cited <input checked="" type="checkbox"/> (T) Taken Into Custody                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARREST LOCATION:<br>4811 TERRA VISTA                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                 | ARREST DATE:<br>07/29/2026                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CHARGE:                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ARRESTING OFFICERS<br>OFFICER 1: KIMBERLY ANDERSON <div></div> <input type="checkbox"/> MVR<br>OFFICER 2: _____ <input type="checkbox"/> MVR<br>OFFICER 3: _____ <input type="checkbox"/> MVR<br>OFFICER 4: _____ <input type="checkbox"/> MVR<br>OFFICER 5: _____ <input type="checkbox"/> MVR<br>OFFICER 6: _____ <input type="checkbox"/> MVR<br>OFFICER 7: _____ <input type="checkbox"/> MVR<br>OFFICER 8: _____ <input type="checkbox"/> MVR |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Suspect information continued on next page.

## SUSPECT #3

| SUSPECT # | NAME (Last, First, Middle) | AKA: |
|-----------|----------------------------|------|
| 3         | JEWELL,PERCY               |      |

  

|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>COMPLEXION:</b><br><input type="checkbox"/> (1) Light<br><input checked="" type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Dark<br><input type="checkbox"/> (4) Acne<br><input type="checkbox"/> (5) Freckled<br><input type="checkbox"/> (6) Ruddy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>HAIR STYLE:</b><br><input type="checkbox"/> (01) Afro<br><input type="checkbox"/> (02) Wavy<br><input type="checkbox"/> (03) Straight<br><input checked="" type="checkbox"/> (04) Curly<br><input type="checkbox"/> (05) Braided<br><input type="checkbox"/> (06) Ponytail<br><input type="checkbox"/> (07) Military<br><input type="checkbox"/> (08) Processed<br><input type="checkbox"/> (09) Wig/Toupee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>HAIR COLOR:</b><br><input type="checkbox"/> (1) Black<br><input type="checkbox"/> (2) Blonde<br><input checked="" type="checkbox"/> (3) Brown<br><input type="checkbox"/> (4) Grey<br><input type="checkbox"/> (5) Red<br><input type="checkbox"/> (6) Sandy<br><input type="checkbox"/> (7) Other<br><input type="checkbox"/> (8) Unknown | <b>FACIAL HAIR:</b><br><input checked="" type="checkbox"/> (01) Clean Shaven<br><input type="checkbox"/> (02) Unshaven<br><input type="checkbox"/> (03) Full Beard<br><input type="checkbox"/> (04) Must. (hvy)<br><input type="checkbox"/> (05) Must. (thin)<br><input type="checkbox"/> (06) Brows (hvy)<br><input type="checkbox"/> (07) Brows (thin)<br><input type="checkbox"/> (08) Side Burns<br><input type="checkbox"/> (09) Goatee<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) Unknown | <b>DEMEANOR:</b><br><input type="checkbox"/> (01) Angry<br><input type="checkbox"/> (02) Apologetic<br><input type="checkbox"/> (03) Calm<br><input type="checkbox"/> (04) Irrational<br><input type="checkbox"/> (05) Nervous<br><input type="checkbox"/> (06) Polite<br><input type="checkbox"/> (07) Professional<br><input type="checkbox"/> (08) Stupor<br><input type="checkbox"/> (09) Violent<br><input type="checkbox"/> (10) Drunk / High<br><input type="checkbox"/> (11) Other<br><input checked="" type="checkbox"/> (12) Unknown | <b>SCAR / MARK:</b><br><input type="checkbox"/> (01) Head<br><input type="checkbox"/> (02) Neck<br><input type="checkbox"/> (03) Hand (rt)<br><input type="checkbox"/> (04) Hand (lft)<br><input type="checkbox"/> (05) Arm (rt)<br><input type="checkbox"/> (06) Arm (lft)<br><input type="checkbox"/> (07) Body<br><input type="checkbox"/> (08) Leg (rt)<br><input type="checkbox"/> (09) Leg (lft)<br><input type="checkbox"/> (10) Other<br><input type="checkbox"/> (11) None<br><input checked="" type="checkbox"/> (12) Unknown | <b>TATTOO:</b><br><input type="checkbox"/> (1) Designs<br><input type="checkbox"/> (2) Initials<br><input type="checkbox"/> (3) Names<br><input type="checkbox"/> (4) Pictures<br><input type="checkbox"/> (5) Words<br><input type="checkbox"/> (6) Numbers<br><input type="checkbox"/> (7) Insignia<br><input type="checkbox"/> (8) None<br><input checked="" type="checkbox"/> (9) Unknown                                                                                           |
| <b>HAIR LENGTH:</b><br><input type="checkbox"/> (1) Long<br><input type="checkbox"/> (2) Medium<br><input checked="" type="checkbox"/> (3) Short<br><input type="checkbox"/> (4) Bald(ing)<br><input type="checkbox"/> (5) Other<br><input type="checkbox"/> (6) Unknown                                                                          | <b>BUILD:</b><br><input checked="" type="checkbox"/> (1) Light<br><input type="checkbox"/> (2) Medium<br><input type="checkbox"/> (3) Heavy<br><input type="checkbox"/> (4) Muscular<br><input type="checkbox"/> (5) Unknown                                                                                                                                                                                                                                                                   | <b>EYE COLOR:</b><br><input type="checkbox"/> (1) Blue<br><input checked="" type="checkbox"/> (2) Brown<br><input type="checkbox"/> (3) Grey<br><input type="checkbox"/> (4) Green<br><input type="checkbox"/> (5) Hazel<br><input type="checkbox"/> (6) Other<br><input type="checkbox"/> (7) Unknown                                        | <b>CLOTHING DESCRIPTION:</b><br>HAT _____<br>COAT _____<br>SHIRT _____<br>PANTS/DRESS _____<br>SHOES _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TATTOO LOC:</b><br><input type="checkbox"/> (01) Arm (lft)<br><input type="checkbox"/> (02) Arm (rt)<br><input type="checkbox"/> (03) Leg (lft)<br><input type="checkbox"/> (04) Leg (rt)<br><input type="checkbox"/> (05) Hand (lft)<br><input type="checkbox"/> (06) Hand (rt)<br><input type="checkbox"/> (07) Face<br><input type="checkbox"/> (08) Neck<br><input type="checkbox"/> (09) Finger(s)<br><input type="checkbox"/> (10) Chest<br><input type="checkbox"/> (11) Back |

## ADDED DESCRIPTION:

n/a

| PROPERTY |       |       |                                                                     |          |        | DRUG INFORMATION |          |         |
|----------|-------|-------|---------------------------------------------------------------------|----------|--------|------------------|----------|---------|
| P.LOSS   | P.DES | QTY   | Description (ser#, color, make, model)                              | PROP TAG | VALUE  | TYPE             | QUANTITY | MEASURE |
| 7        | 77    | 4.00  | N/A N/A +<br>N/A PIZZA AND WINGS                                    | 0        | 60.24  |                  | 0.00     |         |
| 0        | 13    | 1.00  | EFF2941 SW BLK<br>9MM FIREARM                                       | 0        | 0.0000 |                  | 0.00     |         |
| 5        | 13    | 1.00  | EFF2941 SW BLK<br>9MM FIREARM                                       | 0        | 0.0000 |                  | 0.00     |         |
| 0        | 77    | 25.00 | COUNTERFEIT BILLS GRN<br>TWENTY DOLLAR 25 \$20 MOTION PICTURE BILLS | 801265   | 0.0000 |                  | 0.00     |         |

TYPE PROPERTY LOSS: (0) Stored (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc (8) Unknown

## PROPERTY DESCRIPTION:

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

## DRUG TYPE:

|                   |               |                      |                                       |                       |
|-------------------|---------------|----------------------|---------------------------------------|-----------------------|
| (A) Crack Cocaine | (D) Heroin    | (H) Other Narcotics  | (L) Amphetamines/<br>Methamphetamines | (O) Other Depressants |
| (B) Cocaine       | (E) Marijuana | (I) LSD              | (M) Other Stimulants                  | (P) Other Drugs       |
| (C) Hashish       | (F) Morphine  | (J) PCP              | (N) Barbituates                       | (U) Unknown Type      |
|                   | (G) Opium     | (K) Other Hallucino. |                                       |                       |

## TYPE DRUG MEASUREMENT:

|                       |               |            |
|-----------------------|---------------|------------|
| Units                 | Weight        |            |
| (DU) Dosage Unit      | (GM) Gram     | (OZ) Ounce |
| (Pills, etc)          | (KG) Kilogram | (LB) Pound |
| (NP) Number of Plants |               |            |

## FOR BURGLARIES:

Point of Entry:

Tools Apparently Used:

Capacity  
(ML) Milliliter (GL) Gallon  
(LT) Liter (FO) Fluid Ounce

**NARRATIVE**

OFFICERS RECEIVED A CALL TO 5200 WEST 65TH TO MEET WITH AN INDIVIDUAL WHO REPORTED A ROBBERY. OFFICERS MADE CONTACT WITH MS. JAMYIA BONNER, WHO STATED SHE WAS ROBBED AT GUNPOINT WHILE MAKING A DOORDASH DELIVERY UNDER ACCOUNT (MARAYAH). MS. BONNER MENTIONED THAT SHE RECEIVED AN ORDER FOR DELIVERY TO 6320 BUTLER ROAD WHEN SHE WAS APPROACHED BY AN INDIVIDUAL, REFERRED TO AS J1, WHO TOOK THE ITEMS (PIZZA AND WINGS). MS. BONNER INDICATED THAT HE LATER WALKED AWAY, PROMPTING HER TO REMIND HIM THAT HE HAD FORGOTTEN TO PAY. SUBSEQUENTLY, MR. DEJION LEWIS APPROACHED TO TAKE THE PIZZA AND WINGS FROM J1. MS. BONNER REPORTED THAT J1 THEN RETURNED TO HER VEHICLE, LEADING HER TO LOWER HER WINDOW, THINKING HE WAS GIVING HER THE MONEY. INSTEAD, HE DISPLAYED A BLACK FIREARM WITH A GREEN LIGHT, POINTED IT AT HER, AND TOLD HER SHE WASNT GETTING ANYTHING AND TO LEAVE. AS SHE LEFT, MS. BONNER NOTICED ANOTHER INDIVIDUAL ACROSS THE STREET, MR. DEDRICK LEWIS, AND ALL THREE SUBJECTS RAN TOGETHER INTO 4811 TERRA VISTA CIRCLE.

OFFICERS WERE LATER INFORMED BY THE REAL-TIME CRIME CENTER THAT ALL THREE SUBJECTS WERE ACTIVELY BEING MONITORED ON SURVEILLANCE VIDEO WITH THE STOLEN ITEMS UNTIL THEY ENTERED APARTMENT 1618. OFFICERS ATTEMPTED TO MAKE CONTACT WITH THE INDIVIDUALS AT APARTMENT 1618, BUT NO ONE ANSWERED THE DOOR, ALTHOUGH THEY COULD HEAR NOISES FROM INSIDE.

THE ON-DUTY SUPERVISOR WAS NOTIFIED, WHO THEN INFORMED THE MAJOR CRIME UNIT. DUE TO THE SEVERITY OF THE CRIME AND REASONABLE BELIEF THAT THE INDIVIDUALS LISTED WERE INVOLVED, A SEARCH WARRANT WAS OBTAINED AND A SWAT CALL-OUT WAS INITIATED. SWAT RESPONDED TO THE LOCATION, BREACHED THE FRONT DOOR OF THE APARTMENT, AND ORDERED ALL OCCUPANTS TO EXIT. JUV1, DEJION LEWIS, AND DERRICK LEWIS EXITED THE APARTMENT AND WERE DETAINED WITHOUT INCIDENT. THE THREE SUSPECTS WERE TRANSPORTED TO THE 12TH PRECINCT TO BE INTERVIEWED BY DETECTIVES. CRIME SCENE SEARCH UNIT RESPONDED AND EXECUTED THE SEARCH WARRANT, ALONG WITH MAJOR CRIMES. DURING THE SEARCH WARRANT, A BLACK HANDGUN, PIZZA BOX, AND CHICKEN WINGS WERE LOCATED. THE HANDGUN SHOWED TO BE REPORTED STOLEN.

AUTHORIZATION WAS RECEIVED TO CHARGE JUV1 AS AN ADULT. HE WAS CHARGED WITH AGGRAVATED ROBBERY AND THEFT BY RECEIVING (FIREARM). DEJION AND DEDRICK LEWIS WERE CHARGED WITH AGGRAVATED ROBBERY.

MOBILE VIDEO RECORDING/BODY-WORN CAMERAS WERE IN USE.

## 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 ☐ YES, SEE 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) Atheist/Agnostic

## 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