

CONTINUATION PAGE

PAGE #	5	REPORTING OFFICER	Sergeant Wade Gilliam	CODE #	1925	VICTIM NAME	CRAIG, ALLEN L
DATE	09/17/2017	INCIDENT #	2017-3777				

Offense(s)

OFFENSE #	2	OFFENSE STATUS:	<input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED:	<input type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	Burglary (220) Location 148.19:	FORCED ENTRY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OFFENSE #	13B	OFFENSE DESCRIPTION	ASSAULT - III	ADDRESS OF OFFENSE	1131 BROOKHAVEN CT, Alexander, AR 72002			
STATUTE	5-13-207	LOCATION CODE	(Enter 1)					

WEAPON FORCE: (Max 3)	(11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/>
TYPE CRIMINAL ACTIVITY: (Max. 3)	(17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input checked="" type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Specialty Store <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (27) Abandoned/Condemned Structure <input type="checkbox"/> (37) Amusement Park <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (40) ATM Separate From Bank <input type="checkbox"/> (41) Auto Dealership New/Used <input type="checkbox"/> (42) Camp/Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> (16) Lake/Waterway/Beach Facility <input type="checkbox"/> (15) Jail/Prison/Institution/Correctional Facility <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/etc. <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (9) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (8) Department/Discount Store <input type="checkbox"/> (7) Convenience Store <input type="checkbox"/> (6) Construction Site <input type="checkbox"/> (5) Commercial/Office Building <input type="checkbox"/> (4) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (3) Bar/Night Club <input type="checkbox"/> (2) Bank/Savings & Loan <input type="checkbox"/> (1) AirBuses/Train Terminal <input type="checkbox"/>
TYPE GANG ACTIVITY: (Max. 3)	(46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Military Installation <input type="checkbox"/> (49) Park/Playground <input type="checkbox"/> (50) Rest Area <input type="checkbox"/> (51) School - Elementary/Secondary <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) Shelter - Mission/Homelless <input type="checkbox"/> (54) Shopping Mall <input type="checkbox"/> (55) Tribal Lands <input type="checkbox"/> (56) Community Center <input type="checkbox"/> (57) Other Gang <input type="checkbox"/> (9) Other Gang <input type="checkbox"/> (4) Juvenile Gang <input type="checkbox"/> (N) None/Unknown <input type="checkbox"/>
BIAS MOTIVATED CRIME:	Unknown (Offender's motivation not known)

Victim(s)

VICTIM #	2	NAME:	Last, First, Middle	SOC. SEC. NO.	DRIVER'S LICENSE	DR. LL STATE	DATE OF BIRTH
			Vickers, Kate				

RESIDENT ADDRESS:	Street	City	State	ZIP
OCCUPATION	RESIDENT PHONE	RESIDENT PHONE		
EMPLOYMENT PHONE	SEX:			
	<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown			
ETHNIC:	<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown			
RACE:	<input type="checkbox"/> (W) White <input type="checkbox"/> (A) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) Possible Internal Injury			
RES. STATUS:	<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown			
VICTIM TYPE:	<input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: (Max. 5)	<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness			
TO WHICH OFFENSES?	<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 <input type="checkbox"/> #9 <input type="checkbox"/> #10			
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	<input type="checkbox"/> (1) Argument <input type="checkbox"/> (2) Assault On Law Ent. Officer <input type="checkbox"/> (3) Drug Dealing <input type="checkbox"/> (4) Juvenile Gang <input type="checkbox"/> (5) Juvenile Gang <input type="checkbox"/> (6) Lover's Quarrel <input type="checkbox"/> (7) Mercy Killing <input type="checkbox"/> (8) Other Felony Involved <input type="checkbox"/> (9) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances			
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (max. 2)	<input type="checkbox"/> (1) Child Playing With Weapon <input type="checkbox"/> (2) Gun-Cleaning Accident <input type="checkbox"/> (3) Hunting Accident <input type="checkbox"/> (4) Other Negligent Killings <input type="checkbox"/> (5) Other Negligent Killings			
JUSTIFIABLE HOMICIDE (enter 1)	<input type="checkbox"/> (20) Criminal Killed By Private Citizen <input type="checkbox"/> (21) Criminal Killed By Police Officer			
ADDITIONAL JUSTIFIABLE HOMICIDE (enter 1)	<input type="checkbox"/> (A) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (B) Criminal Attacked Civilian <input type="checkbox"/> (C) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information			
RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):				
VICTIM WAS:				

INCIDENT REPORT

VEHICLE	PAGE # 3	DATE 09/17/2017	INCIDENT # 2017-3777	REPORTING OFFICER Sergeant Wade Gilliam		CODE # 1925	VICTIM NAME CRAIG, ALLEN L		
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE	
	OWNER'S NAME				ADDRESS				
	TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE	
	OWNER'S NAME				ADDRESS				
	TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (include serial number, make, model, primary color)		OWNER	ITEM VALUE	RECOV. DATE
TOTAL NUMBER VEHICLES STOLEN:		TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:		
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.									
PROPERTY DESCRIPTION:									
(01) Aircraft	(14) Gambling Equipment	(27) Recordings-Audio/Visual	(42) Artistic Supplies/Accessories	(68) Lawn/Yard/Garden Equipment					
(02) Alcohol	(15) Heavy Construction/Industrial Equipment	(28) Recreational Vehicles	(43) Building Materials	(69) Logging Equipment					
(03) Automobiles	(16) Household Goods	(29) Structures-Single Occupancy	(44) Camping/Hunting/Fishing Equipment/Supplies	(70) Medical/Medical Lab Equipment					
(04) Bicycles	(17) Jewelry/Precious Metals/Gems	(30) Structures-Other Dwellings	(45) Chemicals	(71) Metals, Non-Precious					
(05) Buses	(18) Livestock	(31) Structures-Commercial/Business	(46) Collections/Collectibles	(72) Musical Instruments					
(06) Cloths/Furs	(19) Merchandise	(32) Structures-Industrial/Manufacturing	(47) Crops	(73) Pets					
(07) Computer Hardware/Software	(20) Money	(33) Structures-Public/Community	(48) Documents/Personal or Business	(74) Photographic/Optical Equipment					
(08) Consumable Goods	(21) Negotiable Instruments	(34) Structures-Storage	(49) Explosives	(75) Portable Electronic Communications					
(09) Credit/Debit Cards	(22) Nonnegotiable Instruments	(35) Structures-Other	(50) Firearm Accessories	(76) Recreational/Sports Equipment					
(10) Drugs/Narcotics	(23) Office-Type Equipment	(36) Tools	(51) Fuel	(77) Other					
(11) Drug/Narcotic Equipment	(24) Other Motor Vehicles	(37) Trucks	(52) Identity Documents	(78) Trailers					
(12) Farm Equipment	(25) Purses/Handbags/Wallets	(38) Vehicle Parts/Accessories	(53) Identity - Intangible	(79) Watercraft Equipment/Parts/Accessories					
(13) Firearms	(26) Radios/TVs/VCRs/DVD Players	(39) Watercraft	(54) Law Enforcement Equipment	(80) Weapons - Other					
		(40) Aircraft Parts/Accessories		(81) Pending Inventory (of Property)					
DRUG TYPE:									
(A) "Crack" Cocaine	(F) Morphine	(K) Other Hallucinogens	(Q) Other Depressants	(W) White					
(B) Cocaine	(G) Opium	(L) Amphetamines/ Methamphetamines	(P) Other Drugs	(X) Black					
(C) Hashish	(H) Other Narcotics	(M) Other Stimulants	(U) Unknown Type Drug	(Y) American Indian					
(D) Heroin	(I) LSD	(N) Barbiturates	(V) Over 3 Drug Types	(Z) Asian/Pacific Islander					
(E) Marijuana	(J) PSP			(AA) Unknown					
DRUG TYPE:				(U) Unknown					
DRUG TYPE:				(X) Over 3 Drug Types					
DRUG TYPE:				(Y) American Indian					
DRUG TYPE:				(Z) Asian/Pacific Islander					
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INCIDENT	PAGE # 1	ORI NUMBER AR0000027	ARKANSAS			INTERNAL INCIDENT STATUS:	EXCEPTIONAL CLEARANCE STATUS:
	INCIDENT NUMBER 2017-3777		INCIDENT REPORT			<input type="checkbox"/> (A) Active	<input type="checkbox"/> (A) Death of the Offender
	DATE(S) OF INCIDENT 09/17/2017		APPROVED (Lieutenant Jeffrey Silk)			<input checked="" type="checkbox"/> (CA) Closed by Arrest	<input type="checkbox"/> (B) Prosecution Declined
	TIME(S) OF INCIDENT 01:07		AGENCY NAME Saline County Sheriff's Office			<input type="checkbox"/> (CE) Closed by Exception	<input type="checkbox"/> (C) Extradition Denied
DISPATCHER jamie.crane - CRANE, JAMIE		TIME RECEIVED 1:07	TIME ARRIVED 1:35	REPORTING AREA	EXCEPT. CLEAR. DATE		

OFFENSE # 1	UCR CODE 13A	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
STATUTE 5-13-202	OFFENSE DESCRIPTION BATTERY - II		ADDRESS OF OFFENSE 1131 BROOKHAVEN CT, Alexander, AR 72002		
LOCATION CODE (Enter 1)		WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)			
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Other/Unknown <input type="checkbox"/> (25) Abandoned/Condemned Structure <input type="checkbox"/> (26) Amusement Park <input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (28) ATM Separate From Bank <input type="checkbox"/> (29) Auto Dealership New/Used <input type="checkbox"/> (30) Camp/Campground <input type="checkbox"/> (31) Daycare Facility <input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> (33) Farm Facility <input type="checkbox"/> (34) Gambling Facility/Casino/Race Track <input type="checkbox"/> (35) Industrial Site <input type="checkbox"/> (36) Military Installation <input type="checkbox"/> (37) Park/Playground <input type="checkbox"/> (38) Rest Area <input type="checkbox"/> (39) School - College/University <input type="checkbox"/> (40) School - Elementary/Secondary <input type="checkbox"/> (41) Shelter - Mission/Homeless <input type="checkbox"/> (42) Shopping Mall <input type="checkbox"/> (43) Tribal Lands <input type="checkbox"/> (44) Community Center		<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input checked="" type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None	
TYPE CRIMINAL ACTIVITY: (Max. 3)		TYPE GANG ACTIVITY: (Max. 3)		BIAS MOTIVATED CRIME: Unknown (Offender's motivation not known)	
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown			

VICTIM # 1	NAME: Last, First, Middle CRAIG, ALLEN L	SOC. SEC. NO.	DRIVER'S LICENSE	DR. LI. STATE	DATE OF BIRTH
RESIDENT ADDRESS: Street City State ZIP		RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):			
OCCUPATION		RESIDENT PHONE		VICTIM WAS:	
EMPLOYMENT PHONE		SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender	
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		AGE: Exact Age <u>45</u> Range ___/___			
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown			
RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other			
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input checked="" type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9			
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES		Negligent Manslaughter: (enter 1)		ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)	
Aggravated Assault/Murder: (max. 2) <input checked="" type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances		<input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings		<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civillian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information	

ADM	REPORT DATE 09/17/2017	DAY Sun	TIME (Military) 1:07	REPORTING OFFICER Sergeant Wade Gilliam	CODE # 1925	APPROVING SUPERVISOR Lieutenant Jeffrey Silk	CODE # 1861	DATE APPROVED 09/18/2017
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**SALINE COUNTY SHERIFF'S OFFICE
ARKANSAS ARREST/ DISPOSITION REPORT**

DEFENDANT IDENTIFICATION INFORMATION

BOOKING NUMBERS

738

ARRESTING AGENCY NAME SALINE COUNTY SHERIFF'S OFFICE		ARRESTING AGENCY NCIC CODE	
NAME: LAST: CANTWELL		FIRST: DANIEL MIDDLE: SCOTT	
ALIASES			
STREET ADDRESS		PHONE NUMBER	
CITY WHITE HALL		STATE ARKANSAS ZIP 71602	
F.B.I. NO.		STATE ID NO.	
SOCIAL SECURITY NO.		DRIVERS LICENSE NO.	
LOCAL ID NUMBER			
SEX MALE	RACE WHITE	RACE	ETHNICITY NOT HISPANIC
DATE OF BIRTH		AGE 27	PLACE OF BIRTH SHREVEPORT, LOUISIANA
HAIR BROWN	EYES BROWN	WEIGHT 5'10	HEIGHT 230
SCARS AND MARKS NO			
COMPLEXION MEDIUM		BUILD HEAVY	
EMPLOYER/ OCCUPATION REFUSED			
NAME OF NEAREST RELATIVE		PHONE NUMBER	
STREET ADDRESS 6711 SHERIDAN ROAD		CITY, STATE, ZIP WHITE HALL, AR 71602	
AFIS FINGERPRINT ID NUMBER SAL004954336			

ARREST INFORMATION

PLACE OF ARREST BROOKHAVEN CT ALEXANDER, AR		ARRESTING OFFICER SGT. W. GILLIAM DEP. C. JONES BADGE 610/612	
DATE OF ARREST 09/17/2017	TIME OF ARREST 02:18	BOND AMOUNT NO BOND	INCIDENT NO 2017-3777
AGENCY RECEIVED FROM SALINE COUNTY SO			
AGENCY TRANSFERRED TO			
NO	STATUE NO	CHARGES	DATE OF ACTION
1	5-13-202	BATTERY 2ND DEGREE	09/17/2017
2	5-13-301	TERRORISTIC THREATENING 1ST	09/17/2017
3	5-13-207	ASSAULT 3RD	09/17/2017
4			
5			
6			
COURT DATE	COURT HEARING CASE	HOLD FOR OTHER AGENCY	MORE CHARGES PENDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ARRIVAL TIME	OFFICER PAT DOWN/ SEARCH	BADGE	

FACTS OF ARREST IN DETAIL:
 Responded to an active disturbance at Brookhaven Court in reference to two males fighting and other people arguing. Upon arrival the male victim was receiving medical treatment. Victim advised suspect had followed him after a verbal altercation to his vehicle and proceeded to hit him in the face causing a severe laceration under his left eye. Medical advised the victim possibly had an injury to his eye. Victim and witnesses advised suspect threatened to kill him. A female victim came forward and advised during the altercation between the two males, the suspect grabbed the front of her shirt. Suspect was located and taken into custody without incident.