

LITTLE ROCK POLICE DEPARTMENT INCIDENT REPORT

| | | | | | |
|---|------------------------------|---|------------------------------|----------------------------|--------------------------------------|
| <input type="checkbox"/> JUVENILE INFORMATION | | INCIDENT | | | Report generated: 1/18/2022 10:54 AM |
| INCIDENT NUMBER 2022-006688 | UNIT ASSIGNED 1X72 | CALL DATE 01/18/2022 | CALL TIME 08:36:00 | TYPE OF CALL DIS | |
| INCIDENT DATE 1/18/2022 8:36:46 AM | | LOCATION OF INCIDENT (ADDRESS / BUSINESS NAME) 4 OFFICE PARK DR | | | DISTRICT 72 |

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

| | | | |
|--|---|--|--|
| ENTRY DATE 01/18/2022 09:33:29 | REPORTING OFFICER ELIZABETH MCCAULEY [REDACTED] | ORIGINAL APPROVING SUPERVISOR ADAM GODWIN - [REDACTED] | <input checked="" type="checkbox"/> MVR in use |
|--|---|--|--|

VICTIM

| | | | |
|--|---|--|---|
| VICTIM # 1 | NAME (Last, First, Middle) or BUSINESS SHEWMAKE, DENISE | | |
| ADDRESS: 33801 KANIS RD PARON AR 72223 | | | |
| HOME PHONE: 5013514529 | WORK PHONE: | MOBILE PHONE: | OTHER PHONE: |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | ETHNICITY: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 02/05/1960 |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | MENTALLY AFFLICTED?: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | OCCUPATION / EMPLOYER: | |
| AGE: Exact Age: <u>61</u> Range: _____ - _____ <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (00) Unknown | | NIC: D.L. / ID No. (STATE) | RELATIONSHIP OF THIS VICTIM TO SUSPECTS SUSPECT(S) VICTIM WAS: _____ (by Suspect Number) (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 _____ (RU) Relationship Unknown (ST) Stranger _____ 1 _____ (VO) Victim Was Suspect |
| THIS VICTIM RELATED TO WHICH OFFENSES? <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 | | | |
| VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Inst. <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: <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (U) Unconsciousness | | | |
| AGGRAVATED ASSAULT / HOMICIDE: <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf Officer <input type="checkbox"/> (03) Drug Deal <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killings <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer <input type="checkbox"/> (30) Child Playing w/ Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | | |
| CLOTHING DESCRIPTION HAT _____ SHIRT _____ SHOES _____ COAT _____ PANTS/DRESS _____ | | | |

| SUSPECT #1 | | | | | |
|--|--|--|---|--|---|
| SUSPECT # 1 | NAME (Last, First, Middle) TVEDTEN,NATALIE | | | AKA: | |
| ARRESTEE # | ADDRESS: 4 OFFICE PARK DR LITTLE ROCK AR 72210 | | | | |
| HOME PHONE: | | WORK PHONE: | | MOBILE PHONE: | OTHER PHONE: 5012253836 |
| SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | ETHNICITY: <input type="checkbox"/> (H)Hispanic <input checked="" type="checkbox"/> (N) Non-Hispanic <input type="checkbox"/> (U) Unk. | | RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian / Pacific Islander <input type="checkbox"/> (U) Unknown | DATE OF BIRTH 01/29/1964 |
| RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | | MENTALLY AFFLICTED?: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unk. | | OCCUPATION / EMPLOYER: | |
| AGE: Exact Age: <u>58</u> Range: _____ <input type="checkbox"/> (99) Over 98 Years Old <input type="checkbox"/> (00) Unknown | | SUSPECTS ACTIONS RELATED TO: <input checked="" type="checkbox"/> V1 <input type="checkbox"/> V2 <input type="checkbox"/> V3 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> V6 <input type="checkbox"/> V7 <input type="checkbox"/> V8 | | NIC: | HEIGHT: Ft _____ In _____ |
| DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department <input type="checkbox"/> (R) Referred outside Department | | D.L. / ID No. (STATE) | | WEIGHT: Lbs _____ | WEAPONS AT ARREST: <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (11) Firearm (Unk) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (16) Illegal Cutting Instrument <input type="checkbox"/> (17) Club/Blackjack/Brass (A -- automatic c) |
| THIS SUSPECT RELATES TO WHICH OFFENSES? <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 <input type="checkbox"/> (S) Summons / Cited <input type="checkbox"/> (T) Taken Into Custody | | |
| ARREST LOCATION: | | | ARREST DATE: | | |
| CHARGE: 99-13 | | | | | |
| ARRESTING OFFICERS | | | | | |
| OFFICER 1: _____ | | <input type="checkbox"/> MVR | | OFFICER 5: _____ | |
| OFFICER 2: _____ | | <input type="checkbox"/> MVR | | OFFICER 6: _____ | |
| OFFICER 3: _____ | | <input type="checkbox"/> MVR | | OFFICER 7: _____ | |
| OFFICER 4: _____ | | <input type="checkbox"/> MVR | | OFFICER 8: _____ | |
| | | <input type="checkbox"/> MVR | | <input type="checkbox"/> MVR | |

Suspect information continued on next page.

SUSPECT #1

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|---------------------------|--|-------------|
| SUSPECT # 1 | NAME (Last, First, Middle) TVEDTEN,NATALIE | AKA: |
|---------------------------|--|-------------|

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

CLOTHING DESCRIPTION:

HAT _____

COAT _____

SHIRT _____

PANTS/DRESS _____

SHOES _____

ADDED DESCRIPTION:

n/a

VEHICLE #1

STATUS: SUBJECT

HOLD AUTHORITY:

| | | | | | | |
|---|--|-------------------|------------------------|--------------------|----------------------------------|----------------------|
| YEAR: 2018 | MAKE: SUBA | MODEL: OUTBACK | STYLE: 4D | VIN: [REDACTED] | LICENSE NO. (TYPE): 614YIA PC | LIC YEAR: 2022 |
| OWNER'S NAME (Last, First): [REDACTED] | | | ADDRESS: [REDACTED] | | | STATE: [REDACTED] |
| COLOR: BLU | DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Release to Owner | | NIC: | | INSURANCE POLICY #: | |

NARRATIVE

TVEDTEN AND SHEWMAKE ARE BOTH THE VICTIM AND SUSPECT IN THIS INCIDENT. TVEDTEN ADVISED THAT SHEWMAKE HAS BEEN STEPPING IN FRONT OF HER VEHICLE, V1 WHEN SHE ARRIVES AT WORK. SHEWMAKE IS A PROTESTER, AND HAS PREVIOUSLY ISSUED ASSAULT WARRANTS AGAINST TVEDTEN. THESE WARRANTS WERE SERVED ON JANUARY 04, 2022. AN ORDER OF PROTECTION WAS ISSUED ON BEHALF OF SHEWMAKE, PROTECTING HER AGAINST TVEDTEN. SHEWMAKE WAS NOT AWARE THIS PROTECTION ORDER WAS ISSUED, SHE WAS ADVISED THAT DUE TO THE ORDER BEING IN PLACE, SHE CANNOT PROTEST OUTSIDE THIS LOCATION OR BE IN VIOLATION OF THIS ORDER AND BE ARRESTED. SHEWMAKE LEFT THE AREA.

TVEDTEN ADVISED SHE RECEIVED A NO CONTACT ORDER AGAINST SHEWMAKE. HOWEVER, SHE DID NOT HAVE THE PROPER PAPERWORK IN ORDER TO HAVE SHEWMAKE SERVED. TVEDTEN ADVISED THE PAPERWORK WAS AT HER HOME. SHE DID SHOW OFFICERS A SCREEN SHOT OF THE NO CONTACT ORDER. SHE LATER CALLED BACK IN ORDER TO HAVE IT SERVED. HOWEVER, SHEWMAKE HAD LEFT PRIOR TO TVEDTEN OBTAINING THE PAPERWORK.

MVR AND BODY CAM 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 NO

DRIVE-BY? YES NO

GANG 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