

COMPLAINT CARD
FAULKNER COUNTY SHERIFFS OFFICE

DATE: 11/09/2020
TIME: 11:21:05AM

Page 1 of 6

C.F.S. #: 615110

DATE: 09/30/2020

O.C.A. #: 20004941J

LOCATION: 161 SKUNK HOLLOW RD

APT #:

ZONE: ESN: 316 FIRE:

How Received:

PHONE #: (571) 251-8937

Vehicle Tag#:

NAME: SILVA, CARLOS

ADDRESS: 161 SKUNK HOLLOW RD
FAULKNER COUNTY, AR.

Place: LITTLE CREEK BEHAVOIRAL H

INTERSECTION:

NATURE: ASSAUL - ASSAULT

RECEIVED: 1051 Notified EMS/Fire: Dispatched/Enroute: 1059 Arrived: 1117 Transport Start: Completed: 1133

DISPATCHER: 1301-MEURER, AMY

Closed By: KILCREASE, KRISTY - 2474

UNIT ASSIGNED: F35

PRIMARY OFFICER: 1009 - BARDEN, BAYLEE

BACK-UP OFFICER:

DISPOSITION: SHIFT: 1

Department: FCSO Race: Sex:

STAFF MEMBER ASSULTED JORDAN DOZIER BY 5 RESIDENTS

Unit: F8-PRUETT, CHAD - Dispatched @ 10:58.34

Note by: 1301 - MEURER, AMY On: 09/30/2020 10:58.43

Unit: F35-BARDEN, BAYLEE - Dispatched @ 10:59.17

Note by: 1301 - MEURER, AMY On: 09/30/2020 11:02.15

FAU2.

COMPLAINT CARD
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***** END OF RECORD *****

*** END ***

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE: 11/09/2020

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
***** END OF RECORD *****

*** END ***

Note by: 1301 - MEURER, AMY On: 09/30/2020 11:04.34
FAU2.

[REDACTED]

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE: 11/09/2020
TIME: 11:21:05AM

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****
*** END ***

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE : 11/09/2020

TIME : 11:21:05AM

Note by: 2474 - KILCREASE, KRISTY On: 09/30/2020 11:29.28

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

* [REDACTED] *

[REDACTED]

[REDACTED]

[REDACTED]

***** END OF RECORD *****

*** END ***

Date	Time	License Plate	Unit	Traffic
09/30/2020	10:58:34		F8	10-96 - UNIT ENROUTE
				161 SKUNK HOLLOW RD
09/30/2020	10:59:17		F35	10-96 - UNIT ENROUTE
				161 SKUNK HOLLOW RD
09/30/2020	109			10-8 - IN SERVICE
09/30/2020	11:17:45		F35	ASSAUL - ASSAULT

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE: 11/09/2020

TIME: 11:21:05AM

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** Unit Arrived On Scene **

161 SKUNK HOLLOW RD

09/30/2020 11:33:29 F35 10-98 - ASSIGNMENT FINISHED

Date	Description	Dis	ETS	Arr	Enr	Com	Miles Disp	Miles Arr	Tracking #
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Fire Traffic

Date	Time	Unit	Comment
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People Involved

Name	Date Of Birth	Race	Sex	Role
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DL#:

SSN:

Vehicles Involved

Vehicle Tag	State	Tag Yr	Veh Yr	Make	Model	Color	Style	VIN#
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Unit #	Unit Name	Dispatched	Arrived	Transport Start	Transport End	Completed
F35	BARDEN, BAYLEE	09/30/2020 10:59:17	09/30/2020 11:17:45			09/30/2020 11:33:31
F8	PRUETT, CHAD	09/30/2020 10:58:34				09/30/2020 10:59:14

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE: 11/13/2020

TIME: 07:42:41AM

Case Number: 20004941J

Page 1 of 3

INCIDENT #: 20004941J

ADDRESS: 161 SKUNK HOLLOW RD

City: CONWAY

State: AR

ZipCode: 72032

REPORTING OFFICER: 1009 - BARDEN, BAYLEE

DATE: 09/30/2020

TIME: 11:17

Date Occured From: 09/30/2020 / 11:17

Date Occured Thru: 09/30/2020 / 11:17

INCIDENT STATUS: Cleared

EXCEPTIONAL CLEARANCE:

DATE:

ZONE: D

SUBDIVISION:

JUVENILE: Y

SCHOOL:

Offenses

U.C.R. CODE: 13B OFFENSE: BATTERY - 3RD / D241

STATUTE: 5-13-203A(

BIAS MOTIVATION: NONE

LOCATION: OTHER / UNKNOWN

OFFENSE STATUS: COMPLETED

OFFENDER USED: NOT APPLICABLE

CRIMINAL ACTIVITY:

WEAPON / FORCE: PERSONAL WEAPONS

Auto:

Auto:

METHOD OF ENTRY:

GANG ACTIVITY: N

PREMISES ENTERED: 0

GANG TYPE:

GANG NAME:

HOME INVASION: N

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE: 11/13/2020

TIME: 07:42:41AM

Case Number: 20004941J

Page 2 of 3

Offender Segment

ARRESTED: No DATE ARRESTED: _____ TIME: _____ OFFICER: _____

LOCATION: _____ UCR CODE 13B ASSAULT SIMPLE

S.S.N.: XXX-XX-XXXX D.O.B.: _____ DL#: _____ Hispanic: No

NAME: _____ RACE: _____ SEX: _____ HAIR: _____ Eyes: WEIGHT:

ADDRESS: 161 SKUNK HOLLOW RD CITY, STATE ZIP: CONWAY, AR. 72032- HEIGHT:

HOME PHONE: (501) WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

VEHICLE INFORMATION: _____

SCARS: _____

CLOTHES: _____

STATE CONTROL: _____ ARREST TYPE: _____

MULTIPLE CLEARANCE INDICATOR: _____ WARRANT: _____

ARRESTEE ARMED WITH: UNARMED DISPOSITION UNDER 18: _____

ARRESTED: No DATE ARRESTED: _____ TIME: _____ OFFICER: _____

LOCATION: _____ UCR CODE 13B ASSAULT SIMPLE

S.S.N.: XXX-XX-XXXX D.O.B.: _____ DL#: _____ Hispanic: No

NAME: _____ RACE: _____ SEX: _____ HAIR: _____ Eyes: WEIGHT:

ADDRESS: 161 SKUNK HOLLOW RD CITY, STATE ZIP: CONWAY, AR. 72032- HEIGHT:

HOME PHONE: (501) WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

VEHICLE INFORMATION: _____

SCARS: _____

CLOTHES: _____

STATE CONTROL: _____ ARREST TYPE: _____

MULTIPLE CLEARANCE INDICATOR: _____ WARRANT: _____

ARRESTEE ARMED WITH: UNARMED DISPOSITION UNDER 18: _____

ARRESTED: No DATE ARRESTED: _____ TIME: _____ OFFICER: _____

LOCATION: _____ UCR CODE 13B ASSAULT SIMPLE

S.S.N.: XXX-XX-XXXX D.O.B.: _____ DL#: _____ Hispanic: No

NAME: _____ RACE: _____ SEX: _____ HAIR: _____ Eyes: WEIGHT:

ADDRESS: 161 SKUNK HOLLOW RD CITY, STATE ZIP: CONWAY, AR. 72032- HEIGHT:

HOME PHONE: (501) WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

VEHICLE INFORMATION: _____

SCARS: _____

CLOTHES: _____

STATE CONTROL: _____ ARREST TYPE: _____

MULTIPLE CLEARANCE INDICATOR: _____ WARRANT: _____

ARRESTEE ARMED WITH: UNARMED DISPOSITION UNDER 18: _____

ARRESTED: No DATE ARRESTED: _____ TIME: _____ OFFICER: _____

LOCATION: _____ UCR CODE 13B ASSAULT SIMPLE

S.S.N.: XXX-XX-XXXX D.O.B.: _____ DL#: _____ Hispanic: No

NAME: _____ RACE: _____ SEX: _____ HAIR: _____ Eyes: WEIGHT:

ADDRESS: 161 SKUNK HOLLOW RD CITY, STATE ZIP: CONWAY, AR. 72032- HEIGHT:

HOME PHONE: (501) WORK PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

VEHICLE INFORMATION: _____

SCARS: _____

CLOTHES: _____

STATE CONTROL: _____ ARREST TYPE: _____

MULTIPLE CLEARANCE INDICATOR: _____ WARRANT: _____

ARRESTEE ARMED WITH: UNARMED DISPOSITION UNDER 18: _____

ARRESTED: No DATE ARRESTED: _____ TIME: _____ OFFICER: _____

LOCATION: _____ UCR CODE 13B ASSAULT SIMPLE

S.S.N.: XXX-XX-XXXX D.O.B.: _____ DL#: _____ Hispanic: No

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE: 11/13/2020

TIME: 07:42:41AM

NAME: [REDACTED]

ADDRESS: 161 SKUNK HOLLOW RD

HOME PHONE: (501)

Case Number: 20004941J

RACE: W SEX: M HAIR:

CITY, STATE ZIP: CONWAY, AR. 72032-

WORK PHONE:

Page 3 of 3

Eyes: WEIGHT:

HEIGHT:

OCCUPATION:

EMPLOYER:

VEHICLE INFORMATION:

SCARS:

CLOTHES:

STATE CONTROL:

ARREST TYPE:

MULTIPLE CLEARANCE INDICATOR:

WARRANT:

ARRESSTEE ARMED WITH: UNARMED

DISPOSITION UNDER 18:

Victim Segment

VICTIM TYPE: INDIVIDUAL

NAME: DOZIER, JORDAN LANE

ADDRESS: 5500 HIGHLAND DR

CITY STATE ZIP: LITTLE ROCK, AR. 72223-

HOME PHONE:

OCCUPATION:

RACE: W SEX: M HEIGHT: 600

WEIGHT: 200 HAIR: BRO EYES: BRO

Hispanic: No

WORK PHONE:

EMPLOYER: LITTLE CREEK BEHAVIORAL

S.S.N.: XXX-XX-XXXX

D.O.B.: 02/14/1997

DL#:

INJURY TYPE: MINOR INJURY

AGGRAVATED ASSAULT / HOMICIDE:

NEGLIGENT MANSLAUGHTER:

JUSTIFIABLE HOMICIDE:

ADDITIONAL JUSTIFIABLE HOMICIDE:

OFFENSE OCCURED ON CAMPUS: No

ORDER OF PROTECTION:

SCHOOL NAME:

VICTIM TRANSPORTED TO SAFE PLACE:

TYPE OF LOOKA:

TYPE OF VEHICLE:

TRANSPORT TIME:

ASSIGNMENT TYPE:

VIC-OFF: 001-OK / 001-OK / 001-OK / 001-OK / 001-OK / 001-OK / 001-OK / 001-OK /

Complainant Segment

NAME: DOZIER, JORDAN LANE

ADDRESS: 5500 HIGHLAND DR

ADDRESS:

HOME PHONE: (870) 581-0948

OCCUPATION:

S.S.N.: XXX-XX-XXXX

RACE: W SEX: M HEIGHT: 600 WEIGHT: 200

HAIR: BRO EYES: BRO D.O.B.: 02/14/1997

CITY, STATE ZIP: LITTLE ROCK, AR. 72223-

WORK PHONE:

Hispanic: No

EMPLOYER: LITTLE CREEK BEHAVIORAL

D.L.N.:

Case Segment

APPROVING OFFICER: 0923 - TILLMAN, JOE

DATE: 10/04/2020

ASSIGNED OFFICER:

DATE:

Narrative

On September 30, 2020 at approximately 1117 hours, I was dispatched to 161 Skunk Hollow Rd (Little Creek Behavioral Health) for an assault that had taken place.

Upon arrival, I made contact with the victim/complainant, Mr. Jordan Dozier, who advised he is a medical assistant and that he witnessed some of the juvenile residents "rough housing" and he didn't feel it was appropriate so he stepped in to tell them to stop and that's when 5 juvenile males "jumped" him. I did not see any marks on Mr. Dozier. I asked him where he was hurt and he advised they kicked and punched him in the stomach area. I asked Mr. Dozier if he would like MEMS to look at him and he declined. I advised Mr. Dozier of the warrants process. I provided Mr. Dozier with this report number and the information on how to obtain a copy of the report.

BARDEN, B - F35 - 10/1/2020 10:08:43 AM

Officer Signature: _____

Date: _____

Supervisor: _____

Incident Tracking#: 61121264

0889