#### COMPLAINT CARD

## FAULKNER COUNTY SHERIFFS OFFICE

DATE:-11/09/2020

TIME: 11:15:19AM

C.F.S. #: 615231

DATE: 10/01/2020

O.C.A. #: 20004972.J

LOCATION:

161 SKUNK HOLLOW RD

APT#:

ZONE:

ESN: 316

How Received:

PHONE #: (505) 273-5929 Vehicle Tag#:

NAME

ADDRESS:

161 SKUNK HOLLOW RD

Place: LITTLE CREEK

FAULKNER COUNTY, AR.

INTERSECTION:

NATURE: **SEXOFF - SEXUAL OFFENSE** 

Notified EMS/Fire:

Dispatched/Enroute: 2030

Arrived: 2047

Transport Start:

Completed: 2137

RECEIVED: 2023

DISPATCHER: 0130-HAYNIE, ANGELA

Closed By: DALE, CARRIE - 4734

UNIT ASSIGNED: F31

PRIMARY OFFICER:

0898 - LEE, NICHOLAS

BACK-UP OFFICER: F37

DISPOSITION: IR - INC REPORT TAKEN

SHIFT:

Department:

**FCSO** 

FIRE:

Sex:



Note by: 4734 - DALE, CARRIE On: 10/01/2020 20:30.33

I WAS IN THE SHOWER AND SOMEONE PUNCHED ME // IN ALOT OF PAIN // MEMS ON STANDBY

Unit: F37-LEE, NICHOLAS - Dispatched @ 20:30.59

Note by: 4734 - DALE, CARRIE On: 10/01/2020 20:33.04

CALLER DISCONNECTED // TRYING TO MAKE CONTACT AGAIN // GOING STRAIGHT TO VOICEMAIL //

10/01/2020 20:47.01 - Arrived Unit: F31 - COOLEY, ZACHARY

10/01/2020 20:51.23 - Arrived Unit: F37 - LEE, NICHOLAS

Note by: 4734 - DALE, CARRIE On: 10/01/2020 21:35.01 CALLER SUICIDIAL TRANSPORTED TO CONWAY REGIONAL

Date

Time

License Plate

Unit

**Traffic** 

10/01/2020 20:30:59

F37

10-96 - UNIT ENROUTE

161 SKUNK HOLLOW RD

10/01/2020 20:47:01

F31

10-97 - ON SCENE

\*\* Unit On-Scene \*\*

161 SKUNK HOLLOW RD

10/01/2020 20:51:23

F37

10-97 - ON SCENE

\*\* Unit On-Scene \*\*

161 SKUNK HOLLOW RD

## COMPLAINT CARD

## FAULKNER COUNTY SHERIFFS OFFICE

DATE: 11/09/2020

TIME: 11:15:19AM

F37 10-98 - ASSIGNMENT FINISHED Page 2 of 2

-10/01/2020 --21<del>:</del>37:37 ---

10/01/2020 21:04:11

-F31----10-98 = ASSIGNMENT FINISHED

\*\* Unit Cleared Scene \*\* 161 SKUNK HOLLOW RD

Date

Description

Dis

ETS

Arr

Enr

Com

Miles Miles Disp Arr

Tracking #

Fire Traffic

Date

Name

Time

Unit

Comment

People Involved

Date Of Birth

Race

Role

SSN:

DL#:

Vehicles Involved

Vehicle Tag

State Tag Yr

Veh Yr

Make

Model

Color

Sex

Style

VIN#

Transport Transport Unit# **Unit Name** Dispatched Arrived Start End Completed F31 COOLEY, ZACHARY 10/01/2020 20:47:01 10/01/2020 21:37:37 F37 LEE, NICHOLAS 10/01/2020 20:30:5910/01/2020 20:51:23 10/01/2020 21:04:15

## FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE: 11/13/2020

TIME: 07:42:29AM

Case Number: 20004972J

INCIDENT#: 20004972J ADDRESS: 161 SKUNK HOLLOW RD

City: CONWAY REPORTING OFFICER: 1041 - COOLEY, ZACHARY State: AR

ZipCode: \_72032-

TIME: 20:47

STATUTE: 5-13-203A(

Page 1 of 2

Date Occured From: 10/01/2020

/ 20:23

Date Occured Thru: 10/01/2020

DATE: 10/01/2020

INCIDENT STATUS: Cleared

**EXCEPTIONAL CLEARANCE:** 

/ 20:30 DATE:

ZONE: D

SUBDIVISION:

JUVENILE:Y

SCHOOL:

Offenses

U.C.R. CODE:

13B

OFFENSE: BATTERY - 3RD / D241

LOCATION: JAIL / PRISON

**BIAS MOTIVATION: NONE** 

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 NAME:

GANG TYPE: HOME INVASION:N

Offender Segment

DL#:

RACE:

ARRESTED:

No

DATE ARRESSTED :

TIME:

CITY, STATE ZIP:

WORK PHONE:

**EMPLOYER:** 

OFFICER:

CONWAY, AR. 72032-

UCR CODE 13B

ASSAULT SIMPLE

Eyes:

WEIGHT:

HEIGHT:

Hispanic: No

HEIGHT:

Hispanic: No

EYES:

HAIR:

DL#:

LOCATION:

NAME:

S.S.N. :

XXX-XX-XXXX

ADDRESS: HOME PHONE:

161 SKUNK HOLLOW

(501)

**OCCUPATION:** 

**VEHICLE INFORMATION:** SCARS:

CLOTHES:

STATE CONTROL:

ARREST TYPE:

MULTIPLE CLEARANCE INDICATOR:

ARRESTEE ARMED WITH: UNARMED

WARRANT:

RACE:

**EMPLOYER:** 

WEIGHT:

**DISPOSITION UNDER 18:** 

Victim Segment

VICTIM TYPE:

**INDIVIDUAL** 

NAME: ADDRESS:

161 SKUNK HOLLOW

CITY STATE ZIP:

**HOME PHONE:** 

**OCCUPATION:** 

CONWAY, AR. 72032-

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

INJURY TYPE: NONE

AGGRAVATED ASSAULT / HOMICIDE:

**NEGLIGENT MANSLAUGHTER:** 

JUSTIFABLE HOMICIDE:

ADDITIONAL JUSTIFABLE HOMICIDE:

OFFENSE OCCURED ON CAMPUS:

ORDER OF PROTECTION:

SCHOOL NAME:

WORK PHONE:

VICTIM TRANSPORTED TO SAFE PLACE:

TYPE OF LEOKA:

TYPE OF VEHICLE:

TRANSPORT TIME:

0889

ASSIGNMENT TYPE:

VIC-OFF: 001-AQ /

Incident Tracking#: 61121839

# FAULKNER COUNTY SHERIFFS OFFICE Incident Report

| DATE: 11/13/2020   | motdent Report                                      |            |                            |   |   |  |
|--|---|------------|----------------------------|---|---|--|
| TIME: 07:42:29AM   | Case Number: 200049                                 | 972J       |                            |   |   | Page 2 of  |
| 有智慧,这种自己的种种,就是有自己的种种,但是一个人们的,但是是这种是一个人们的,他们就是一个人们的,他们就是一个人们的,他们就是一个人们的,他们就是一个人们的   | Complainant Segment                                 |            |                            | t tweety and the con-   | de la companiación de la constantinación de | 1 460 2 0  |
| NAME.  |   |            |                            |   |   |  |
| NAME:  | A CE  | SEX:       |                            |   | WEIGHT :_   | the constitution of the second control of the second |
| ADDRESS: 161 SKUNK HOLLOW  | HAIR:   | EYES:      |                            | - The same of the |   |  |
| ADDRESS:   | CITY, STA   | TE ZIP:    | CONWAY                     |   |   |  |
| HOME PHONE: (501) OCCUPATION:  | WORK PHONE :<br>EMPLOYER :                          |            |                            | Hispanic:   | No  |  |
| S.S.N.: XXX-XX-XXXX  | D.L.N.;   |            |                            |   |   |  |
| AAA-AAAA   | Case Segment  |            |                            |   |   |  |
| Approving OFFICER, 1000 DOSS DAVID   |   | 1001000    |                            |   |   |  |
| APPROVING OFFICER: 1089 - ROSS, DAVID  | DATE: 10/   | /02/2020   |                            |   | 12  | 1 4 4 m m m m  |
| ASSIGNED OFFICER:  | DATE:   |            |                            |   |   |  |
|  | Others Involved Segment                             |            |                            |   |   |  |
| NAME: MEMS,  | RACE: W   | CEV. 1.    | HEICHT.                    |   | Marcha  |  |
| INVOLVEMENT:   | MACE. W   | SEX: M     | HEIGHT:                    |   | WEIGHT:   |  |
| ADDRESS: 1006 GARLAND ST   | HAIR:   | EYES       | :                          | DOB;  |   |  |
| ADDRESS:   | CITY, STAT  | E ZIP: (   | CONWAY,                    | AR.: 72034  | 4-  |  |
| HOME PHONE: (501) 301-1407   | WORK PHONE: (501)                                   | ) 301-1400 | )                          |   |   |  |
| OCCUPATION:  | EMPLOYER:   |            |                            |   |   | Property and Control                                 |
| S.S.N.: XXX-XX-XXXX  | D.L.N.:   | a          |                            |   |   |  |
| NAME: SILVA, CARLOS A  | DACE . W  | CEV. A.    | mercur.                    | 500   | WEIGH   |  |
| INVOLVEMENT:   | RACE: W   | SEX: M     | HEIGHT:                    | 509   | WEIGHT:   | 226  |
| ADDRESS: 200 CROSSRIDGE CT   | HAIR:   | EYES:      | BRO                        | DOB:  | 10/16/1987  |  |
| ADDRESS:   | CITY, STATI   | E ZIP:     | TAFFORD                    | , VA. 225   |   |  |
| HOME PHONE: (571) 251-8937   | WORK PHONE: (501)                                   |            |                            |   |   |  |
| OCCUPATION:  | EMPLOYER: SUP                                       | ERVISOR    |                            |   |   |  |
| S.S.N.: XXX-XX-XXXX  | D.L.N. :  |            |                            |   |   |  |
| any gardenine is a company and a company   | Narrative   |            |                            |   |   | 1 maritent toposa action                             |
| On Thursday, October 1, 2020, I was dispatched to on scene and made contact with staff and JV1 (victim   | o 161 Skunk Hollow Rd (Little Cr<br>d/complainant). | reek Behav | vioral Heal                | th) for a b   | attery report   | . I arrived  |
| JV1 is hearing impaired. JV1 was supposed to be communicated with JV1 using a contracted ASL intershower. He stated JV2 attacked him and began beating   | preter. It was translated that JV1                  | was attack | ed by JV2                  | d used his<br>(offender   | time to call<br>) while he wa   | 911. I<br>is in the                                  |
| MEMS (OI) arrived on scene and made contact w  | ith JV1. MEMS cleared JV1 medi                      | ically.    |                            |   |   |  |
| JV1 was very irate and made several threats. He me thoughts of hurting himself. He signed to the interpret the situation and they transported JV1 to Conway Reg  | ter that he wanted to kill himself. I               | I was able | oreter. JV1<br>to notify M | began sta<br>IEMS pri   | ting that he voor to their de   | vas having<br>parture of                             |
| Mr. Carlos Silva (OI) arrived on scene after JV1 v JV2 were hearing impaired. Mr. Silva stated they hav stated that he didn't receive any reports of altercations understands the protocols that have to be taken. | e had several issues amongst each                   | other sinc | e they both                | n arrived a   | at the facility.  | . He   |
| I gave Mr. Silva the report number and advised him   | n how to obtain a copy.                             |            |                            |   |   |  |
|  |   |            |                            |   |   |  |
| COOLEY, Z - F31 - 10/2/2020 4:59:38 AM   | eren eren eren eren eren eren eren eren             |            |                            |   |   | *4 - *******   |
| Officer Signature:   | Date:   |            |                            | Supervisor  | :   |  |
|  | · · · · · · · · · · · · · · · · · · ·               |            |                            |   |   |  |

Incident Tracking#: 61121839