

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE: 01/14/2021
TIME: 03:34:33PM

Case Number: 20006376J

Page 1 of

INCIDENT #: 20006376J

ADDRESS: 161 SKUNK HOLLOW RD

City: CONWAY
REPORTING OFFICER: 1149 - SUMNER, STEVE

State: AR

ZipCode: 72032-

DATE: 12/21/2020

TIME: 15:33

Date Occured From: 11/07/2020 / 08:00

Date Occured Thru: 12/21/2020 / 15:33

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: HOSPITAL

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

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: Unk

NAME : UNKNOWN, UNKNOWN

RACE : U

SEX : U

HAIR :

Eyes: WEIGHT :

ADDRESS :

CITY, STATE ZIP :

HEIGHT :

HOME PHONE :

WORK PHONE :

OCCUPATION :

EMPLOYER :

VEHICLE INFORMATION :

SCARS :

CLOTHES :

STATE CONTROL :

ARREST TYPE :

MULTIPLE CLEARANCE INDICATOR :

WARRANT :

ARRESTEE ARMED WITH : UNARMED

DISPOSITION UNDER 18 :

Victim Segment

VICTIM TYPE : INDIVIDUAL

NAME :

RACE : W

SEX : M

HEIGHT :

ADDRESS :

161 SKUNK HOLLOW ROAD

WEIGHT :

HAIR :

EYES:

CITY STATE ZIP :

CONWAY, AR. 72034-

Hispanic: No

HOME PHONE :

WORK PHONE :

OCCUPATION :

EMPLOYER :

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

D.O.B. :

DL#:

INJURY TYPE : MINOR INJURY

AGGRAVATED ASSAULT / HOMICIDE :

NEGLIGENT MANSLAUGHTER :

JUSTIFIABLE HOMICIDE :

ADDITIONAL JUSTIFIABLE HOMICIDE :

OFFENSE OCCURED ON CAMPUS : No

SCHOOL NAME :

ORDER OF PROTECTION :

VICTIM TRANSPORTED TO SAFE PLACE :

TYPE OF LEOKA :

TYPE OF VEHICLE :

TRANSPORT TIME :

ASSIGNMENT TYPE :

VIC-OFF: 001-RU /

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## Complainant Segment

NAME: SMITH, ALISHA RACE: SEX: F HEIGHT: WEIGHT:  
ADDRESS: 655 E. LIOVINGSTON AVE HAIR: EYES: D.O.B.:  
ADDRESS: CITY, STATE ZIP: COLUMBUS COUNTY, OH. 43205-  
HOME PHONE: (614) 229-7100 WORK PHONE: Hispanic:  
OCCUPATION: INVESTIGATOR EMPLOYER:  
S.S.N.: XXX-XX-XXXX D.L.N.:

## Case Segment

APPROVING OFFICER: 1156 - GRAHAM, CRYSTIL DATE: 12/25/2020  
ASSIGNED OFFICER: DATE:

## Others Involved Segment

NAME: DIXON, TYLER RACE: B SEX: M HEIGHT: 511 WEIGHT: 225  
INVOLVEMENT: HAIR: EYES: BRO DOB: 04/03/1996  
ADDRESS: 161 SKUNK HOLLOW RD CITY, STATE ZIP: CONWAY, AR. 72032-  
ADDRESS: WORK PHONE: (501) 585-7698  
HOME PHONE: (501) - EMPLOYER:  
OCCUPATION: D.L.N.:  
S.S.N.: XXX-XX-XXXX

NAME: BIRDSONG, INVESTIGATOR CID1 RACE: W SEX: M HEIGHT: WEIGHT:  
INVOLVEMENT: HAIR: EYES: DOB:  
ADDRESS: 801 LOCUST ST CITY, STATE ZIP: CONWAY, AR. 72034-  
ADDRESS: WORK PHONE: (501) 450-4914  
HOME PHONE: (501) - EMPLOYER:  
OCCUPATION: D.L.N.:  
S.S.N.: XXX-XX-XXXX

## Narrative

On Monday, December 21st, 2020 at about 1533 hours, I was dispatched to a call for service in reference to a child abuse complaint. Dispatch advised they received a fax from an agency in Ohio requesting our department open an investigation into possible child abuse at the Little Creek Behavioral Facility in Faulkner county. Dispatch advised they sent the fax to my email.

After reading the six page fax, I called Investigator Smith, (Complainant), with the Franklin County Children's Services (FCCS) in Ohio, and left a voicemail. At the time of this report, Investigator Smith had not called back.

According to the information contained in the fax, JV1, (Victim), is a patient at the Little Creek Behavioral facility. The fax states JV1 was in an altercation with three unnamed juveniles at the facility resulting in JV1 being injured. The fax states the injuries were chipped teeth, injured wrist and a broken lip. The fax states an employee of the facility, Mr. Tyler Dixon, (Others Involved), witnessed the altercation but did not intervene to stop it. The fax states the incident happened on 11/7/2020 but was not reported to FCCS until 11/16/2020. The fax states the complaint of child abuse/neglect is against Mr. Dixon.

I contacted Investigator Birdsong, (Others Involved), and advised him of the situation. I uploaded the fax to the patrol photos folder. I contacted the Arkansas State Police Crimes Against Children hotline. After providing the information requested, the agent told me they would forward the case onto the Faulkner County DHS office and gave me the referral number of 2068141. I called Inv. Smith and left a voicemail with this report number and the ASP CAC referral number.

SUMNER, S - F16 - 12/21/2020 5:52:28 PM

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_



COMPLAINT CARD  
FAULKNER COUNTY SHERIFFS OFFICE

DATE: 01/15/2021  
TIME: 07:15:22AM  
AR0230002



FAULKNER COUNTY SHERIFFS OFFICE

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Page 1 of 0

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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: HOSPITAL

OFFENSE STATUS: COMPLETED

OFFENDER USED: NOT APPLICABLE

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Auto:

Auto:

METHOD OF ENTRY:

GANG ACTIVITY: N

PREMISES ENTERED: 0

GANG TYPE:

GANG NAME:

HOME INVASION: N

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: Unk

NAME: UNKNOWN, UNKNOWN

RACE: U

SEX: U

HAIR:

Eyes: WEIGHT:

ADDRESS:

CITY, STATE ZIP:

HEIGHT:

HOME PHONE:

WORK PHONE:

OCCUPATION:

EMPLOYER:

VEHICLE INFORMATION:

SCARS:

CLOTHES:

STATE CONTROL:

ARREST TYPE:

MULTIPLE CLEARANCE INDICATOR:

WARRANT:

ARRESTEE ARMED WITH: UNARMED

DISPOSITION UNDER 18:

Victim Segment

VICTIM TYPE: INDIVIDUAL

NAME:

RACE: W

SEX: M

HEIGHT:

ADDRESS: 161 SKUNK HOLLOW ROAD

WEIGHT:

HAIR:

EYES:

CITY STATE ZIP: CONWAY, AR. 72034-

HOME PHONE:

WORK PHONE:

Hispanic: No

OCCUPATION:

EMPLOYER:

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

D.O.B.:

DL#:

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NEGLIGENT MANSLAUGHTER:

JUSTIFIABLE HOMICIDE:

ADDITIONAL JUSTIFIABLE HOMICIDE:

OFFENSE OCCURED ON CAMPUS: No

SCHOOL NAME:

ORDER OF PROTECTION:

VICTIM TRANSPORTED TO SAFE PLACE:

TYPE OF LEOKA:

TYPE OF VEHICLE:

TRANSPORT TIME:

ASSIGNMENT TYPE:

VIC-OFF: 001-RU /

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE: 01/15/2021  
TIME: 07:27:31AM  
F29 BAKER, MARCUS

11/23/2020 09:28:08

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11/23/2020 09:36:46