

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE : 04/15/2021
TIME : 03:32:37PM

Case Number: 21000933J

Page 2 of 2

Complainant Segment

NAME : PERKINS, JLYNN MICHAEL

RACE :B SEX : F HEIGHT : 503 WEIGHT : 190

ADDRESS : 161 SKUNK HOLLOW ROAD

HAIR :BLK EYES : BRO D.O.B. : 12/16/1994

ADDRESS :

CITY, STATE ZIP : CONWAY, AR. 72032-

HOME PHONE : (000) 000-0000

WORK PHONE :(501) 585-7698

Hispanic: Unk

OCCUPATION :

EMPLOYER :

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

D.L.N. :

Case Segment

APPROVING OFFICER: 1156 - HOLLIS, CRYSTIL

DATE : 03/11/2021

ASSIGNED OFFICER: 1155 - REED, CALEB

DATE : 03/09/2021

Narrative

On 03-04-2021, I, Deputy Tims (F33) was dispatched a call for service in reference to general information. I spoke with Jlynn Perkins (Complainant).

Perkins advised they confiscated a cell phone from JV1 (Victim) that had nude photographs of JV1 on it. Perkins stated, JV1 was sending nude photographs through social media. Perkins advised nudes and messages were sent to a person on instagram with the instagram name of sidechickwife_ speaking of hiring JV1 when she leaves the behavioral health center.

Perkins stated she wanted a report just incase something comes up after JV1 leaves. Perkins was given the report number and advised how to obtain a copy.

TIMS, Q - F33 - 3/5/2021 2:37:31 PM

Officer Signature: _____ Date: _____ Supervisor: _____

COMPLAINT CARD
FAULKNER COUNTY SHERIFFS OFFICE

DATE : 04/14/2021
 TIME : 08:51:11AM

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

Date	Time	License Plate	Unit	Traffic
03/04/2021	14:27:04		F25	10-97 - ON SCENE
		** Unit On-Scene **		
		161 SKUNK HOLLOW RD		
03/04/2021	14:28:06		F32	10-96 - UNIT ENROUTE
		161 SKUNK HOLLOW RD		
03/04/2021	14:28:08		F32	97
03/04/2021	14:29:32		F33	10-97 - ON SCENE
		** Unit On-Scene **		
		161 SKUNK HOLLOW RD		
03/04/2021	14:40:01		F33	10-98 - ASSIGNMENT FINISHED
		** Unit Cleared Scene **		
		161 SKUNK HOLLOW RD		
03/04/2021	147			10-8 - IN SERVICE
03/04/2021	149			10-8 - IN SERVICE

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

COMPLAINT CARD
FAULKNER COUNTY SHERIFFS OFFICE

DATE : 04/14/2021
 TIME : 08:51:11AM

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
F25	HARMON,BRITTANY		03/04/2021 14:27:04			03/04/2021 14:27:11
F32	LAVRINC, JOSHUA	03/04/2021 14:28:07	03/04/2021 14:28:10			03/04/2021 14:29:21
F33	TIMS,QUINCY		03/04/2021 14:29:32			03/04/2021 14:40:01

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE : 04/15/2021
TIME : 03:32:37PM

Case Number: 21000933J

Page 1 of 2

INCIDENT #: 21000933J

ADDRESS: 161 SKUNK HOLLOW RD

City: CONWAY
REPORTING OFFICER: 1233 - TIMS, QUINCY

State: AR ZipCode: 72032-

DATE: 03/04/2021 TIME: 14:28

Date Occured From: 02/19/2021 / 06:00

Date Occured Thru: 03/04/2021 / 14:28

INCIDENT STATUS: * ACTIVE *

EXCEPTIONAL CLEARANCE: DATE:

ZONE: D
JUVENILE: Y

SUBDIVISION:
SCHOOL:

Offenses

U.C.R. CODE: 90Z OFFENSE: GENERAL INFORMATION REPORTS

STATUTE: GEN INFO

BIAS MOTIVATION: NONE

LOCATION: OTHER / UNKNOWN

OFFENSE STATUS: COMPLETED

OFFENDER USED:

CRIMINAL ACTIVITY:

WEAPON / FORCE:

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 90Z ALL OTHER OFFENSES

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:

ARRESSTEE ARMED WITH: UNARMED

DISPOSITION UNDER 18:

Victim Segment

VICTIM TYPE: INDIVIDUAL

NAME:

RACE:

SEX:

HEIGHT:

ADDRESS: 161 SKUNK HOLLOW ROAD

WEIGHT:

HAIR:

EYES:

CITY STATE ZIP: CONWAY, AR. 72032-

Hispanic: No

HOME PHONE:

WORK PHONE:

OCCUPATION:

EMPLOYER:

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

D.O.B.: 2005

DL#:

INJURY TYPE:

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 /