

FAULKNER COUNTY SHERIFFS OFFICE

Incident Report

DATE : 07/28/2021
TIME : 08:20:18AM

Case Number: 21002860

Page 1 of 2

INCIDENT #: 21002860

ADDRESS: 161 SKUNK HOLLOW RD

City: CONWAY

State: AR

ZipCode: 72032-

REPORTING OFFICER: 1281 - LAVRINC, JOSHUA

DATE: 06/22/2021

TIME: 15:58

Date Occured From: 06/22/2021 / 15:32

Date Occured Thru: 06/22/2021 / 15:48

INCIDENT STATUS :Cleared

EXCEPTIONAL CLEARANCE :

DATE :

ZONE: A

SUBDIVISION:

JUVENILE:N

SCHOOL:

Offenses

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

STATUTE: GEN INFO

BIAS MOTIVATION : NONE

LOCATION: HOSPITAL

OFFENSE STATUS : COMPLETED

OFFENDER USED : NOT APPLICABLE

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. : 03/02/1993

DL#:

Hispanic: No

NAME: FARR, AADRYN

RACE: B

SEX: M

HAIR: BLK

Eyes: BRO

WEIGHT: 260

ADDRESS: 1901 JOHNSWOOD

CITY, STATE ZIP: BRYANT, AR. 72022-

HEIGHT: 602

HOME PHONE: (501)

WORK PHONE :

OCCUPATION :

EMPLOYER :

VEHICLE INFORMATION :

SCARS :

CLOTHES :

STATE CONTROL :

ARREST TYPE :

WARRANT :

MULTIPLE CLEARANCE INDICATOR :

DISPOSITION UNDER 18 :

ARRESSTEE ARMED WITH: UNARMED

Victim Segment

VICTIM TYPE: INDIVIDUAL

NAME:

RACE: W

SEX: M

HEIGHT:

ADDRESS: 161 SKUNK HOLLOW

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 :

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-OK /

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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: NO

OCCUPATION :

EMPLOYER :

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

D.L.N. :

Case Segment

APPROVING OFFICER: 1156 - HOLLIS, CRYSTIL

DATE : 06/25/2021

ASSIGNED OFFICER:

DATE :

Narrative

On 6/22/21 I (Dep Lavrinc) was dispatched to the medical facility at Skunk Hollow to speak with Jlynn Perkins (Complainant) in reference to an employee and resident incident.

Upon arrival I spoke with Ms Perkins who told me that Aadryn Farr (Offender) was dealing with a combative patient, [REDACTED] (Victim). Ms Perkins stated [REDACTED] had began to attack Mr Farr and Mr Farr had pushed [REDACTED] off and away from him, [REDACTED] was in a chair and tried to strike Mr Farr again, Mr Farr had grabbed [REDACTED] arm and pulled it across his body to control him. [REDACTED] arm pulled across his neck during the altercation and Ms Perkins was concerned but agreed it was possibly a internal misconduct rather than a criminal matter. I provided Ms Perkins a copy of the general information report and information on how to obtain a copy of the report.

LAVRINC, J - F32 - 6/23/2021 12:31:11 PM

Officer Signature: _____ Date: _____ Supervisor: _____

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE: 08/03/2021
TIME: 12:50:07PM

C.F.S. #: 638253

DATE: 06/22/2021

O.C.A. #: 21002860

LOCATION: 161 SKUNK HOLLOW RD

APT #:

ZONE: ESN: 316 FIRE:

How Received: ADMIN LINE

PHONE #: (501) 358-4963

Vehicle Tag#:

NAME: PERKINS, JAYLNN

ADDRESS: 161 SKUNK HOLLOW RD
FAULKNER COUNTY, AR.

Place:

INTERSECTION:

NATURE: GEN INFO - GENERAL INFORMATION

RECEIVED: 1504 Notified EMS/Fire: Dispatched/Enroute: 1539 Arrived: 1558 Transport Start: Completed: 1620

DISPATCHER: 0167 - ALARCON, PEARLY

Closed By: STARK, CARRIE - 4734

UNIT ASSIGNED: F32

PRIMARY OFFICER: 1281 - LAVRINC, JOSHUA

BACK-UP OFFICER:

DISPOSITION: IR - INC REPORT TAKEN SHIFT: 1

Department: FCSO Race: Sex:

wants to make an abuse report / physical abuse / caller is advising that [REDACTED] ([REDACTED]) is being physically abused by Jonathan Farr (goes by Adrian at the facility 28 YOM) , he's a staff member / no medical attention today / this abuse occurred at 8 PM on Monday

caller is Risk Director.... caller is there now....

caller advised that the nurse advised no injury on monday/ no marks / did complain of back pain prior/ no weapon used at time of call

caller will be in the first building....

Note by: 0167 - ALARCON, PEARLY On: 06/22/2021 15:18.20
FAUS.

[REDACTED]

[REDACTED]

[REDACTED]

FAUS.

COMPLAINT CARD

FAULKNER COUNTY SHERIFFS OFFICE

DATE: 08/03/2021
TIME: 12:50:07PM

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ACIC
Info

**COMPLAINT CARD
FAULKNER COUNTY SHERIFFS OFFICE**

DATE: 08/03/2021

A C I C
I N F O

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
F32	LAVRINC, JOSHUA	06/22/2021 15:39:32	06/22/2021 15:58:50			06/22/2021 16:20:36