

FAULKNER COUNTY SHERIFF'S OFFICE

Incident Report Form

Administration / Complainant Information											
Deputy Name and Badge # C.MORGAN F14			Date 8/13/23		Incident Date and Time 8/13/23 09:30		Incident # FC23-601		Zone D		
Location of Incident 161 SKUNK HOLLOW RD CONWAY,AR 72032			Report Date and Time 8/13/2023 2:00 PM		Related Incident #						
Complainant Name (Last, First, Middle) JONES,KAITLYN,LEE					Complainant Address (Street, City, State, Zip) [REDACTED]						
DOB [REDACTED]		Social Security #		Height ' "		Weight lbs		Eye Color		Hair Color	
DL# [REDACTED]		DL State AR		DL Expiration 1/29		DL Class D		Employer LITTLE CREEK BEHAVIOR HEALTH		Home Phone Number () -	
Cell Phone Number [REDACTED]											
Victim Information											
<input type="checkbox"/> Same as Complainant		Victim Name (Last, First, Middle) LITTLE CREEK BEHAVIOR HEALTH				Victim Address (Street, City, State, Zip) 161 SKUNK HOLLOW RD CONWAY,AR 72032					
DOB		Social Security #		Height ' "		Weight lbs		Eye Color		Hair Color	
DL#		DL State		DL Expiration		DL Class		Employer		Home Phone Number (501)585-7698	
Cell Phone Number () -											
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Unknown		Victim Type <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> LEO <input type="checkbox"/> Govt <input type="checkbox"/> Religious		<input type="checkbox"/> Society <input type="checkbox"/> Unknown		Aggravated Assault/Homicide Circumstances <input type="checkbox"/> 01 Argument <input type="checkbox"/> 02 Assault on LEO <input type="checkbox"/> 03 Drug Dealing <input type="checkbox"/> 04 Gangland??? <input type="checkbox"/> 05 Juvenile Gang		<input type="checkbox"/> 06 Lover's Quarrel <input type="checkbox"/> 07 Mercy Killing <input type="checkbox"/> 08 Other Felony Involved <input type="checkbox"/> 09 Other Circumstances <input type="checkbox"/> 10 Unknown	
Victim Injury Type <input type="checkbox"/> None <input type="checkbox"/> Broken Bones <input type="checkbox"/> Poss Int Injuries <input type="checkbox"/> Severe Laceration <input type="checkbox"/> Fatal		<input type="checkbox"/> Min. Injuries <input type="checkbox"/> Maj. Injuries <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Unconscious									
Relationship of Victim to Suspect <input type="checkbox"/> 01 Spouse <input type="checkbox"/> 02 Common-Law <input type="checkbox"/> 03 Parent <input type="checkbox"/> 04 Sibling <input type="checkbox"/> 05 Child <input type="checkbox"/> 06 Grandparent <input type="checkbox"/> 07 Grandchild <input type="checkbox"/> 08 In-Law <input type="checkbox"/> 09 Step-Parent				<input type="checkbox"/> 10 Step Child <input type="checkbox"/> 11 Step Sibling <input type="checkbox"/> 12 Other Family <input type="checkbox"/> 20 Acquaintance <input type="checkbox"/> 21 Friend <input type="checkbox"/> 22 Neighbor <input type="checkbox"/> 23 Babysitter <input type="checkbox"/> 24 Boy/Girl Friend <input type="checkbox"/> 25 Child of #24				<input type="checkbox"/> 26 <input type="checkbox"/> 27 Ex-Spouse <input type="checkbox"/> 28 Employee <input type="checkbox"/> 29 Employer <input checked="" type="checkbox"/> 30 Otherwise? <input type="checkbox"/> 31 Victim <input type="checkbox"/> 96 Stranger <input type="checkbox"/> 99 Unknown			
Location Code <input type="checkbox"/> 01 Air/Bus/Train Terminal <input type="checkbox"/> 02 Bank <input type="checkbox"/> 03 Bar/Night Club <input type="checkbox"/> 04 Church <input type="checkbox"/> 05 Comm/Office Building <input type="checkbox"/> 06 Construction Site <input type="checkbox"/> 07 Convenience Store <input type="checkbox"/> 08 Department Store <input type="checkbox"/> 09 Drug Store/Dr/Hosp				<input type="checkbox"/> 10 Field/Woods <input checked="" type="checkbox"/> 11 Govt/Public Building <input type="checkbox"/> 12 Grocery Store <input type="checkbox"/> 13 Highway/Road/Alley <input type="checkbox"/> 14 Hotel/Motel/Lodge <input type="checkbox"/> 15 Jail/Prison <input type="checkbox"/> 16 Lake/River/Waterway <input type="checkbox"/> 17 Liquor Store <input type="checkbox"/> 18 Parking Lot/Garage				<input type="checkbox"/> 19 Rental/Storage Facility <input type="checkbox"/> 20 Residence/Home <input type="checkbox"/> 21 Restaurant <input type="checkbox"/> 22 School/College <input type="checkbox"/> 23 Gas/Service Station <input type="checkbox"/> 24 Specialty Store <input type="checkbox"/> 25 Other/Unknown <input type="checkbox"/> 58 Cyber/Electronic			
Victim Connected to Offense Number (if more than one offense) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				Photographs Taken <input type="checkbox"/> Y <input type="checkbox"/> N				Fingerprints Taken <input type="checkbox"/> Y <input type="checkbox"/> N			
Other Notes SUSPECT #3 [REDACTED]											
Suspect #1/Arrestee #1											
<input type="checkbox"/> Arrestee <input checked="" type="checkbox"/> Suspect		Suspect Connected to Offense # <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Suspect #1 Name (Last, First, Middle) [REDACTED]		Suspect #1 Address (Street, City, State, Zip) 161 SKUNK HOLLOW RD CONWAY,AR 72032					
DOB [REDACTED]		Social Security #		Height ' "		Weight lbs		Eye Color		Hair Color	
DL #		DL State		DL Expiration		DL Class		Employer		Home Phone Number () -	
Work Phone Number () -											
Gender <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input checked="" type="checkbox"/> White		Arrestee Armed With (Only If Arrested) <input type="checkbox"/> 01 Unarmed <input type="checkbox"/> 11 Firearm (Other) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun		<input type="checkbox"/> 20 Lethal Cutting Instrument <input type="checkbox"/> 30 Club/Brass Knuckles		Type of Arrest <input type="checkbox"/> On-View <input type="checkbox"/> Summoned/Cited <input type="checkbox"/> Taken into Custody <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		Arrest Charge(s)	

☐ Unknown

☐ 15 Other Firearm

Suspect #2/Arrestee #2

<input type="checkbox"/> Arrestee <input checked="" type="checkbox"/> Suspect		Suspect Connected to Offense #		Suspect #1 Name (Last, First, Middle)		Suspect #1 Address (Street, City, State, Zip)	
<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				[REDACTED]		161 SKUNK HOLLOW RD CONWAY, AR 72032	
DOB		Social Security #		Height	Weight	Eye Color	Home Phone Number
[REDACTED]				' "	lbs		() -
DL #		DL State	DL Expiration	DL Class	Employer	Work Phone Number	
						() -	
Gender		Race	Arrestee Armed With (Only If Arrested)			Type of Arrest	Arrest Charge(s)
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input checked="" type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> 01 Unarmed <input type="checkbox"/> 20 Lethal Cutting Instrument <input type="checkbox"/> 11 Firearm (Other) <input type="checkbox"/> 30 Club/Brass Knuckles <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 15 Other Firearm			<input type="checkbox"/> On-View <input type="checkbox"/> Summoned/Cited <input type="checkbox"/> Taken into Custody <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	

Others Involved

Name	Address	Sex	Race	DOB	SS#	Home Phone	Work Phone

Witness(es)

Name	Address	Sex	Race	DOB	SS#	Home Phone	Work Phone

Vehicle

Related To	Make	Model	Year	Color	VIN:	Lic State	Lic Year	Lic #

Property

Type	Code	Qty	Description	Make	Model	Serial #	Color	Caliber	Size	Value

Type of Property Loss	Property Description Code Table (enter number in Code column above)	Total Value of Property: \$
<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Stolen/Recovered <input type="checkbox"/> 2 Burned <input type="checkbox"/> 3 Counterfeit/Forged <input type="checkbox"/> 4 Damaged/Destroyed <input type="checkbox"/> 5 Recovered <input type="checkbox"/> 6 Seized <input type="checkbox"/> 7 Stolen <input type="checkbox"/> 8 Unknown	ITEMS 01 Aircraft 11 Drugs/Narc Equipment 21 Negotiable Instr 02 Alcohol 12 Farm Equipment 22 Non-Negotiable Instr 03 Automobiles 13 Firearms 23 Office Equipment 04 Bicycles 14 Gambling Equipment 24 Other Motor Vehicles 05 Buses 15 Heavy Const/Industrial 25 Purse/Handbag/Wallet 06 Clothes/Furs 16 Household Goods 26 Radio/TV 07 Comp Hard/Software 17 Jewelry/Precious Material 27 Audio/Visual Equip 08 Consumable Goods 18 Livestock 28 Recreational Vehicle 09 Credit/Debit Cards 19 Merchandise 10 Drugs/Narcotics 20 Money	STRUCTURES 29 Single Family 39 Watercraft 30 Other Dwellings 77 Other 31 Other Comm/Business 88 Pending Inventory 32 Industrial/Mfg 99 Special 33 Public/Community 34 Storage 35 Other Structures 36 Tools-Power/Hand 37 Trucks 38 Vehicle Parts/Accessories

For Burglary Only – Number of Premises Entered

Method of Entry: ☐ Forcible ☐ No Force**Offense(s)**

Offense #1

Offense #2

Offense #3

RUNAWAY JUV.**Narrative**

On August 13, 2023, I was dispatched to 3 runaway juveniles from Little Creek Behavioral Health. Upon arrival met with the staff and they stated that J1, J2, and J3 took off running to the woods north of the facility and changed clothes. We searched the area and located J1, J2, and J3 walking in a neighborhood. Took all three juveniles back to Little Creek Behavioral Health and Mrs. Kaitlyn Jones took over care.

C.MORGAN F14

Deputy's Name and Badge ID

Z. COOLEY F6

Reviewing Supervisor's Name and Badge ID

[Signature] F14
Deputy's Signature

[Signature] F6
Reviewing Supervisor's Signature

8/13/23 2:30 PM

Date

8-15-23

Date

Incident Status

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Unfounded | <input type="checkbox"/> Death of Offender | <input type="checkbox"/> Extradition Declined | <input type="checkbox"/> Juvenile – No Custody |
| <input type="checkbox"/> Cleared by Arrest | <input type="checkbox"/> Prosecution Declined | <input type="checkbox"/> Refused to Cooperate | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Cleared Exceptionally – Exceptional Clearance Date: | | | |

Investigator's Name and Badge ID

Investigator's Signature

Date