

FAULKNER COUNTY SHERIFF'S OFFICE

Incident Report Form

Administration / Complainant Information												
Deputy Name and Badge # A. Reeder F30			Date 10/04/23		Incident Date and Time 9/16/2023 6:15 AM		Incident # FC 23-1317	Zone D	Supplement <input type="checkbox"/> Y <input type="checkbox"/> N			
Location of Incident 161 Skunk Hollow Rd Conway AR 72032					Report Date and Time 10/4/2023 10:52 AM		Related Incident #					
Complainant Name (Last, First, Middle) Investigator Sutter				Complainant Address (Street, City, State, Zip) ASP Crimes against Children								
DOB	Social Security #		Height	Weight	Eye Color	Hair Color	Home Phone Number (501)472-7990					
DL#	DL State	DL Expiration	DL Class	Employer		Cell Phone Number () -						
Victim Information												
<input type="checkbox"/> Same as Complainant	Victim Name (Last, First, Middle) [REDACTED]				Victim Address (Street, City, State, Zip) 161 Skunk Hollow Rd Conway AR 72032							
DOB	Social Security #		Height	Weight	Eye Color	Hair Color	Home Phone Number () -					
DL#	DL State	DL Expiration	DL Class	Employer		Cell 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 <input type="checkbox"/> Unknown	Victim Type <input checked="" type="checkbox"/> Individual <input 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"/> 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 type="checkbox"/> 30 Otherwise? <input type="checkbox"/> 31 Victim <input type="checkbox"/> 96 Stranger <input checked="" 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 checked="" type="checkbox"/> N		Fingerprints Taken <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Other Notes												
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) [REDACTED]						
DOB	Social Security #		Height	Weight	Eye Color	Hair Color	Home Phone Number () -					
DL #	DL State	DL Expiration	DL Class	Employer		Work Phone Number () -						
Gender <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown	Race <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian	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"/> 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		Arrest Charge(s)				

White
 Unknown

14 Shotgun
 15 Other Firearm

Misdemeanor

Suspect #2/Arrestee #2							
<input type="checkbox"/> Arrestee <input type="checkbox"/> Suspect		Suspect Connected to Offense #		Suspect #1 Name (Last, First, Middle)		Suspect #1 Address (Street, City, State, Zip)	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3					
DOB		Social Security #		Height ' "	Weight lbs	Eye Color	Hair Color
							Home Phone Number () -
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 type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Unknown		<input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Unknown	<input type="checkbox"/> 01 Unarmed <input type="checkbox"/> 20 Lethal Cutting Instrument <input checked="" 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 checked="" 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
Forcible Fondling		

Narrative

On Wednesday October 4, 2023 at approximately 10:52 AM, I was dispatched to a call for service in reference to sexual activity. I made contact with complainant Investigator Sutter from Arkansas State Police via telephone.

Investigator Sutter stated she got a report from September 16th about [REDACTED] (Offender) making a statement and action to victim JV1. Investigator Sutter stated [REDACTED] is an employee at Little Creek Behavioral and stated that JV1 is one of the patients there. Investigator Sutter stated her report says that [REDACTED] was standing in the doorway to the laundry room and stated to JV1 "why is your butt so big", then proceeded to grab her butt when JV1 walked by him.

Investigator Sutter stated this is all the information she has at this time and stated that she is getting video footage of the incident from the facility. I requestd a incident report number from dispatch and provided a copy of the number to Investigator Sutter.

Austin Reeder F30

Deputy's Name and Badge ID

A. COOK F7

Reviewing Supervisor's Name and Badge ID

Austin Reeder F30

Deputy's Signature

[Handwritten Signature]

Reviewing Supervisor's Signature

10/04/23 12:05 PM

Date

10/21/23

Date

Incident Status

- Unfounded
- Death of Offender
- Extradition Declined
- Juvenile – No Custody
- Cleared by Arrest
- Prosecution Declined
- Refused to Cooperate
- Not Applicable
- Cleared Exceptionally – Exceptional Clearance Date:

Inu. Sumner

Investigator's Name and Badge ID

Investigator's Signature

10-27-23

Date