

ARKANSAS INCIDENT REPORT

APPROVED (Lieutenant Ron Parsons)

INCIDENT

OFFENSE

VICTIM

PAGE # 1	ORI NUMBER AR0630000	ARKANSAS INCIDENT REPORT				INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input checked="" type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable																																																																																																																																																																																																																																																																																																										
INCIDENT NUMBER 2019-0719		DATE(S) OF INCIDENT 02/19/2019		R AGENCY NAME Saline County Sheriff's Office		TIME(S) OF INCIDENT 18:00		DAY(S) OF INCIDENT Tuesday																																																																																																																																																																																																																																																																																																									
DISPATCHER jamie.crane - CRANE, JAMIE			TIME RECEIVED 18:01	TIME ARRIVED 18:25	REPORTING AREA	EXCEPT. CLEAR. DATE																																																																																																																																																																																																																																																																																																											
OFFENSE # 1	UCR CODE 901	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																																																																																											
STATUTE		OFFENSE DESCRIPTION INFORMATION-MISSING PERSON			ADDRESS OF OFFENSE TIMBER RIDGE RANCH - 15bent000 HWY 298, Benton, AR 7																																																																																																																																																																																																																																																																																																												
LOCATION CODE (Enter 1)		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input checked="" type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (24) Construction Site <input type="checkbox"/> (26) Abandoned/Condemned Structure <input type="checkbox"/> (27) Amusement Park <input type="checkbox"/> (28) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (29) ATM Separate From Bank <input type="checkbox"/> (30) Auto Dealership New/Used <input type="checkbox"/> (31) Camp/Campground <input type="checkbox"/> (32) Daycare Facility <input type="checkbox"/> (33) Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> (34) Farm Facility <input type="checkbox"/> (35) Gambling Facility/Casino/Race Track <input type="checkbox"/> (36) Industrial Site <input type="checkbox"/> (37) Military Installation <input type="checkbox"/> (38) Park/Playground <input type="checkbox"/> (39) Rest Area <input type="checkbox"/> (40) School - College/University <input type="checkbox"/> (41) School - Elementary/Secondary <input type="checkbox"/> (42) Shelter - Mission/Homeless <input type="checkbox"/> (43) Shopping Mall <input type="checkbox"/> (44) Tribal Lands <input type="checkbox"/> (45) Community Center			WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (85) Asphyxiation																																																																																																																																																																																																																																																																																																												
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VICTIM # 1	NAME: Last, First, Middle TATE, ABBIE	SOC. SEC. NO.	DRIVER'S LICENSE	DR. LI. STATE	DATE OF BIRTH																																																																																																																																																																																																																																																																																																												
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VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration			THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness																																																																																																																																																																																																																																																																																																														
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES			Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <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 Circumstances																																																																																																																																																																																																																																																																																																														
			Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																																																																																																																																																																																																																																																																																																														
			Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer																																																																																																																																																																																																																																																																																																														
			ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																																																																																																																																																																																																																														
ADM REPORT DATE 02/19/2019	DAY Tue	TIME (Military) 18:00	REPORTING OFFICER Deputy Rachelle Stewart	CODE # 2623	APPROVING SUPERVISOR Lieutenant Ron Parsons	CODE # 2603	DATE APPROVED 02/20/2019																																																																																																																																																																																																																																																																																																										

INCIDENT REPORT

VEHICLE	PAGE# 3	DATE 02/19/2019	INCIDENT # 2019-0719	REPORTING OFFICER Deputy Rachelle Stewart		CODE # 2623	VICTIM NAME TATE, ABBIE																																																											
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
VEHICLE	TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																											
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
VEHICLE	TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																											
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE																																																										
TOTAL NUMBER VEHICLES STOLEN:		TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																											
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																		
PROPERTY DESCRIPTION:																																																																		
(01) Aircraft	(02) Alcohol	(03) Automobiles	(04) Bicycles	(05) Buses	(06) Cloths/Furs	(07) Computer Hardware/Software	(08) Consumable Goods	(09) Credit/Debit Cards	(10) Drugs/Narcotics	(11) Drug/Narcotic Equipment	(12) Farm Equipment	(13) Firearms	(14) Gambling Equipment	(15) Heavy Construction/Industrial Equipment	(16) Household Goods	(17) Jewelry/Precious Metals/Gems	(18) Livestock	(19) Merchandise	(20) Money	(21) Negotiable Instruments	(22) Nonnegotiable Instruments	(23) Office-Type Equipment	(24) Other Motor Vehicles	(25) Purses/Handbags/Wallets	(26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual	(28) Recreational Vehicles	(29) Structures-Single Occupancy	(30) Structures-Other Dwellings	(31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacturing	(33) Structures-Public/Community	(34) Structures-Storage	(35) Structures-Other	(36) Tools	(37) Trucks	(38) Vehicle Parts/Accessories	(39) Watercraft	(40) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories	(43) Building Materials	(44) Camping/Hunting/Fishing Equipment/Supplies	(45) Chemicals	(46) Collections/Collectibles	(47) Crops	(48) Documents/Personal or Business	(49) Explosives	(50) Firearm Accessories	(51) Fuel	(52) Identity Documents	(53) Identity - Intangible	(54) Law Enforcement Equipment	(55) Lawn/Yard/Garden Equipment	(56) Logging Equipment	(57) Medical/Medical Lab Equipment	(58) Metals, Non-Precious	(59) Musical Instruments	(60) Pets	(61) Photographic/Optical Equipment	(62) Portable Electronic Communications	(63) Recreational/Sports Equipment	(64) Other	(65) Trailers	(66) Watercraft Equipment/Parts/Accessories	(67) Weapons - Other	(68) Pending Inventory (of Property)
DRUG TYPE:																																																																		
(A) "Crack" Cocaine	(B) Cocaine	(C) Hashish	(D) Heroin	(E) Marijuana	(F) Morphine	(G) Opium	(H) Other Narcotics	(I) LSD	(J) PSP	(K) Other Hallucinogens	(L) Amphetamines/Methamphetamines	(M) Other Stimulants	(N) Barbiturates	(O) Other Depressants	(P) Other Drugs	(U) Unknown Type Drug	(X) Over 3 Drug Types	TYPE DRUG MEASUREMENT: WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants																																																
NAME: Last, First, Middle					SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: _____ <input type="checkbox"/> (00) Unknown		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																									
RESIDENT ADDRESS: Street City State Zip					RESIDENT PHONE		EMPLOYT. PHONE																																																											
COMPLT.																																																																		

INCIDENT REPORT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	02/19/2019	2019-0719	Deputy Rachelle Stewart	2623	TATE, ABBIE
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female	AGE: 53 <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
SHERMAN, WENDY					
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
DATE OF BIRTH SSN OCCUPATION			PLACE OF EMPLOYMENT		
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
DATE OF BIRTH SSN OCCUPATION			PLACE OF EMPLOYMENT		
<p>NARRATIVE:</p> <p>On February 19, 2019 at approximately 6:00 pm, I was dispatched to 15000 Timber Ridge Lane, Benton in reference to a missing person. Dispatch stated the individual that was missing was a 20 year female who left the Neuro Restorative facility approximately at 5:30 pm. The caller didn't tell dispatch a clothing description.</p> <p>Upon arrival at the facility, I made contact with Wendy Sherman, who was confused about why I was at the facility because they didn't have an employee by the name Anna which was the name given to dispatch by the caller. I further explained to Mrs. Sherman the individual was a 20 year old female and she said "I know who it is". Mrs. Sherman went to a room in the same building and stated it was Abbie Tate who made the phone call and that she was probably hiding.</p> <p>Mrs. Sherman said Abbie did this same thing on February 18th and hid while approximately 10 employees looked around for her. Mrs. Sherman stated she also did this same thing on Friday, February 15, 2019 and the Sheriff's Office responded. Mrs. Sherman stated Abbie had a brain tumor removed at the age of 10 and was very deviant.</p> <p>Mrs. Sherman got on the walkie talkies to contact the other employees and let them know of the incident. It was found out that Abbie used a phone in Cabin 2 to call 911. I, along with 3 other employees began looking around the facility to locate Abbie. At approximately 7:15 pm, Abbie was found walking on a road in the facility heading back towards the main building where her bedroom was located. Abbie stated she was fine and didn't know why she took off and was hiding.</p> <p>Mrs. Sherman said that they would keep an eye on Abbie. Mrs. Sherman provided me with Abbie's personal information and I told her a report would be on file with the Sheriff's Office.</p>					

WITNESSES