

INCIDENT	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 2019-0974		APPROVED (Lieutenant Ron Parsons)																																																																																																																																																																																																																																																																																																														
	DATE(S) OF INCIDENT 03/10/2019		R	AGENCY NAME Saline County Sheriff's Office																																																																																																																																																																																																																																																																																																													
	TIME(S) OF INCIDENT 13:30		DAY(S) OF INCIDENT Sunday																																																																																																																																																																																																																																																																																																														
DISPATCHER dorinda.blaylock - BLAYLOCK, DORINDA			TIME RECEIVED 13:30	TIME ARRIVED 14:27	REPORTING AREA		EXCEPT. CLEAR. DATE																																																																																																																																																																																																																																																																																																										
OFFENSE # 1	UCR CODE 240	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		OFFENDER USED: <input checked="" type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs		Burglary (220) Location 14&19: # PREMISES ENTERED?		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																																																																																									
STATUTE 5-36-103		OFFENSE DESCRIPTION Theft of Property			ADDRESS OF OFFENSE 15000 TIMBER RIDGE LN, Benton, AR 72015																																																																																																																																																																																																																																																																																																												
LOCATION CODE (Enter 1) <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach				<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Other/Unknown <input type="checkbox"/> (25) Other/Unknown <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				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																																																																																																																																																																																																																																																																																																									
												TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children		TYPE GANG ACTIVITY: (Max. 3) <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown		BIAS MOTIVATED CRIME: None (No Bias)																																																																																																																																																																																																																																																																																																	
VICTIM # 1	NAME: Last, First, Middle Timber Ridge Ranch			SOC. SEC. NO.	DRIVER'S LICENSE		DR. LI. STATE	DATE OF BIRTH																																																																																																																																																																																																																																																																																																									
RESIDENT ADDRESS: Street City State ZIP				RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):																																																																																																																																																																																																																																																																																																													
OCCUPATION			RESIDENT PHONE		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>VICTIM WAS:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-Law Spouse</td></tr> 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ADMI REPORT DATE 03/10/2019			DAY Sun	TIME (Military) 13:30					REPORTING OFFICER Corporal Dustin Burks	CODE # 2613	APPROVING SUPERVISOR Lieutenant Ron Parsons	CODE # 2603					DATE APPROVED 03/10/2019																																																																																																																																																																																																																																																																																																

INCIDENT REPORT

VEHICLE	PAGE#	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME
	3	03/10/2019	2019-0974	Corporal Dustin Burks			2613	Timber Ridge Ranch
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE	
		Chrysler	Mini Van					
VEHICLE	OWNER'S NAME				ADDRESS			
	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				
TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY:			
					<input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner			
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE
	240	7	03	1	2017 Chrysler Mini Van ; MK:Chrysler ; MD:Mini Van		10000.00	
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:	
1					\$10,000.00			
PROPERTY CODES	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 (41) 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 (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment	(68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property)			
DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT		TYPE DRUG MEASUREMENT:		
						WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound		
						CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon		
	DRUG TYPE: (A) "Crack" Cocaine (F) Morphine (K) Other Hallucinogens (O) Other Depressants (B) Cocaine (G) Opium (L) Amphetamines/ Methamphetamines (P) Other Drugs (C) Hashish (H) Other Narcotics (M) Other Stimulants (U) Unknown Type Drug (D) Heroin (I) LSD (N) Barbiturates (X) Over 3 Drug Types (E) Marijuana (J) PSP				UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants			
COMPLNT.	NAME: Last, First, Middle				SEX:		AGE: _____	
					<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown	
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOYT. PHONE		
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								

INCIDENT REPORT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	03/10/2019	2019-0974	Corporal Dustin Burks	2613	Timber Ridge Ranch

NAME:	Last,	First,	Middle	SEX:	<input type="checkbox"/> (U) Unk	AGE:	55	RACE:	<input type="checkbox"/> (U) Unk
	Isom, Sheila			<input type="checkbox"/> (M) Male	<input type="checkbox"/> (00) Unknown			<input checked="" type="checkbox"/> (W) White	<input type="checkbox"/> (B) Black
				<input checked="" type="checkbox"/> (F) Female				<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				

NAME:	Last,	First,	Middle	SEX:	<input type="checkbox"/> (U) Unk	AGE:	55	RACE:	<input type="checkbox"/> (U) Unk
	McDaniel, Robert			<input checked="" type="checkbox"/> (M) Male	<input type="checkbox"/> (00) Unknown			<input checked="" type="checkbox"/> (W) White	<input type="checkbox"/> (B) Black
				<input type="checkbox"/> (F) Female				<input type="checkbox"/> (I) American Indian	<input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS:	Street	City	State	Zip	RESIDENT PHONE	EMPL. PHONE			
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NARRATIVE:

On 03/10/2019 at approximately 1330 hours, I Cpl. Burks, was dispatched to 15000 Highway 298 (Timber Ridge Ranch) in regards to an auto theft. Dispatch advised an Abbie Tate (19yoa) stole one of their vans. They advised it was a Chrysler Mini Van with wheel chair access. They later advised employee's had her blocked in at the front gate.

Upon my arrival I made contact with a Robert McDaniel (Director of Timber Ridge), who advised Tate has several psychiatric issues. He advised those issues are getting worse and is afraid for her safety. He said she is getting unpredictable with her behavior. He said she has wondered off several times in the past and when located she is asked why she wondered off and her response is "I don't know." He said they had to call 911 on a few of the times she wondered off because they could not locate her. He said she waits until the staff members are busy with another client before she wonders off. I asked him how long she has been at the facility and he advised approximately three to four months. He said she came from Bridgeway. He also advised she has several cut marks on her arms which happened prior to coming to the facility and to their knowledge she has not cut herself since being here.

He said he spoke with Tate after she returned to the Neuro Restorative building where she stays and asked her why she took the van and she said "I don't know." He advised she had a brain tumor removed when she was nine years old and does not know how to drive. He said when they got to the van they noticed the emergency brake was still engaged.

I spoke with two staff members a Sheila Isom and Amanda Williams. Williams advised Tate took the keys out of a staff member's locker and got into the van between 1300 and 1330 hours. She said she walked outside to call her boss when she noticed Tate was in the van with it started looking at her. She tried to talk to Tate in getting out of the van and to make a safe decision. Tate then backed up almost hitting another vehicle that belongs to the facility and went right. At this time she called the police while another staff member (Isom) made their elopment call. Tate made to the front gate and could not go any further due to the emergency brake being on. She said another staff member talked her out of the vehicle and walked her back to the Neuro Restorative building.

Isom advised she placed the keys to the van in her purse and placed it in her locker (not locked) to return books and keys to the front desk after clients were done eating. She said staff noticed Tate was watching her and looking at the lockers. When she went to return the books and keys, staff noticed Tate walk outside and they followed her and Tate went back inside along with the

WITNESSES

CONTINUATION PAGE

PAGE# 6	DATE 03/10/2019	INCIDENT # 2019-0974	REPORTING OFFICER Corporal Dustin Burks	CODE # 2613	VICTIM NAME Timber Ridge Ranch
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Others Involved

Reporting Person

NAME: Last, First, Middle				SEX:		AGE: 35		RACE:	
WILLIAMS, AMANDA				<input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input checked="" 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			
DATE OF BIRTH		SSN		OCCUPATION			PLACE OF EMPLOYMENT		