

INCIDENT	PAGE # 1	ORI NUMBER AR0630000	ARKANSAS INCIDENT REPORT UNAPPROVED			INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input 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 type="checkbox"/> (N) Not Applicable
	INCIDENT NUMBER 2021-2661						
	DATE(S) OF INCIDENT 08/13/2021	R	AGENCY NAME Saline County Sheriff's Office				
	TIME(S) OF INCIDENT 08:22	DAY(S) OF INCIDENT Friday					

DISPATCHER brittany.porch - PORCH, BRITTANY	TIME RECEIVED 8:22	TIME ARRIVED 8:22	REPORTING AREA	EXCEPT. CLEAR. DATE
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OFFENSE # 1	UCR CODE 90Z	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
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STATUTE	OFFENSE DESCRIPTION Information (Sex Crime)	ADDRESS OF OFFENSE 15000 TIMBER RIDGE LN, Timber Ridge, Benton, AR 72019
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LOCATION CODE (Enter 1)	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (46) Farm Facility	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 BIAS MOTIVATED CRIME: None (No Bias)
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage	<input type="checkbox"/> (47) Gambling Facility/Casino/Race Track	
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (48) Industrial Site	
<input type="checkbox"/> (03) Bar/Night Club	<input type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (49) Military Installation	
<input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (50) Park/Playground	
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (22) Service/Gas Station	<input type="checkbox"/> (51) Rest Area	
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (23) Specialty Store	<input type="checkbox"/> (52) School - College/University	
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (24) Other/Unknown	<input type="checkbox"/> (53) School - Elementary/Secondary	
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (25) Abandoned/Condemned Structure	<input type="checkbox"/> (54) Shelter - Mission/Homeless	
<input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> (26) Amusement Park	<input type="checkbox"/> (55) Shopping Mall	
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum	<input type="checkbox"/> (56) Tribal Lands	
<input checked="" type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (28) ATM Separate From Bank	<input type="checkbox"/> (57) Community Center	
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (29) Auto Dealership New/Used		
<input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk	<input type="checkbox"/> (30) Camp/Campground		
<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (31) Daycare Facility		
<input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility	<input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal		
<input type="checkbox"/> (16) Lake/Waterway/Beach			

TYPE CRIMINAL ACTIVITY: (Max. 3)	TYPE GANG ACTIVITY: (Max. 3)
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (U) Using/Consuming	<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown

VICTIM # 1	NAME: Last, First, Middle	SOC. SEC. NO.	DRIVER'S LICENSE	DR. LI. STATE	DATE OF BIRTH
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RESIDENT ADDRESS: Street City State ZIP	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):
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OCCUPATION	RESIDENT PHONE
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EMPLOYMENT PHONE	SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown
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ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>10</u> Range ___/___
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RACE: <input checked="" type="checkbox"/> (V) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander	<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown
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RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other
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VICTIM INJURY: (Max. 5) <input type="checkbox"/> (M) Apparent Minor Injury	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9
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AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (34) Other Negligent Killings <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"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer
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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
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REPORT DATE 08/13/2021	DAY Fri	TIME (Military) 8:22	REPORTING OFFICER Detective Joseph Amundson	CODE # 2633	APPROVING SUPERVISOR	CODE #	DATE APPROVED
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OFFENSE

VICTIM

INCIDENT REPORT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	08/13/2021	2021-2661	Detective Joseph Amundson	2633	[REDACTED]
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	
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	

WITNESSES

NARRATIVE:

On August 13, 2021, I, Detective J. Amundson, received a referral from the Arkansas Child Abuse Hotline.

See supplement for further.

SUPPLEMENT #1 Detective Joseph Amundson - 2633 08/13/2021 08:58

The referral indicates as follows:

"The following was sent in by fax to the hotline, av is 10 yo [REDACTED] and UJO is 11 yo [REDACTED]. Both boys are inpatient at Timber Ridge. [REDACTED] reported that [REDACTED] asked him to suck his penis in exchange for toys. [REDACTED] told him no and [REDACTED] continued to bribe him with toys and to "just let him do it." [REDACTED] reported he did suck [REDACTED] penis 2 times and [REDACTED] sucked his penis 5-6 times [REDACTED] said if [REDACTED] ever told anyone that he would punch him in the face. [REDACTED] reports another time where [REDACTED] asked [REDACTED] to pull his pants down. [REDACTED] told him no and [REDACTED] pushed him against the wall and tried to stick "it" in his butt. [REDACTED] denied any penetration or contact."