

|                      |                     |      |                      |                   |
|----------------------|---------------------|------|----------------------|-------------------|
| Status<br><br>Active | Exception Clearance | Date | Reporting Officer    | ORI/Agency        |
|                      | Not Applicable      |      | 523 Simino, Shannon  | AR0160700         |
|                      | Assigned Officer    |      | Entered By<br>simino | Approving Officer |
| Assisting Officers   |                     |      |                      |                   |

| Complainant                                      |                              |
|--|------------------------------|
| Name<br>Dacus Residential Treatment Center       | Contact Name<br>Mrs. Banks   |
| Business Address<br>211 N Church ,Bono, AR 72416 | Business Phone<br>8709328808 |

| Offenses  |               |                                    |               |
|---|---------------|------------------------------------|---------------|
| Incident Location<br>211 Church ST Bono, AR 72416 | Zone          |                                    |               |
| Earliest Possible Date<br>11/08/2023              | Time<br>10:30 | Latest Possible Date<br>11/08/2023 | Time<br>12:00 |

| # | Statute/Code | Description                                     | Fel/Misd | Att/Comp  | Loc | Bias | Wpn | CATypes |
|---|--------------|---|----------|-----------|-----|------|-----|---------|
| 1 | 5-13-203A(2) | BATTERY - 3RD DEGREE / RECKLESSLY CAUSES INJURY | Misd     | Completed | 25  | 88   | 99  | P       |

|                |   |  |   |   |   |  |
|----------------|---|--|---|---|---|--|
| MO             | Method Of Entry<br>n/a  | # Prems<br>0   |   |   |   |  |
| Location Types | 13 Hway/Road/Alley<br>14 Hotel/Motel<br>15 Jail/Prison<br>16 Lake/Waterway<br>17 Liquor Store<br>18 Parking Lot/Garage<br>19 Rental Storage<br>20 Residence/Home<br>21 Restaurant<br>22 Service/Gas Station<br>23 Specialty Store<br>24 Unknown/Other<br>25 Grocery/Supermarket | 37 Abandoned/Condemned<br>Structure<br>38 Amusement Park<br>39 Arena/Stadium/Fair<br>grounds/Coliseum<br>40 ATM Separate from Bank<br>41 Auto Dealership<br>New/Used<br>42 Camp/Campground<br>44 Daycare Facility<br>45 Dock/Wharf/Freight/<br>Modal Terminal<br>46 Farm Facility<br>47 Gambling<br>Facility/Casino/Race Track | 48 Industrial Site<br>49 Military Installation<br>50 Park/Playground<br>51 Rest Area<br>52 School -<br>College/University<br>53 School -<br>Elementary/Secondary<br>54 Shelter -<br>Mission/Homeless<br>55 Shopping Mall<br>56 Tribal Lands<br>57 Community Center<br>58 Cyberspace | Bias Motivation Codes<br>ANTI-<br>11 White<br>12 Black or African<br>American<br>13 American Indian or<br>Alaska Native<br>14 Asian<br>15 Multi-races. Group<br>16 Native Hawaiian or<br>Other Pacific Islander<br>21 Jewish<br>22 Catholic | 23 Protestant<br>24 Islamic (Muslim)<br>25 Other Religion<br>26 Multi-religious group<br>27 Atheist/Agnostic<br>31 Arab<br>32 Hispanic or Latino<br>33 Not Hispanic or<br>Latino<br>41 Gay (male)<br>42 Lesbian | 43 Lesbian, Gay, Bisexual,<br>or Transgender. Mixed<br>Group (LGBT)<br>44 Heterosexual<br>45 Bisexual<br>51 Phys Disability<br>52 Mental Disability<br>61 Male<br>62 Female<br>71 Transgender<br>72 Gender Non-Conforming<br>88 None<br>99 Unknown |

|                            |   |  |  |  |
|----------------------------|---|--|--|--|
| Suspected Of Using<br>None | Criminal Activity Types<br>B Buying/Receiving<br>P Possessing/Concealing<br>D Distributing/Selling<br>E Exploiting Children<br>A Simple/Gross Neglect<br>F Organized Abuse<br>C Cultivating/Manuf/Publishing<br>O Operating/Promoting/Assisting<br>T Transport/Import/Transmit<br>U Using/Consuming<br>I Intentional Abuse & Torment<br>S Sexual Animal Abuse | Weapon Type(s)<br>11 Firearm (Auto)<br>12 Handgun (Auto)<br>13 Rifle (Auto)<br>14 Shotgun (Auto)<br>15 Other Firearm | 20 Knife/Cutting Instr<br>30 Blunt Object<br>35 Motor Vehicle<br>40 Personal Weapons<br>50 Poison<br>60 Explosives | 65 Fire/Incendiary Device<br>70 Drugs/Narc./Sleeping Pills<br>85 Asphyxiation<br>90 Other<br>95 Unknown<br>99 None |
|----------------------------|---|--|--|--|

|  |                                  |   |                           |   |          |                            |  |
|--|----------------------------------|---|---------------------------|---|----------|----------------------------|--|
| Victim #1                                    | Event #s Related 1               |   |                           |   |          |                            |  |
| SSN/ID/TIN                                   | Title                            | Name  | DOB                       | Age   | Sex<br>M | Resident Status<br>Unknown |  |
| Race White                                   | Ethnicity<br>Not Hispanic/Latino | DL (#, ST)  | Email                     |   |          |                            |  |
| Home Phone<br>(870)932-8808                  | Work Phone                       | Other Phone                                       | Personal Cell             | Work Cell                                     |          |                            |  |
| US Citizen<br>Yes                            | Legal Alien                      | Doc Type  | Immig Doc #               | Nationality                                   |          |                            |  |
| Home Address                                 |                                  |   |                           | Employer<br>Dacus Residietal Treatment Center |          |                            |  |
| Work Address<br>211 Chruch ST,Bono, AR 72416 |                                  |   |                           | Occupation                                    |          |                            |  |
| Victim Type<br>Individual                    | Injury Type<br>None,             | Aggravated Assault/Homicide Circumstances<br>None |                           | Relationship To Suspect<br>#1 N/A             |          |                            |  |
| Justifiable Homicide Circumstances<br>None   |                                  |   | Taken to: (Hospital Name) |   |          |                            |  |
| Injury Description                           |                                  |   |                           |   |          |                            |  |

| Suspect #1                    |                          |            |             |                     |               |                   |           |                 |
|-------------------------------|--------------------------|------------|-------------|---------------------|---------------|-------------------|-----------|-----------------|
| SSN/ID/TIN                    | Title                    | Name       |             |                     | DOB           | Age               | Sex       | Resident Status |
|                               |                          | [REDACTED] |             |                     | [REDACTED]    | [REDACTED]        | M         | Unknown         |
| Race                          | Black / African American |            | Ethnicity   | Not Hispanic/Latino |               | DL (#, ST)        | Email     |                 |
| Home Phone                    | Work Phone               |            | Other Phone |                     | Personal Cell |                   | Work Cell |                 |
| US Citizen                    | Legal Alien              | Doc Type   |             | Immig Doc #         |               | Nationality       |           |                 |
| Yes                           |                          |            |             |                     |               |                   |           |                 |
| Home Address                  |                          |            |             |                     |               | Employer          |           |                 |
| 211 Church ST, Bono, AR 72416 |                          |            |             |                     |               | Dacus Residential |           |                 |
| Work Address                  |                          |            |             |                     |               | Occupation        |           |                 |
| Height                        | Weight                   | Eyes       | Build       |                     | AKA           |                   |           |                 |
| -                             | -                        |            |             |                     |               |                   |           |                 |

**Narrative & Statements**

Narrative - Simino, Shannon - 11/9/2023 8:42:51 AM (Initial)

On 11/8/2023 I was dispatched to Dacus Treatment Center in reference to a child out of control. Upon arrival I made contact with Mrs. Banks the administration. She advised they child out of control hitting one of the staff members and breaking the toilet. Mrs. Banks wanted me to speak with the child about his behavior. I spoke with the child he stated he couldn't do his school work because he didn't have glasses to see it. He then got upset at the staff and went off on them. The child agreed to stay calm and let the staff know when he was struggling with a problem.

The staff advised then didn't want to purse anything that if he would keep his behavior down they didn't mind helping him with any problem

Nothing further at this time.