Incident # 24-00155						I	Fordyce Police Department Incident Report									Report Date			13/24		
Pag	Page1 of 3						<u> </u>								R	Report Time _			31 PM		
Status	Status			ption Cle	earand						Reporting Officer					ORI/Agency					
Acti	Active			Not Applic					icable					ne, Rive			AR0200100				
			١ ،	gned Offi rne, Riv									red By Byrn		oroving Offic ogan, Wesl						
			Assis	sting Offic	cers																
Con	nplaina	nt																			
SSN/I	•			Title N	lame	_								DO	В	1	Age 27	Sex F		ent Status resident	
Race	White			Ethnicity		c/Latino	DL (#, S	ST)							Email						
Home	Phone			Work	Phon	ne		Othe	r Phone	1			Pers	sonal Cel	II		Work Co	ell			
	US Citizen Legal Alien Doc Type Yes				е	•	Immig Doc # Nationality														
Home Address						Em						Employer									
Work Address							Occupa						Occupation	า							
Offe	nses																				
	nt Locatio		l	. AD 7	4740						Zone										
Earlies	t Possibl 04/13/20	e Date	Т	e, AR 7 <sup>-</sup> ime 15:31		test Possible 04/13/20		Tim	ie 5:31												
	Statute/				0 1/ 10/20	10.01					Fel/Misc			Att/Comp	Loc	Bias		Wpn	CATypes		
1	INFOR	NFORMATION INFORMATION		 I									Completed	25	88	3	99				
MO												'		Method		/	# Prems				
																	n/a			0	
Location Types  01 Air/Bus/Train Terminal 02 Bank/S&L 03 Bar/Night Club 04 Church/Synag/Temple 05 Commercial/Off Bldg 06 Construction Site 07 Convenience Store 08 Dept/Discount Store 09 Drug Str/Dr Off/Hosp 10 Field/Woods 11 Govt/Public Bldg 12 Grocery/Supermarket		14 Hote//Motel Structure 15 Jail/Prison 38 Amusen 16 Lake/Waterway 39 Arena/St 17 Liquor Store grounds/Col 18 Parking Lot/Garage 19 Rental Storage 40 ATM Sep 19 Rental Storage 42 Camp/Ca 20 Residence/Home 42 Camp/Ca 21 Restaurant 44 Daycare 23 Service/Gas Station 24 Specialty Store 46 Farm Fac 25 Unknown/Other 46 Farm Fac 47 Gamblin			38 Amusemer 39 Arena/Stad grounds/Colise 40 ATM Separ 41 Auto Dealer New/Used 42 Camp/Cam 44 Daycare Fa	nt Park ium/Fair eum ate from Ba rship pground icility f/Freight/ al ty	A9 Military Installation			d dary	11 White 24 Is 12 Black or African 25 C American 26 N 13 American Indian or 27 A Alaska Native 31 A 4 Asian 32 H 15 Multi-races, Group 16 Native Hawaiian or Other Pacific Islander 41 G			23 Pro 24 Isla 25 Oth 26 Mul n or 27 Ath 31 Ara 32 Hisp oup 33 Not Latino	mic (Mu er Religi eist/Agr b b banic or Hispan (male)	tant or Transg Group (L4 Religion elligious group t/Agnostic 52 Menta fic or Latino spanic or spanic or male) 72 Gende			osexual ual Disability al Disability le gender er Non-Conforming		
Suspected Of Using None				B Buying/	/Receiv ssing/Co uting/Se	oncealing O Op elling T Tra	Itivating/Manuf/Publishing 11 lerating/Promoting/Assisting 12 lnsport/Import/Transmit 13 lng/Consuming 14				11 Fir 12 Ha 13 Rir 14 Sh	Firearm (Auto) 30 Blun Handgun (Auto) 35 Moto Rifle (Auto) 40 Pers Shotgun (Auto) 50 Pois			Cnife/Cutting Ins Blunt Object Motor Vehicle Personal Weapo Poison Explosives		70 Drugs 85 Asphy 90 Other	65 Fire/Incendiary Device 70 Drugs/Narc./Sleeping Pills 85 Asphyxiation 90 Other 95 Unknown 99 None			

A Simple/Gross Neglect I Intentional Abuse & Torment F Organized Abuse S Sexual Animal Abuse

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Incident #_	ncident #24-00155				Fordy	се	Polic		Report Date			04/13/24				
Page						Incident Report							Tin	ne _	3:31 PM	
Victim #1				Event #	s Related	1										
SSN/ID/TIN	l	Title	Name	D						В	Age	T	Sex M	Resident Status Unknown		
Race White	Ethnic Not I	city Hispanic/Latino	DL (#, ST)						Email							
Home Phone	W	ork Phone	Other Phone Perso						ersonal Cell			Work Cell				
US Citizen Legal Alien Doc Type Yes					Immig Doc #						Nationality					
Home Address			Employer													
Work Address											Occupation					
Victim Type	ре	Aggravated As	sault/Hom	icide	e Circumsta		ationship To Suspect									
Individual	No	ne,		None					N/A							
Justifiable Homicide Circumstances Taken to: (Hospital Name)  None																
Injury Descripti	ion							L								
Suspect #	1															
SSN/ID/TIN	Title	Name	_					DO	В	Age	Т	Sex	Resident Status			
Mr												32		М	Unknown	
Americ	African an		Ethnic Not I	city Hispanic/Latino	DL (#, ST) ,						Email					
Home Phone V				ork Phone		Othe	r Phone		Personal C			Work Cell				
US Citizen Yes	Legal A	lien		Doc Type		mmig Doc	#			Nationality						
Home Address	•								Employer							
Work Address									Occupation							
Height Wei	ght I	Eyes		Build			AKA				•					
Witness #'	1															
SSN/ID/TIN Title Name					<b>I</b>						В	Age		Sex U	Resident Status Nonresident	
Race Unknown Ethnicity Unknown					DL (#, ST) , AR						Email					
Home Phone		We	ork Phone	Other Phone			Personal 0			II	Work Cell					
US Citizen Legal Alien Yes				Doc Type			mmig Doc	#		Nationality	·					
Home Address	8										Employer					
Work Address										Occupation						

Narrative - Byrne, River - 4/13/2024 4:56:01 PM (Initial)

On Saturday, April 13th, 2024, at approximately 10:30 a.m., Officer River Byrne was dispatched to the area of Millcreek in reference to a parent filing a complaint against a staff member. Upon arrival, I, Officer Byrne, made contact with Mrs. Shankaila Edwards, a supervisor at Millcreek. She gave a brief

Narrative & Statements

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Narrative - Byrne, River - 4/13/2024 4:56:01 PM (Initial)

summary of the situation that occurred and directed me to the COO of Millcreek,
Mr. Chris Butler. Mr. Butler stated that he talked to , the
father of . Mr. Butler advised that they would be
conducting an internal investigation. Mr. Butler said that informed him
that they would be removing their son, from Millcreek. Day shift
manager Mrs. Edwards stated that she was informed that
called a faggot and a nigger, and that was the only information she
was told. After which, I, Officer Byrne, made contact with mother,
, and she stated that she came to visit her son. informed
his mother that a staff member, , called him a faggot and a nigger,
slammed him on the ground, and also threw him across the room.
stated that he tried to leave the room and call for help and that
pulled him back into the room. stated that she requested a
statement be filed about the situation that occurred involving her son by the day
shift manager, Mrs. Edwards. stated that a statement was still not
filed. One of the day shift nurses brought his medicine and stated that
a statement was going to be made after the visit. Both
stated that they were pulling their son, out of Millcreek. I, Officer
Byrne, asked if she saw any marks or brusies on .
then stated that she did a full-body audit of her son, and only
saw what appeared to be a blood spot under the skin on his right eye. She also
stated that the mark was worse prior to my arrival. stated that they
would be seeking legal aid for the situation that occurred.
requested that I, Officer Byrne, remain on scene until the Millcreek statement is
finalized. Mrs. Edwards advised that the COO was coming to
Millcreek to speak to her and to assist her with the statement she requested. I,
Officer Byrne, advised that the report would be sent to the Arkansas
Child Abuse Hotline. I, Officer Byrne, was able to make contact with
stated that he did nothing wrong and that we were putting
in a timeout for acting up. stated that was
screaming, cussing, and threatening to kill people. was suspended,
so that Millcreek conducted an internal investigation

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