Incident#	24-00	113			Ha	mburg	Po	lice	De	pt			R	eport D	ate	07/2	2/24	
Page	1 of 2	2				Incide				-			R	eport T	ime _	2:3	4 PM	
Status			on Cleara	ance Date				R	Repor	rting C	Officer		ORI/Agency					
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Active		Assigne	ed Officer	SQ.				Entered By Approving Officer										
									A	dmin	l.							
		Assistin	g Officer	S														
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			TD 7			Immig D	000#					Nationality						
US Citizen Yes	Legal A	lien	Doc T	ype		Initing D	00 #					Indionality						
Home Addres	s											Employer						
Marie Address												Occupation	1					
Work Address																		
Offenses							325							MERC				
Incident Locati 815 E St Lo		c) Ham	nburg, AF	R 71646				Zone										
Earliest Possib		Tim		Latest Possible	Date	Time								_				
07/22/2			9:10	07/22/20)24	09:10		-	N. 200	16	el/Misd	Att/Comp	Loc	Bias		Wpn	CATypes	
# Statute			ription	OVERDOSE							Misd	Completed	-	8	8	99	C/ () pcc	
1 1 1 MO	982	P08	SIBLE	VERDUSE								Toop.c.cc		Method	Of Entr	y /	# Prems	
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01 Air/Bus/Train 02 Bank/S&L	n Terminal	15 Jail/Pr 16 Lake/V		38 Amusemer 39 Arena/Stad	lium/Fair	50 Park/Pl 51 Rest A	ea	nd	11 White 24 Islamic (Muslim) Group (LGBT)									
03 Bar/Night Cl 04 Church/Syna			g Lot/Gara		rate from Ba	52 School ank College/Ur	iversity	,	A	12 Black or African 25 Other Religion 45 Bisexual 45 Bisexual 13 American Indian or 27 Atheist/Agnostic 51 Phys Disability								
05 Commercial 06 Construction	/Off Bldg	19 Rental Facility	A72	41 Auto Deale New/Used		53 School Elementary	//Secon	dary	Α	Alaska	Native	31 Ara	b	or Latino	52 Menta 61 Male	l Disabi	lity	
07 Convenienc 08 Dept/Discou	e Store	21 Resta		44 Daycare Fa	acility	54 Shelter Mission/Ho	meless		1		ın ti-races, Gı ive Hawaii	roup 33 Not	Hispa		62 Femal 71 Trans	gender		
09 Drug Str/Dr 10 Field/Woods	3	24 Specia		ion 45 Dock/Whai Modal Termin 46 Farm Facil	al	55 Shoppi 56 Tribal I 57 Comm	ands		(Pacific Islan		/ (male	2)	88 None		Conforming	
11 Govt/Public 12 Grocery/Sup		25 Unkno	wn/Other	47 Gambling Facility/Casin	3.41	58 Cybers				22 Cath					99 Unkno	wn		
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Victim #1 Event #s Related 1											to at Nam		L P. H	100, 100	WEST STO			
Name Delta Family Center										Cont	tact Nam	le						
Business Ad	dress		AD 716	16										ness Pho 3534224				
815 E St Lo Victim Type		jury Type		Aggravated A	ssault/Ho	micide Circu	mstan	ces			Re	lationship To	20 5 5					
Busines		lone,	95	None							#1	I N/A						
Justifiable Ho	micide C	ircumsta	nces	L			T	aken to	o: (H	ospita	al Name)							

None

Injury Description

Incident#	24-0	0113		Ham	burg Police	Report D	ate _	07/22/24				
Page	2 of	2			Incident Repor	Report T	2:34 PM					
1 Suspect	1	A Property of							Marie Control	1000		
SSN/ID/TIN		Tit	le Name				DOE	3	Age 14	Sex F	Resident Status Unknown	
Race White			nnicity nknown	DL (#, ST)			Email					
Home Phone Work Phon				Oti	her Phone	F	Personal Cell		Work C			
US Citizen Yes	Legal /	Alien	Doc Type		Immig Doc#			Nationality				
Home Addres	is ST,Ha	amburg, A		Employer								
Work Address												
Height We	eight -	Eyes	Build		AKA							
Narrative &	Staten	nents		NO THE REAL PROPERTY.		September 1	CHECKY.	Andrew State	Control of the last	1		

Narrative - Carter, Nicole - 07/22/24 2:49:33 PM (Initial)

ON 07-22-24 AROUND 9:08 I WAS DISPATCHED TO DELTA FAMILY CENTER AT 815 EAST ST LOUIS STREET IN HAMBURG IN REFERENCE TO A CHILD AT THE FACILITY POSSIBLY TAKING MEDS SHE HAD BEEN POCKETING INSTEAD OF TAKING THEM THE LAST FEW DAYS.

ONCE I ARRIVED I MADE CONTACT WITH THE STAFF AT DELTA FAMILY CENTER AND THEY STATED THAT AT 8:00 AM THEY NOTICED (14 YEARS OLD) WAS NOT WAKING UP AND WHEN THEY DONE THE STERNUM RUB AND SHE WOKE UP BUT WOULD GO RIGHT BACK TO SLEEP.

PRO MED AMBULANCE SERVICE ARRIVED AND LOADED HER UP AND TOOK HER TO ASHLEY COUNTY MEDICAL CENTER AND A STAFF MEMBER RODE IN THE AMBULANCE WITH THEM.

IT IS UNKNOWN AT THIS TIME WHAT MEDICATION OR HOW MUCH SHE HAD TAKEN SOMETIME DURING THE NIGHT.

Printed: 07/22/24 2:53:48 PM

Inci	dent#	24-00	Hamburg Police Dept									R	Report Date07/22/24			22/24						
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Statu	•		Exception Clearance Date Reporti										orting	Officer	ī.			ORI/Agency				
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			Assis	sting C	Office	ers																
Cor	nplaina	nt	0.170		23		19-18				A. To	THE REAL PROPERTY.	100							-		
SSN/	ID/TIN			Title	Nar	me										OOE	3	12	Age	Sex U		ent Status iknown
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US C	itizen S	Legal A	lien		Doc '	Туре				Immig E	Doc#	‡					Nationality					
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Work	Address																Occupation	É				
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	Statute/													Completed	Loc 25	88		99	CATypes			
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None B Buying/Receiving C Cultivating/Manuf/Publishing 11 F P Possessing/Concealing O Operating/Promoting/Assisting 12 F D Distributing/Selling T Transport/Import/Transmit 13 F Exploiting Children U Using/Consuming 14 S								on Type(s) 20 Knife/Cutting Instr 65 Fire/Incendia 1 Firearm (Auto) 30 Blunt Object 70 Drugs/Narc./s 2 Handgun (Auto) 35 Motor Vehicle 85 Asphyxiation 3 Rifle (Auto) 40 Personal Weapons 90 Other 4 Shotgun (Auto) 50 Poison 95 Unknown 5 Other Firearm 60 Explosives 99 None						gs/Narc./Si hyxiation er mown								
Vic	tim #1					Eve	nt#s f	Relate	d I	1		_			7.50					TO MAN	1000	
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Business Address 815 E St Louis ST, Hamburg, AR 71646										1					ness Pho 3534224							
	n Type		ury Ty			Aggravate	ed Assa	ault/Hor	mici	de Circui	msta	inces					tionship To	Susp	ect			
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Justi	fiable Hor	nicide Ci	rcums	tance		nno.						raken	ιο: (F	ıospi	tal Nam	e)						
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mjury	Describ	350																				

Incident#	24-001	13		Ha	ımb	urg Police	Report	Date _	07/22/24								
Page	2 of 2	-			Incident Report		Report	2:34 PM									
Suspect #	1	S Superior		429344	1447.		OR I				FEER	PARE					
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Race White		Ethn	icity (nown	DL (#, \$	ST)			Er	Email								
Home Phone			Vork Phone		Other Phone				Cell		Work Cell						
US Citizen Yes	Legal Alie	n	Doc Type		In	nmig Doc#		1	Nationality								
Home Address 815 E St Louis ST, Hamburg, AR 71646											Employer						
Work Address																	
Height We	eight Ey	es	Build			AKA											
- Committee Comm	Challeman	The same of									No. of Concession, Name of Street, or other Designation, Name of Street, Name	2000	234				

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