

Status Active	Exception Clearance	Date	Reporting Officer	ORI/Agency
	Not Applicable		303 Byrne, River	AR0200100
	Assigned Officer	Entered By	Approving Officer	
	Byrne, River	RByrne	Hogan, Wesley	
	Assisting Officers			

Complainant

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
	Ms	[REDACTED]	[REDACTED]	29	F	Unknown
Race	Ethnicity	DL (#, ST)	Email			
White	Unknown	[REDACTED]				
Home Phone	Work Phone	Other Phone	Personal Cell	Work Cell		
	[REDACTED]					
US Citizen	Legal Alien	Doc Type	Immig Doc #	Nationality		
Yes						
Home Address				Employer		
Work Address				Occupation		

Offenses

Incident Location			Zone					
1828 Industrial DR Fordyce, AR 71742								
Earliest Possible Date	Time	Latest Possible Date	Time					
07/24/2024	15:07	07/25/2024	17:11					
#	Statute/Code	Description	Fel/Misd	Att/Comp	Loc	Bias	Wpn	CATypes
1	5-27-202	ENDANGER WELFARE OF AN INCOMPETANT-2ND DEGREE-KNOWINGLY RISKS SERIOUS PHYSICAL/MENTAL HARM	Misd	Completed	25	88	99	
2	5-13-203A(1)	BATTERY - 3RD DEGREE / PURPOSE OF CAUSING INJURY, CAUSES INJURY	Misd	Completed	25	88	99	
MO						Method Of Entry	# Prems	
						n/a	0	

Location Types	13 Hway/Road/Alley	37 Abandoned/Condemned Structure	48 Industrial Site	Bias Motivation Codes	
01 Air/Bus/Train Terminal	14 Hotel/Motel	38 Amusement Park	49 Military Installation	ANTI-	23 Protestant
02 Bank/S&L	15 Jail/Prison	39 Arena/Stadium/Fair grounds/Coliseum	50 Park/Playground	11 White	24 Islamic (Muslim)
03 Bar/Night Club	16 Lake/Waterway	40 ATM Separate from Bank	51 Rest Area	12 Black or African American	25 Other Religion
04 Church/Synag/Temple	17 Liquor Store	41 Auto Dealership	52 School - College/University	13 American Indian or Alaska Native	26 Multi-religious group
05 Commercial/Off Bldg	18 Parking Lot/Garage	42 Camp/Campground	53 School - Elementary/Secondary	14 Asian	27 Atheist/Agnostic
06 Construction Site	19 Rental Storage	43 Daycare Facility	54 Shelter - Mission/Homeless	15 Multi-races, Group	28 Arab
07 Convenience Store	20 Residence/Home	44 Dock/Wharf/Freight/Modal Terminal	55 Shopping Mall	16 Native Hawaiian or Other Pacific Islander	29 Hispanic or Latino
08 Dept/Discount Store	21 Restaurant	45 Farm Facility	56 Tribal Lands	17 Jewish	30 Not Hispanic or Latino
09 Drug Str/Dr Off/Hosp	22 Specialty Store	46 Gambling	57 Community Center	18 Catholic	31 Gay (male)
10 Field/Woods	23 Unknown/Other	47 Facility/Casino/Race Track	58 Cyberspace	19 Other	32 Lesbian
11 Govt/Public Bldg				20 Knife/Cutting Instr	33 Fire/Inflammatory
12 Grocery/Supermarket				21 Firearm (Auto)	34 Fire/Inflammatory
				22 Blunt Object	35 Fire/Inflammatory
				23 Motor Vehicle	36 Fire/Inflammatory
				24 Personal Weapons	37 Fire/Inflammatory
				25 Poison	38 Fire/Inflammatory
				26 Explosives	39 Fire/Inflammatory
				27 Fire/Inflammatory	40 Fire/Inflammatory
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				87 Fire/Inflammatory	100 Fire/Inflammatory

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

Victim #1		Event #s Related 1,2	
SSN/ID/TIN	Title Mr	Name	DOB
Race White	Ethnicity Unknown	DL (#, ST)	Email
Home Phone	Work Phone	Other Phone	Personal Cell
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #
Home Address		Employer	
Work Address		Occupation	
Victim Type Individual	Injury Type None,	Aggravated Assault/Homicide Circumstances None	Relationship To Suspect
Justifiable Homicide Circumstances None		Taken to: (Hospital Name)	
Injury Description			

Associated Person #1			
SSN/ID/TIN	Title Mr	Name	DOB
Race Black / African American	Ethnicity Not Hispanic/Latino	DL (#, ST)	Email
Home Phone	Work Phone	Other Phone	Personal Cell
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #
Home Address		Employer	
Work Address		Occupation	

Narrative & Statements

Narrative - Byrne, River - 7/25/2024 4:38:53 PM (Initial)

On Thursday July 25th, 2024 at approximately 3:17 p.m. I, Officer River Byrne received a call from dispatch in reference to a welfare check in regards to a [REDACTED] who was assaulted by a staff member who was identified as a [REDACTED] at Millcreek Behavioral Center on Wednesday July 24th, 2024 at approximately 3:07 p.m., Upon my arrival I, Officer Byrne made contact with Mr. Ben Beasley Chief Executive Officer and Mr. Chris Butler COO at Millcreek Behavioral Center. Both Mr. Beasley and Mr. Butler advised me of the situation and also advised that [REDACTED] was put on administrative leave from the investigation but decided to resign from Millcreek. Mr. Beasley and Mr. Butler also advised that the incident was reported to the Crimes Against Children Hotline and that DHS is involved in the investigation. I, Officer Byrne also made contact with [REDACTED] and made sure that he was okay and take pictures of [REDACTED] bruises on his shoulder and chest and sent them to his [REDACTED] who stated that she indeed wanted to press charges. I, Officer

Narrative & Statements

Narrative - Byrne, River - 7/25/2024 4:38:53 PM (Initial)

Byrne advised [REDACTED] that she needed to come to the police department when she comes to fordyce to pick up her son [REDACTED] so that an interview could be done.