

INCIDENT	PAGE # 1	ORI NUMBER AR0630000	ARKANSAS		INTERNAL INCIDENT STATUS:	EXCEPTIONAL CLEARANCE STATUS:	
	INCIDENT NUMBER 2024-2389			INCIDENT REPORT		<input type="checkbox"/> (A) Active	<input type="checkbox"/> (A) Death of the Offender
	DATE(S) OF INCIDENT 08/12/2024			UNAPPROVED		<input type="checkbox"/> (CA) Closed by Arrest	<input type="checkbox"/> (B) Prosecution Declined
	TIME(S) OF INCIDENT 08:36			AGENCY NAME Saline County Sheriff's Office		<input type="checkbox"/> (CE) Closed by Exception	<input type="checkbox"/> (C) Extradition Denied

DISPATCHER kaylee.smoke - SMOKE, KAYLEE			TIME RECEIVED 8:36	TIME ARRIVED 8:36	REPORTING AREA	EXCEPT. CLEAR. DATE
OFFENSE # 1	UCR CODE 11A	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

STATUTE 5-14-125	OFFENSE DESCRIPTION Sexual Assault in the Second Degree	ADDRESS OF OFFENSE 15000 TIMBER RIDGE LN, Timber Ridge, Benton, AR 72019
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LOCATION CODE (Enter 1)		WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)	
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (46) Farm Facility	<input type="checkbox"/> (11) Firearm (Type not stated)
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage	<input type="checkbox"/> (47) Gambling Facility/Casino/Race Track	<input type="checkbox"/> (12) Handgun
<input type="checkbox"/> (03) Bar/Night Club	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (48) Industrial Site	<input type="checkbox"/> (13) Rifle
<input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque	<input checked="" type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (49) Military Installation	<input type="checkbox"/> (14) Shotgun
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (50) Park/Playground	<input type="checkbox"/> (15) Other Firearm
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (22) Service/Gas Station	<input type="checkbox"/> (51) Rest Area	<input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.)
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (23) Service/Gas Station	<input type="checkbox"/> (52) School - College/University	<input type="checkbox"/> (30) Blunt Object (Club, etc.)
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (24) Specialty Store	<input type="checkbox"/> (53) School - Elementary/Secondary	<input type="checkbox"/> (35) Motor Vehicle (As weapon)
<input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> (25) Other/Unknown	<input type="checkbox"/> (54) Shelter - Mission/Homeless	<input checked="" type="checkbox"/> (40) Personal Weapons (Hands, etc.)
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (26) Abandoned/Condemned Structure	<input type="checkbox"/> (55) Shopping Mall	<input type="checkbox"/> (50) Poison
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (27) Amusement Park	<input type="checkbox"/> (56) Tribal Lands	<input type="checkbox"/> (60) Explosives
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (28) Arena/Stadium/Fairgrounds/Coliseum	<input type="checkbox"/> (57) Community Center	<input type="checkbox"/> (65) Fire/Incendiary Device
<input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk	<input type="checkbox"/> (29) ATM Separate From Bank		<input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills
<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (30) Auto Dealership New/Used		<input type="checkbox"/> (85) Asphyxiation
<input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility	<input type="checkbox"/> (31) Camp/Campground		
<input type="checkbox"/> (16) Lake/Waterway/Beach	<input type="checkbox"/> (32) Daycare Facility		
	<input type="checkbox"/> (33) Dock/Wharf/Freight/Modal Terminal		

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"/> (G) Other Gang	
<input type="checkbox"/> (C) Cultivate/Manufacture/Publish	<input type="checkbox"/> (P) Possessing/Concealing	<input type="checkbox"/> (J) Juvenile Gang	
<input type="checkbox"/> (D) Distributing/Selling	<input type="checkbox"/> (T) Transport/Transmit/Import	<input type="checkbox"/> (N) None/Unknown	
<input type="checkbox"/> (E) Exploiting Children	<input type="checkbox"/> (U) Using/Consuming		

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 72104	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):
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OCCUPATION	RESIDENT PHONE	#1 #2 #3 #4 #5 #6 #7 #8 #9 #10	VICTIM WAS:
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EMPLOYMENT PHONE	SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>13</u>	(SE) Spouse
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ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander	Range <u>1</u> <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	(CS) Common-Law Spouse
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RES. STATUS: <input type="checkbox"/> (R) Resident <input checked="" type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input type="checkbox"/> (G) Government <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other	(CH) Child
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VICTIM INJURY: (Max. 5)	<input type="checkbox"/> (M) Apparent Minor Injury	THIS VICTIM RELATED TO WHICH OFFENSES?	(GP) Grandparent
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<input checked="" type="checkbox"/> (N) None	<input type="checkbox"/> (O) Other Major Injury	<input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10	(GC) Grandchild
<input type="checkbox"/> (B) Apparent Broken Bones	<input type="checkbox"/> (T) Loss of Teeth	<input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others:	(IL) In-Law
<input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (U) Unconsciousness	<input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9	(SP) Stepparent
<input type="checkbox"/> (L) Severe Laceration			(SC) Stepchild

AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	Aggravated Assault/Murder: (max. 2)	Negligent Manslaughter: (enter 1)	(SS) Stepsibling
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<input type="checkbox"/> (01) Argument	<input type="checkbox"/> (30) Child Playing With Weapon	<input type="checkbox"/> (A) Criminal Attacked Police Officer	(CF) Child of Boyfriend/Girlfriend
<input type="checkbox"/> (02) Assault On Law Enf. Officer	<input type="checkbox"/> (31) Gun-Cleaning Accident	<input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer	(HR) Homosexual Relationship
<input type="checkbox"/> (03) Drug Dealing	<input type="checkbox"/> (32) Hunting Accident	<input type="checkbox"/> (C) Criminal Attacked Civilian	(XS) Ex-Spouse
<input type="checkbox"/> (04) Gangland	<input type="checkbox"/> (33) Other Negligent Weapon Handling	<input type="checkbox"/> (D) Criminal Attempted Flight from a Crime	(EE) Employee
<input type="checkbox"/> (05) Juvenile Gang		<input type="checkbox"/> (E) Criminal Killed in Commission of a Crime	(ER) Employer
<input type="checkbox"/> (06) Lover's Quarrel	<input type="checkbox"/> (34) Other Negligent Killings	<input type="checkbox"/> (F) Criminal Resisted Arrest	(OK) Otherwise Known
<input type="checkbox"/> (07) Mercy Killing		<input type="checkbox"/> (G) Unable to Determine/Not Enough Information	(RU) Relationship Unknown
<input type="checkbox"/> (08) Other Felony Involved	Justifiable Homicide: (enter 1)		(ST) Stranger
<input type="checkbox"/> (09) Other Circumstances	<input type="checkbox"/> (20) Criminal Killed by Private Citizen		(VO) Victim was Offender
<input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (21) Criminal Killed by Police Officer		

ADMI REPORT DATE 08/12/2024	DAY Mon	TIME (Military) 8:36	REPORTING OFFICER Detective Joseph Amundson	CODE # 2633	APPROVING SUPERVISOR	CODE #	DATE APPROVED
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INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER		CODE #	VICTIM NAME																																																																							
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	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																																							
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PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE																																																																						
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																																							
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																														
PROPERTY DESCRIPTION: <table style="width: 100%; font-size: small;"> <tr> <td>(01) Aircraft</td> <td>(14) Gambling Equipment</td> <td>(27) Recordings-Audio/Visual</td> <td>(42) Artistic Supplies/Accessories</td> <td>(88) Lawn/Yard/Garden Equipment</td> </tr> <tr> <td>(02) Alcohol</td> <td>(15) Heavy Construction/Industrial Equipment</td> <td>(28) Recreational Vehicles</td> <td>(43) Building Materials</td> <td>(69) Logging Equipment</td> </tr> <tr> <td>(03) Automobiles</td> <td>(16) Household Goods</td> <td>(29) Structures-Single Occupancy</td> <td>(44) Camping/Hunting/Fishing Equipment/Supplies</td> <td>(70) Medical/Medical Lab Equipment</td> </tr> <tr> <td>(04) Bicycles</td> <td>(17) Jewelry/Precious Metals/Gems</td> <td>(30) Structures-Other Dwellings</td> <td>(45) Chemicals</td> <td>(71) Metals, Non-Precious</td> </tr> <tr> <td>(05) Buses</td> <td>(18) Livestock</td> <td>(31) Structures-Commercial/Business</td> <td>(46) Collections/Collectibles</td> <td>(72) Musical Instruments</td> </tr> <tr> <td>(06) Cloths/Furs</td> <td>(19) Merchandise</td> <td>(32) Structures-Industrial/Manufacturing</td> <td>(47) Crops</td> <td>(73) Pets</td> </tr> <tr> <td>(07) Computer Hardware/Software</td> <td>(20) Money</td> <td>(33) Structures-Public/Community</td> <td>(48) Documents/Personal or Business</td> <td>(74) Photographic/Optical Equipment</td> </tr> <tr> <td>(08) Consumable Goods</td> <td>(21) Negotiable Instruments</td> <td>(34) Structures-Storage</td> <td>(49) Explosives</td> <td>(75) Portable Electronic Communications</td> </tr> <tr> <td>(09) Credit/Debit Cards</td> <td>(22) Nonnegotiable Instruments</td> <td>(35) Structures-Other</td> <td>(50) Firearm Accessories</td> <td>(76) Recreational/Sports Equipment</td> </tr> <tr> <td>(10) Drugs/Narcotics</td> <td>(23) Office-Type Equipment</td> <td>(36) Tools</td> <td>(51) Fuel</td> <td>(77) Other</td> </tr> <tr> <td>(11) Drug/Narcotic Equipment</td> <td>(24) Other Motor Vehicles</td> <td>(37) Trucks</td> <td>(52) Identity Documents</td> <td>(78) Trailers</td> </tr> <tr> <td>(12) Farm Equipment</td> <td>(25) Purses/Handbags/Wallets</td> <td>(38) Vehicle Parts/Accessories</td> <td>(53) Identity - Intangible</td> <td>(79) Watercraft Equipment/Parts/Accessories</td> </tr> <tr> <td>(13) Firearms</td> <td>(26) Radios/TVs/VCRs/DVD Players</td> <td>(39) Watercraft</td> <td>(54) Law Enforcement Equipment</td> <td>(80) Weapons - Other</td> </tr> <tr> <td></td> <td></td> <td>(40) Aircraft Parts/Accessories</td> <td></td> <td>(88) Pending Inventory (of Property)</td> </tr> </table>									(01) Aircraft	(14) Gambling Equipment	(27) Recordings-Audio/Visual	(42) Artistic Supplies/Accessories	(88) Lawn/Yard/Garden Equipment	(02) Alcohol	(15) Heavy Construction/Industrial Equipment	(28) Recreational Vehicles	(43) Building Materials	(69) Logging Equipment	(03) Automobiles	(16) Household Goods	(29) Structures-Single Occupancy	(44) Camping/Hunting/Fishing Equipment/Supplies	(70) Medical/Medical Lab Equipment	(04) Bicycles	(17) Jewelry/Precious Metals/Gems	(30) Structures-Other Dwellings	(45) Chemicals	(71) Metals, Non-Precious	(05) Buses	(18) Livestock	(31) Structures-Commercial/Business	(46) Collections/Collectibles	(72) Musical Instruments	(06) Cloths/Furs	(19) Merchandise	(32) Structures-Industrial/Manufacturing	(47) Crops	(73) Pets	(07) Computer Hardware/Software	(20) Money	(33) Structures-Public/Community	(48) Documents/Personal or Business	(74) Photographic/Optical Equipment	(08) Consumable Goods	(21) Negotiable Instruments	(34) Structures-Storage	(49) Explosives	(75) Portable Electronic Communications	(09) Credit/Debit Cards	(22) Nonnegotiable Instruments	(35) Structures-Other	(50) Firearm Accessories	(76) Recreational/Sports Equipment	(10) Drugs/Narcotics	(23) Office-Type Equipment	(36) Tools	(51) Fuel	(77) Other	(11) Drug/Narcotic Equipment	(24) Other Motor Vehicles	(37) Trucks	(52) Identity Documents	(78) Trailers	(12) Farm Equipment	(25) Purses/Handbags/Wallets	(38) Vehicle Parts/Accessories	(53) Identity - Intangible	(79) Watercraft Equipment/Parts/Accessories	(13) Firearms	(26) Radios/TVs/VCRs/DVD Players	(39) Watercraft	(54) Law Enforcement Equipment	(80) Weapons - Other			(40) Aircraft Parts/Accessories		(88) Pending Inventory (of Property)
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DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT	TYPE DRUG MEASUREMENT:																																																																									
					WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound																																																																									
					CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon																																																																									
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INCIDENT REPORT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	08/12/2024	2024-2389	Detective Joseph Amundson	2633	

NAME:	Last,	First,	Middle	SEX:	<input type="checkbox"/> (U) Unk.	AGE:		RACE:	<input type="checkbox"/> (U) Unk.
				<input type="checkbox"/> (M) Male		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White	<input type="checkbox"/> (B) Black
				<input type="checkbox"/> (F) Female				<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.	AGE:		RACE:	<input type="checkbox"/> (U) Unk.
				<input type="checkbox"/> (M) Male		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White	<input type="checkbox"/> (B) Black
				<input type="checkbox"/> (F) Female				<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 9, 2024, I, Detective J. Amundson, received a referral from the Arkansas Child Abuse Hotline.

See supplement for further.

SUPPLEMENT #1 Detective Joseph Amundson - 2633 08/12/2024 12:53

The referral read as follows:

"AV is 13 y/o . AO is an unknown (approx. 10 y/o at the time of the incident). The AO is out of home and reported to be another resident that was admitted into the Timber Ridge facility. The AO was 10yrs old at the time of the incident. and are the AV's parents and PRFCs. On 08/07/2024, a FINS officer met with the AV and his family for a FINS intake interview. During the MAYSI-2 Questionnaire, was asked if he has ever been raped or been in danger of being raped. He responded with a simple "yes". was asked if he was raped or if he was in a situation where he could have been raped, and he responded by saying "I was raped." was asked how long ago he was raped, and he responded by saying "When I was in Timber Ridge." s parents were asked if they were aware of this allegation, and they said "yes." They were then asked if it was ever reported. stated that she reported it to "Mr. Mims" who is/was a Staff member at the facility but "nothing was ever done about it." The family was asked if the incident was reported to DHS or DCFS. stated he "couldn't remember if it was reported to DHS." On 08/08/2024, (over the phone with mother present) the FINS officer spoke with AV to clarify allegations. said, "I don't want to say what happen." The officer asked with his mother present if they were able to ask yes or no questions. agreed. With the mother's permission, the officer asked if the AO touched him. responded "no." The officer asked if the AO made touch the AO. responded "yes." was asked if the AO made him touch anyone else. responded "no." was asked if AO made him touch the AO's privates. responded "yes." The officer then asked if touched the AO's privates with his hand. responded "yes." was asked if the AO made him touch the AO's privates with any other part of his body. responded "no." was asked if the AO touched anyone else. AV responded "no." This incident is reported to have happen when was an inpatient resident at Timber Ridge Neuro Restorative Residential Facility in Benton, AR (approx. in 2021-2022)."