Maricopa County Sheriff's Office

Sexual Assault / Rape of the Recovery Home

INCIDENT REPORT

EVENT

Reported Date	Reported Time	IR #	Original/Supp?	Hand-Written?	Info Only?	Access Level	Case Status	MC (Event) #
6/20/2025	14:51	IR25015468	ORIGINAL	☐ Yes	☐ Yes	OPEN	Inactive	MC25098302

Serial #: S1887 | Last Name: STEWART | Shift Supervisor: S1742 | Name: MACKLIN, J

Body Camera Issued? Yes | Activated? Yes | Break in Video? No | Reason not Active: | Reason for break:

INCIDENT

Radio Code: 261V DV | From Date: 6/20/2025 | From Time: 00:00 | To Date: 6/20/2025 | To Time: 03:00 | 9-1-1 Tape Request: ☐ Yes ☐ No

Location: 24745 S LINDSAY RD | City: CHANDLER | ZIP: 85249 | The number of Additional MCSO Personnel On Scene: 0

Is this IR related to others? NO

SYNOPSIS

On 06/20/2025 at 1028 hours, Clinical Director, Melanie Rigby reported that a recovery client name, [redacted] reported to her that another recovery client name, Name sexually assaulted him overnight at 24745 S. Lindsay Drive in Chandler, Arizona. The incident occurred this morning between the time frame of 0000 and 0200 hours. Special Victim Unit detectives were notified.

PERSONS

ID	Type	Name Type	VR Form & Pamphlet Given?	Reason NOT Given:
S01	SUSPECT	Individual	VR Pamphlet Delivery Method:	

Victim Type Description:

Name - Last	First	Middle	Suffix	DL/ID #	St.	Status
Name	Name	Name		[redacted]	[redacted]	VALID

Home

Street Nbr.	Dir	Street Name	Suffix	Dir.	Unit/Apt	City	State	ZIP
24745	S	LINDSAY	RD			CHANDLER	AZ	85249-280

Cell Phone: [redacted] | Home Phone: | Email Address:

Work

Work Business Name: | Work Phone:

Street Nbr.	Dir	Street Name	Suffix	Dir.	Unit/Apt	City	State	ZIP

Race	Sex	Ethnicity	SSN	DOB	Age Range	Juvenile
WHITE	M	NOT HISPANIC OR LATINO	[redacted]	[redacted] 12:	From [redacted] To [redacted]	No

Resident of Jurisdiction? YES | Height Range: From: 600 To: 600 | Weight Range: From: 135 To: 135 | Hair: BLONDE OR STRAWBERRY - BL | Eye Color: BLUE - BLU

FBI#: | SID: | BK#: | Scanned Address [redacted]

Type of Activity or Circumstance: | Assignment Type: | Agency ORI:

Was consent to search the Person requested? No | Consent Given? | Person Search Conducted?

Search Options:

Was this an Investigatory Detention? No | Arrested? No | ARS: | Type:

Arrest Date: | Arrestee Armed With:

Juvenile Arrestee Disposition:

ID:	Type:	Name Type:	VR Form & Pamphlet Given?	Reason NOT Given:
V01	VICTIM	Individual	YES	
			VR Pamphlet Delivery Method: IN PERSON	

Victim Type Description: INDIVIDUAL

Name - Last:	First:	Middle:	Suffix:	DL/ID #:	St.:	Status:
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	VALID

Home	Street Nbr.	Dir:	Street Name	Suffix:	Dir.	Unit/Apt	City:	State:	ZIP:
	[redacted]	[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]

Cell Phone:	Home Phone:	Email Address:	Work Phone:

Work	Work Business Name:	Street Nbr.	Dir:	Street Name:	Suffix:	Dir.	Unit/Apt	City:	State:	ZIP:

Race:	Sex:	Ethnicity:	SSN:	DOB:	Age Range:	Juvenile:
BLACK OR AFRICAN AMERICAN	M	NOT HISPANIC OR LATINO	[redacted]	[redacted]12	From [redacted] To [redacted]	No

Resident of Jurisdiction?	Height Range:	Weight Range:	Hair:	Eye Color:
YES	From: 508 To: 508	From: 145 To: 145	BLACK - BLK	BROWN - BRO

FBI#:	SID:	BK#:	Scanned Address:

Type of Activity or Circumstance:	Assignment Type:	Agency ORI:

Was consent to search the Person requested?	Consent Given?	Person Search Conducted?
No		

Search Options:

Was this an Investigatory Detention?	Arrested?	ARS:	Type:
No	No		

Arrest Date:	Arrestee Armed With:

Juvenile Arrestee Disposition:

ID:	Type:	Name Type:	VR Form & Pamphlet Given?	Reason NOT Given:
C01	COMPLAINANT	Individual	VR Pamphlet Delivery Method:	

Victim Type Description:

Name - Last:	First:	Middle:	Suffix:	DL/ID #:	St.:	Status:
RIGSBY	MELANIE					

Home	Street Nbr.	Dir:	Street Name	Suffix:	Dir.	Unit/Apt	City:	State:	ZIP:

Cell Phone:	Home Phone:	Email Address:	Work Phone:
			(480) 717-2705

Work	Work Business Name: Legacy Recovery Center									
	Street Nbr.	Dir:	Street Name:	Suffix:	Dir.	Unit/Apt	City:	State:	ZIP:	
	24745	S	LINDSAY	RD			CHANDLER	AZ	85249	

Race:	Sex:	Ethnicity:	SSN:	DOB:	Age Range:	Juvenile:
WHITE	F	NOT HISPANIC OR LATINO			From [redacted] To [redacted]	No

Resident of Jurisdiction?	Height Range:	Weight Range:	Hair:	Eye Color:
UNK	From: 503 To: 507	From: 140 To: 180	BLONDE OR STRAWBERRY - BL	UNKNOWN - XXX

FBI#:	SID:	BK#:	Scanned Address:

Type of Activity or Circumstance:	Assignment Type:	Agency ORI:

Was consent to search the Person requested?	Consent Given?	Person Search Conducted?
No		

Search Options:

Was this an Investigatory Detention?	Arrested?	ARS:	Type:
No	No		

Arrest Date:	Arrestee Armed With:

Juvenile Arrestee Disposition:

OFFENSES

ID:	Court Precinct:	ARS Section:	Description:	Date of Crime:	Counts:
1	0704 - San Marcos JC	13-1406A	SEXUAL ASSAULT	6/20/2025	1

UCR Offense Code:	Offense:	Cargo Theft?
RAPE	☐ Attempted ☑ Completed	☐ Yes

Location Type:	Criminal Activity Type:	Hate Crime/Bias?:
RESIDENCE/HOME	N	NONE (NO BIAS)

Domestic Violence?	Burglary?	Number of Premises Entered:
YES	NO	

Entry Point:	Force Used?	Exit Point:	Force Used?

Violent Crime Against Person?:	Suspect Used:	Type of Weapon Used:	Homicide/Agg Assault Circumstances:
Yes	NOT APPLICABLE	PERSONAL WEAPONS	

Additional Justifiable Homicide Circumstances	Type of Injury
	NONE

Is associated with:	ID: S01	Involvement: SUSPECT

VEHICLES

PROPERTY

NARRATIVE

On 06/20/2025 at 1345 hours, I was dispatched to the Legacy Recovery Center at 24745 S. Lindsay Road for a report of a sex crime.

I read the details of the dispatched call, and I learned that the caller reported that two clients were receiving residential treatment at the above location. One of them was reported as [redacted] Name (Suspect). The other treatment client was [redacted] (Victim).

The caller reported that the victim told staff members that the suspect sat on his bed and fondled him. The victim also told staff members that the suspect offered him oral sex.

The caller further reported that the suspect told staff that the sex was consensual.

While in route, I activated my Axon body-worn camera.

Upon my arrival, I made contacted the clinical director of the residential recovery center in her administrative office. She identified herself to me as Melanie Rigsby (Complainant).

The complainant advised me that she had the victim and suspect separated at the recovery center. She then stated that suspect was transitioning from male to female and the person preferred to be addressed as, [redacted] Patient Name

The complainant explained that she asked the suspect what occurred in this incident. The suspect was reported have told the complainant that he did sit at the side of the victim's bed. The suspect was said to have told the victim that he was sexually attracted to him, and he asked the victim if he could perform oral sex on him. The suspect also told the complainant that he did perform oral sex on the victim and the suspect said that the sex was consensual.

The complainant brought in the victim into her office, and I met him.

I asked the victim to explain what occurred this morning between him and the suspect. The following is a

summary of the victim's statement:

The victim had been sharing the bedroom with the suspect for the past two days. The suspect had his own bed within the room and the victim had his own bed as well.

Last night at approximately midnight, the victim was asleep in his own bed. The victim was awakened by the suspect, who had sat on the victim's right-hand side of the bed. The suspect began to grope the victim's groin, and he told the victim, "You're really cute."

The victim stated that he was not comfortable with what the suspect was doing because the victim believed the suspect was "gay".

The suspect leaned over towards the victim and he asked the victim in a whispering voice, "Can I give you head?"

The victim shook his head to communicate, "No" to the suspect. The victim described the suspect as grabbing ahold of his penis with the suspect's right hand. The suspect then placed the victim's penis into his mouth and performed fellatio on the victim. The suspect did the act on the victim for approximately seven minutes.

The victim said that his body "froze" in place when the suspect put the victim's penis into his mouth. The victim advised me later in the conversation that he been sexually assault many time in his young life. The trauma from prior unrated sexual assaults caused him to freeze to the point of not being able to stop the suspect from sexually assaulting him in this case.

The victim stated, "Honestly, I wanted to bash his head in...", while describing how he felt about the suspect during the sexual assault. The victim described himself as controlling his emotions because he had no other place to live, and he didn't to get kick out by staff members at the recovery center over the incident.

When if the suspect caused him to ejaculate, the victim answered by saying, "Sort of".

The victim further said that the suspect leaned in towards his face to kiss him on the face. The victim stated that he reacted by turning his head away from the suspect and raising the covers over his face to prevent the suspect from kissing him. The suspect saw this and stopped himself from further leaning to kiss the victim.

The suspect stood up from the victim's bed and he said to the victim, "I don't know if I'm making it uncomfortable or not." The suspect got into his own bed and fell asleep, while the victim stayed away in his own bed thinking about what happened to him.

The victim said he got out of bed a couple of times for the next two hours, while being unable to sleep. Staff members were at the recovery center when the above incident happened. But the victim was not ready to tell anyone about it.

The victim said that he did manage to fall asleep at approximately 0300 hours in the morning. He woke up at 0700 hours and took a shower. The victim then alerted a staff member of him being sexually assaulted earlier in the night.

The victim wanted to aid in prosecution against the suspect in this case. He was handed his Victim Rights information.

This concluded my conversation with the victim.

I spoke further with the complainant, and she advised me of her plan to move the suspect from the Legacy Recovery Center to Monument Recovery Center in Mesa by tonight.

I later learned that the Monument Recovery Center is located at 864 W. Southern Avenue in Mesa.

I contacted Sergeant J. Macklin S1742, and I advised him of this incident. Sergeant Macklin notified the on-call supervisor of the MCSO Special Victim Unit of this incident.

The victim declined to submit to having a S.A.N.E. examination in this case.

No further action was taken.

HISTORY				
Completed By:	S1887	STEWART, R	On: 6/22/2025	At: 07:37
Reviewed By:	S1742	MACKLIN, J	On: 6/22/2025	At: 08:14
Approved By:	S1742	MACKLIN, J	On: 6/22/2025	At: 08:14

VICTIM REQUEST FOR, OR WAIVER OF, PRE-CONVICTION AND / OR PRE-ADJUDICATION RIGHTS

This form opts you in as a victim because there is probable cause that a crime has been committed against you. Please keep this form for future reference regarding your case.

1 Contact Type: IN PERSON | Date: 6/20/2025

2 CASE IDENTIFYING INFORMATION

Reporting Agency: 0700 - MARICOPA COUNTY		Phone Number: (602) 876-1000	
Reporting Officer Serial#: S1887	Name: STEWART	IR#: IR25015468	Event#: MC25098302
Location: 24745 S LINDSAY RD	Report/Citation Date: 6/20/2025	Report/Citation Time: 2:51 PM	
Offense/Type of Crime: 263 SEX CRIME - OTHER THAN RAPE		Class of Crime/Offense: DV - FELONY	

Arrest Type: Suspect Not In Custody (●) Suspect Cited and Released / Referred ( ) Suspect In Custody ( )

Court:	Name:	Court Date:	Court Time:
Phone:	Address:	City, State, Zip:	

3 ARREST / DETENTION STATUS

Suspect Type: SUSPECT NOT IN CUSTODY

Known?	Adult/Juvy?	Last Name:	First:	MI:	Date of Birth:
KNOWN	ADULT	STARKEY	JAIDEN	G	[redacted]

If an arrest/detention in this case is made, you will be notified at the earliest opportunity. If you are not notified within 30 days you may obtain case status information by calling the Law Enforcement Agency indicated in Box 2 above.

4 VICTIM OR VICTIM'S LAWFUL REPRESENTATIVE

Was the Victim known at the time of Arrest? Yes | Was the Victim's Rights Form and Pamphlet Provided to Victim? Yes

A. Who was the crime or offense committed against?

Last Name:	First Name:	Middle Name:	DOB:
[redacted]	[redacted]	[redacted]	[redacted]

B. Are you the victim or lawful representative? (CHECK BOX THAT APPLIES)

(●) The crime was committed against me. I AM THE VICTIM.

( ) One of the following applies to me. I am the victim's LAWFUL REPRESENTATIVE.

- ( ) The victim has designated me as his/her lawful representative.
- ( ) The victim is a legal entity (corporation, partnership or business).
- ( ) The victim is a vulnerable adult & I am the legal guardian.
- ( ) The victim is incapacitated or deceased and I am an immediate family member.
- ( ) The victim is a minor child and I am a parent, immediate family member or legal guardian.

Victim's Lawful Representative:	Relationship to Victim:	
Last Name:	First Name:	DOB:

C. How can you be contacted? | Language Preference: English

Mailing Address:	Street: [redacted]	Apt:	City [redacted]		ST: [redacted]	ZIP: [redacted]
[ ] Home address is the same as Mailing address:						
Home Address:	Street [redacted]	Apt:	City [redacted]		ST: [redacted]	ZIP: [redacted]
Home Phone:	Mobile Phone: [redacted]	Work Phone:		eMail:		

D.

I REQUEST my rights in this case.		I WAIVE (DECLINE) my rights in this case.		REQUEST / WAIVER exception per A.R.S. 13-4405(B) and 8-386(B)
(●)	OR	( )	OR	( ) (FOR REPORTING AGENCY USE ONLY)

I understand that I must keep my mailing address and phone number current with the agency or court responsible for providing my rights. Failure to do so can mean that my rights are waived. I also understand in order to make any changes to the information supplied on this form, I must contact the appropriate agency or court.

Notes / Comments:

Follow up call regard "261" Rape

Maricopa County Sheriff's Office

Event History for mc25101094

Event Date: 06/25/2025

Report Ran: 5/5/2026 9:11:20 AM

Event #: MC25101094

Case Number:

Event Type Description: 902 FOLLOW UP

Event Sub-Type:

Location of Event: 24745 S LINDSAY RD

Dispatch Group: D1

Beat: 121

Reporting Area: 14030

Caller Name: Melanie Rgsby/clinical director

Caller Phone #: [redacted]

Date/Time Call Received: 06/25/2025 17:20:49

Date/Time Dispatch: 06/25/2025 19:09:01

Date/Time Unit Enroute:

Date/Time Unit on Scene:

Date/Time Cleared: 06/25/2025 19:16:04

Cross Reference(s): MC25098302

Unit	Serial	Disposition/Description
L121	S2385	3P UNABLE TO CONTACT VIA PHONE

Rape

Date	Time	Serial No.	Unit	Comments
06/25/2025	17:20:49	B6480		CC VIA 21...HAS MORE INFO TO ADD TO 261 REPORT...REF MC25098302 IR25015468
06/25/2025	17:20:49	B6480		** LOI search completed at 06/25/25 17:20:49
06/25/2025	17:20:56	B6480		** Cross Referenced to Event # MC25098302 at: 06/25/25 17:20:56
06/25/2025	17:20:56	B6480		** >>>> by: 226480 on terminal: sow10-vpcad08
06/25/2025	17:22:23	B4569		L120 ADVD
06/25/2025	17:22:24	B4569		** Event held for 60 minutes
06/25/2025	19:09:01	B4569		Unit L121 Dispatched to 24745 S LINDSAY RD MCCHN
06/25/2025	19:09:01	B4569	L121	D
06/25/2025	19:09:26	S2385		Primary Unit is L121
06/25/2025	19:09:36	S2385		Unit L121 Acknowledge
06/25/2025	19:09:36	S2385	L121	AK
06/25/2025	19:16:03	S2385		ATT CC BY 21. NO ANSWER. LEFT VM
06/25/2025	19:16:04	S2385		Unit L121 Clear/3P

Report Ran By: MCSO[redacted]

Maricopa County Sheriff's Office

Event History for mc25101094

Event Date: 06/25/2025

Report Ran: 5/5/2026 9:11:20 AM

06/25/2025	19:16:04	S2385	L121	AV