

<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFY		<input type="checkbox"/> DELETE <input type="checkbox"/> ADD		KANSAS STANDARD OFFENSE REPORT FRONT PAGE OPEN PUBLIC RECORD				PAGE 1 OF 4														
<input type="checkbox"/> ON VIEW <input type="checkbox"/> CITIZEN		<input checked="" type="checkbox"/> DISPATCHED <input type="checkbox"/> DICTATED		NAME OF AGENCY WICHITA POLICE DEPARTMENT		KS AGENCY ORI NUMBER KS0870300		CASE NUMBER 15C064079														
INCIDENT	DATE OF REPORT (MMDDCCYY) 9/25/2015		TIME REPORTED 1547 HRS		DATE OFFENSE STARTED (MMDDCCYY) 9/25/2015		TIME 1547 HRS		DATE OFFENSE ENDED (MMDDCCYY) 9/25/2015		TIME 1547 HRS											
	EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)				EXCEPTIONAL CLEARANCE A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DENIED C <input type="checkbox"/> EXTRADITION DENIED D <input type="checkbox"/> VICTIM REFUSES TO TESTIFY E <input type="checkbox"/> JUVENILE-NO CUSTODY F <input type="checkbox"/> NOT APPLICABLE																	
LOCATION OF OFFENSE 410 S. WETMORE				REPORT AREA 13		ADDITIONAL OFFICER				CONNECTING CASES												
OFFENSE #1	CHAPTER		SECTION		SUB1		SUB2		<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED		<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION											
	DESCRIPTION PUBLIC ACC./ OTHER																					
	PREMISE 36		# OF PREM 1		HATE / BIAS 88		CAMPUS CODE NA		METHOD OF ENTRY F <input type="checkbox"/> FORCE N <input type="checkbox"/> NO FORCE													
	TYPE OF THEFT M <input type="checkbox"/> COIN MACHINE B <input type="checkbox"/> FROM BUILDING A <input type="checkbox"/> M V PARTS & ACC. L <input type="checkbox"/> SHOPLIFTING P <input type="checkbox"/> POCKET-PICKING S <input type="checkbox"/> PURSE SNATCHING E <input type="checkbox"/> EMBEZZLEMENT T <input type="checkbox"/> POSS. STOLEN PROP V <input type="checkbox"/> MOTOR VEHICLE F <input type="checkbox"/> THEFT FROM M V O <input type="checkbox"/> ALL OTHER N <input checked="" type="checkbox"/> NOT APPLICABLE				TYPE OF FORCE / WEAPON 11. <input type="checkbox"/> FIREARM <input type="checkbox"/> AUTO 12. <input type="checkbox"/> HANDGUN <input type="checkbox"/> AUTO 13. <input type="checkbox"/> RIFLE <input type="checkbox"/> AUTO 14. <input type="checkbox"/> SHOTGUN <input type="checkbox"/> AUTO 15. <input type="checkbox"/> OTHER FIREARM <input type="checkbox"/> AUTO 20. <input type="checkbox"/> KNIFE / CUT INSTR. 30. <input type="checkbox"/> BLUNT OBJECT 35. <input type="checkbox"/> MOTOR VEHICLE 40. <input type="checkbox"/> PERSONAL WEAPON 50. <input type="checkbox"/> POISON 60. <input type="checkbox"/> EXPLOSIVE 65. <input type="checkbox"/> FIRE / INCID / DEVICE 70. <input type="checkbox"/> DRUGS / NARCOTICS 85. <input type="checkbox"/> ASPHYXIATION 90. <input type="checkbox"/> OTHER 95. <input type="checkbox"/> UNKNOWN 99. <input checked="" type="checkbox"/> NONE				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIP. D <input type="checkbox"/> DRUGS / NARC. N <input checked="" type="checkbox"/> NOT APPLICABLE													
TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULT / MANU / PUBL D <input type="checkbox"/> DIST / SELLING E <input type="checkbox"/> EXPLOIT. CHILDREN O <input type="checkbox"/> OPER / PROMOTE / ASSIST P <input type="checkbox"/> POSSESS / CONCEAL T <input type="checkbox"/> TRANS / TRANSMIT / IMPORT U <input type="checkbox"/> USING / CONSUMING J <input type="checkbox"/> JUVENILE GANG G <input type="checkbox"/> OTHER GANG N <input checked="" type="checkbox"/> NO GANG INVOLVEMENT				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULT / MANU / PUBL D <input type="checkbox"/> DIST / SELLING E <input type="checkbox"/> EXPLOIT. CHILDREN O <input type="checkbox"/> OPER / PROMOTE / ASSIST P <input type="checkbox"/> POSSESS / CONCEAL T <input type="checkbox"/> TRANS / TRANSMIT / IMPORT U <input type="checkbox"/> USING / CONSUMING J <input type="checkbox"/> JUVENILE GANG G <input type="checkbox"/> OTHER GANG N <input checked="" type="checkbox"/> NO GANG INVOLVEMENT				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULT / MANU / PUBL D <input type="checkbox"/> DIST / SELLING E <input type="checkbox"/> EXPLOIT. CHILDREN O <input type="checkbox"/> OPER / PROMOTE / ASSIST P <input type="checkbox"/> POSSESS / CONCEAL T <input type="checkbox"/> TRANS / TRANSMIT / IMPORT U <input type="checkbox"/> USING / CONSUMING J <input type="checkbox"/> JUVENILE GANG G <input type="checkbox"/> OTHER GANG N <input checked="" type="checkbox"/> NO GANG INVOLVEMENT														
LOCAL CODE (CLASSIFICATION) 3090																						
TYPE OF VICTIM I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS S <input type="checkbox"/> SOCIETY/PUBLIC F <input type="checkbox"/> FINANCIAL INSTITUTION R <input type="checkbox"/> RELIGIOUS ORGANIZATION G <input type="checkbox"/> GOVERNMENT O <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN						VICTIM OF OFFENSE NUMBER (CIRCLE) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>																
VICTIM # R1	NAME LAST FIRST MIDDLE BISHOP MICHELLE L																					
	ADDRESS STREET CITY STATE ZIP WICHITA KS 67209																					
	TELEPHONE NUMBER (HOME)		RACE W		SEX F		ETHNICITY N		RES. / N-RES. R		AGE 45		DATE OF BIRTH (MMDDCCYY)		HEIGHT		WEIGHT		HAIR		EYES	
	DRIVERS LICENSE NUMBER				DL STATE				E-MAIL ADDRESS				EMPLOYER/SCHOOL KICH INDUST.									
	TELEPHONE NUMBER (WORK / SCHOOL)				ADDRESS STREET CITY STATE ZIP																	
	CIRCUM. AGG ASLT/BATTERY (MAX 2)				VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.								TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.									
RP / W / O	NAME LAST FIRST MIDDLE GUTIERREZ MADELANNA D																					
	ADDRESS STREET CITY STATE ZIP WICHITA KS 67204																					
	TELEPHONE NUMBER (HOME)		RACE W		SEX F		ETHNICITY N		RES./N-RES. R		AGE		DATE OF BIRTH (MMDDCCYY)		HEIGHT		WEIGHT		HAIR		EYES	
EMPLOYER/SCHOOL WESLEY MAIN ER				ADDRESS STREET CITY STATE ZIP								TELEPHONE NUMBER (WORK/SCHOOL)										
PROP. DESCRIPTION	TYPE PROPERTY LOSS 1-NONE 2-BURNED 8 3-COUNTERFEIT/FORGERY 4-DESTROYED/DAMAGED/VANDALIZED 5-RECOVERED 6-SEIZED 7-STOLEN 8-UNKNOWN																					
	TYPE LOSS	PROPERTY/ DRUG CODE	DESCRIPTION / SUSPECTED DRUG TYPE					ESTIMATED QUANTITY	FRACTION	TYPE DRUG MEASURE	VALUE		RECOVERY DATE									
	1		NONE								\$											
											\$											
											\$											
REPORTING OFFICER A.C. CASANOVA				BADGE / ID 1961		DATE OF REPORT (MMDDCCYY) 9/25/2015		COPIES TO HOM		PROPERTY TOTAL \$0												

CRIMINAL INVESTIGATION RECORD / NOT AN OPEN PUBLIC RECORD

AGENCY ORI NUMBER: **KS0870300** CASE NUMBER: **15C064079** DATE OF REPORT (MMDDCCYY): **9/25/2015** PAGE 1 OF 4

METHOD OF OPERATION

INSTRUMENT USED FOR ENTRY: POINT OF ENTRY: POINT OF EXIT: PREMISE NEIGHBORHOOD:

1. KEY 5. BOLT CUTTER 9. THROWN OBJECT 1. NOT APPLICABLE 1. NOT APPLICABLE R. RURAL / FARM / AGRICULTURE

2. PRY TOOL 6. CHOPPING TOOL 10. OTHER 1. FRONT 2. REAR S. SUBURBAN / RESIDENCE

3. SAW / DRILL 7. VISE GRIPS 11. NOT APPLICABLE 3. SIDE 4. ROOF B. URBAN / BUSINESS / COMMERCIAL

4. HAMMER 8. PHYSICAL FORCE 3. SIDE 4. ROOF U. UNINHABITED

SAFE ENTERED: **INCIDENT ACTIVITY:**

1. YES 3. ATTEMPTED 5. PEELED 7. COMBINATION KNOWN C. DOMESTIC VIOLENCE CHILDREN PRESENT J. CAR JACKING

2. NO 4. REMOVED 6. EXPLODED 9. NOT APPLICABLE D. DOMESTIC VIOLENCE N. NOT APPLICABLE

SUSPECT # 01

NAME: LAST **WATERS** FIRST **AARON** MIDDLE

ADDRESS: STREET [REDACTED] CITY **PARKER CO** STATE ZIP **80134**

TELEPHONE NUMBER (HOME) RACE **W** SEX **M** ETHNICITY **N** RES / N-RES **R** AGE DATE OF BIRTH (MMDDCCYY) HEIGHT WEIGHT HAIR **BRO** EYES

SOCIAL SECURITY NUMBER EMPLOYER / SCHOOL ADDRESS TELEPHONE NUMBER (WORK/SCHOOL)

MONIKERS / ALIAS

ADDITIONAL SUSPECT DESCRIPTORS

VEHICLE: IMPOUNDED TARGET STOLEN EMBEZZLED RECOVERED SUSPECT ASSOCIATED OTHER HOLD FOR

MAKE YEAR MODEL COLOR VEHICLE STYLE

LICENSE NUMBER MO / YEAR STATE VEHICLE IDENTIFICATION NUMBER OTHER

SUSPECT #

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

TELEPHONE NUMBER (HOME) RACE SEX ETHNICITY RES / N-RES AGE DATE OF BIRTH (MMDDCCYY) HEIGHT WEIGHT HAIR EYES

SOCIAL SECURITY NUMBER EMPLOYER / SCHOOL ADDRESS TELEPHONE NUMBER (WORK/SCHOOL)

MONIKERS / ALIAS

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VEHICLE: IMPOUNDED TARGET STOLEN EMBEZZLED RECOVERED SUSPECT ASSOCIATED OTHER HOLD FOR

MAKE YEAR MODEL COLOR VEHICLE STYLE

LICENSE NUMBER MO / YEAR STATE VEHICLE IDENTIFICATION NUMBER OTHER

EVIDENCE INFORMATION: NONE SUBMITTED RETAINED BY VICTIM RETAINED BY OFFICER RETAINED BY INVESTIGATIVE AGENCY

EVIDENCE OBTAINED: LATENT PRINTS WEAPONS / TOOLS SEXUAL ASSAULT KIT STAINS SEMEN DRUGS OTHER PRINTS PHOTOS

HAIR BLOOD DOCUMENTS ALCOHOL OTHER

SSN OF VICTIM: SSN OF RP/WO:

SYNOPSIS: R1 REPORTS PLANE CRASHING BEHIND HER RESIDENCE AT 410 S. WETMORE AT 1547HRS ON 9-25-15. W1-W14 CONTACTED. SGT NEDBALEK AND INVESTIGATIONS AND CHIEF MOSLEY ONSCENE. FAA ONSCENE.

NARRATIVE:

On 9-25-15 while riding 199 beat as one officer unit I was dispatched to a plane crash at Maple and Wetmore. I was given authority from Sgt Nedbalek to run 10-39 response to this location. Upon my arrival I made contact with the homeowner at 410 S. Wetmore, Michelle Bishop. Michelle Bishop did not see the accident but felt the house shake. Madelanna (Lanna) Gutierrez stated she was sitting in the garage and the engine of the plane over head sounded different and then she heard a pop and she ran to the embankment and saw the plane down in the river. Larry Peterson stated he heard a planes engine and then saw the plane waiver and then come down at a 70 degree angle and then heard a pop. Shelby Bishop advised she saw a tree shake ad heard a band but did not see the plane go down. I spoke with Goddard Police Captain Randolph and she spoke with Tyler Ash and he was at Donn Stegman residence and he saw the pane nose dive and looked like the plane was upside down when it went down. *A.C. [Signature]*

Steven King was also contacted by Captain Randolph and stated he was in his fornt yard and hear high RPM's and then a pop. Steven said the plane came in step and fast. Kim Peterson advised Captain Randolph the plane was low and the engine sounded different. The plane nose dived in and banked to the left.

Eric Allen was contacted onscene and stated he saw the plane 400-500 ft up and it looked to be a twin engine plane that was white in color go high RPM's and then heard a pop. Karla Stewart advised She was outside and heard a loud jet coming down saw it decend at a steep angle and then heard a loud pop.

Jose Triana stated he was working at 438 S. Wetmore heard a plane and saw it going side to side and then saw it go down.

Kevin seal stated he was at 438 S. Wetmore and sees a plane 2000 ft up and about 70% throttle and then saw it nose dive down and heard a crash.

Det. Richard Mellard # 1305 stated he was at Rolling Hills golf course and saw a plane flying low and it was going northwest it was puttering then went full throttle and went down. Landon Grams staed he was also at the golf course and saw a lower then normal plane and he looked up and it was like it was turning to go back to the airport then he heard it change in the engine sound.

This is all the information I have at this time. For further information see supplemental reports attached.

SIGNATURE:

A. C. *[Handwritten Signature]*

CASE NUMBER

15C064079

DATE

9/25/2015

KANSAS OFFENSE REPORT SUPPLEMENTAL NAMES / FRONT PAGE OPEN PUBLIC RECORD

NAME OF AGENCY WICHITA POLICE DEPARTMENT		AGENCY ORI NUMBER KS0870300	CASE NUMBER 15C064079	DATE OF REPORT (MMDDCCYY) 09252015	PAGE 2 OF 4
TYPE OF VICTIM I <input type="checkbox"/> INDIVIDUAL S <input type="checkbox"/> SOCIETY/PUBLIC R <input type="checkbox"/> RELIGIOUS ORGANIZATION O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN		VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>			
NAME LAST ASH, TYLER FIRST A		MIDDLE			
ADDRESS STREET [REDACTED]		STATE KS ZIP 67212			
DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL Unemployed	
TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET		CITY	STATE ZIP
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.	
TYPE OF VICTIM I <input type="checkbox"/> INDIVIDUAL S <input type="checkbox"/> SOCIETY/PUBLIC R <input type="checkbox"/> RELIGIOUS ORGANIZATION O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN		VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>			
NAME LAST TRIANA, JOSE FIRST A		MIDDLE			
ADDRESS STREET [REDACTED]		STATE ZIP			
DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL OPP COMPLETE	
TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET		CITY	STATE ZIP
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.	
TYPE OF VICTIM I <input type="checkbox"/> INDIVIDUAL S <input type="checkbox"/> SOCIETY/PUBLIC R <input type="checkbox"/> RELIGIOUS ORGANIZATION O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN		VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>			
NAME LAST PETERSON, KIM FIRST		MIDDLE			
ADDRESS STREET [REDACTED]		STATE KS ZIP 67209			
DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL	
TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET		CITY	STATE ZIP
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.	
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NAME LAST MARTIN, MATTHEW FIRST		MIDDLE			
ADDRESS STREET [REDACTED]		STATE KS ZIP 67209			
DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL	
TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET		CITY	STATE ZIP
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.	
TYPE OF VICTIM I <input type="checkbox"/> INDIVIDUAL S <input type="checkbox"/> SOCIETY/PUBLIC R <input type="checkbox"/> RELIGIOUS ORGANIZATION O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN		VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>			
NAME LAST PETERSON, LARRY FIRST		MIDDLE			
ADDRESS STREET [REDACTED]		STATE KS ZIP 67209			
DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL	
TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET		CITY	STATE ZIP
CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.	
REPORTING OFFICER Mason	BADGE NUMBER [REDACTED]	DATE 09252015	COPIES TO MEM		

VICTIM # 1

VICTIM # 2

VICTIM # 3

VICTIM # 4

VICTIM # 5

KANSAS OFFENSE REPORT SUPPLEMENTAL NAMES / FRONT PAGE OPEN PUBLIC RECORD

NAME OF AGENCY WICHITA POLICE DEPARTMENT		AGENCY ORI NUMBER KS0870300	CASE NUMBER 15C064079	DATE OF REPORT (MM/DD/CCYY) 09252015	PAGE 3 OF 4
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VICTIM # W06	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN				VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>				
	NAME LAST STEGMAN, DONNA FIRST K. MIDDLE								
	ADDRESS STREET Wichita KS STATE KS ZIP 67212								
	DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL Flight Engineer				
	TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET	CITY	STATE	ZIP			
	CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.			

VICTIM # W07	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN				VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>				
	NAME LAST Bishop FIRST Shelby MIDDLE								
	ADDRESS STREET Wichita KS STATE KS ZIP 67209								
	DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL				
	TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET	CITY	STATE	ZIP			
	CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.			

VICTIM # W08	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN				VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>				
	NAME LAST King FIRST Stevens MIDDLE E.								
	ADDRESS STREET Wichita KS STATE KS ZIP 67209								
	DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL				
	TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET	CITY	STATE	ZIP			
	CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.			

VICTIM # W09	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN				VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>				
	NAME LAST ALLEN, Eric FIRST B. MIDDLE								
	ADDRESS STREET Hatchinton KS STATE KS ZIP 67802								
	DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL				
	TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET	CITY	STATE	ZIP			
	CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.			

VICTIM # W10	TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN				VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>				
	NAME LAST STEWART FIRST Karla MIDDLE J.								
	ADDRESS STREET Wichita KS STATE KS ZIP 67209								
	DRIVERS LICENSE NUMBER		DL STATE	E-MAIL ADDRESS	EMPLOYER/SCHOOL				
	TELEPHONE NUMBER (WORK/SCHOOL)		ADDRESS STREET	CITY	STATE	ZIP			
	CIRCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.			

REPORTING OFFICER Casanova	BADGE / ID	DATE 092515	COPIES TO Hm
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KANSAS OFFENSE REPORT SUPPLEMENTAL NAMES / FRONT PAGE OPEN PUBLIC RECORD

NAME OF AGENCY WICHITA POLICE DEPARTMENT		AGENCY ORI NUMBER KS0870300	CASE NUMBER 150004079	DATE OF REPORT (MM/DD/CCYY) 09/24/2015	PAGE 4 OF 4
TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN					
VICTIM OF OFFENSE NUMBER (CHECK) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>					
NAME LAST FIRST MIDDLE SEAL KEVIN D					
ADDRESS STREET CITY STATE ZIP [REDACTED] Arlington Kansas 67514					
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES/N-RES	AGE
[REDACTED]	W	M	NH	N	[REDACTED]
DRIVERS LICENSE NUMBER	DL STATE	E-MAIL ADDRESS		EMPLOYER/SCHOOL	
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
TELEPHONE NUMBER (WORK/SCHOOL)	ADDRESS	STREET	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS)			TYPE OF INJURY (MAX 5)	
[REDACTED]	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			1. 2. 3. 4. 5.	
TYPE OF VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> UNKNOWN					
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NAME LAST FIRST MIDDLE MELLARD Richard					
ADDRESS STREET STATE ZIP [REDACTED] [REDACTED] [REDACTED] [REDACTED]					
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES/N-RES	AGE
[REDACTED]	W	M	NH	RES	[REDACTED]
DRIVERS LICENSE NUMBER	DL STATE	E-MAIL ADDRESS		EMPLOYER/SCHOOL	
[REDACTED]	[REDACTED]	[REDACTED]		Cell	
TELEPHONE NUMBER (WORK/SCHOOL)	ADDRESS	STREET	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS)			TYPE OF INJURY (MAX 5)	
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NAME LAST FIRST MIDDLE GRAMS CANDON					
ADDRESS STREET STATE ZIP [REDACTED] [REDACTED] Wichita KS 67205					
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES/N-RES	AGE
[REDACTED]	W	M	NH	RES	[REDACTED]
DRIVERS LICENSE NUMBER	DL STATE	E-MAIL ADDRESS		EMPLOYER/SCHOOL	
[REDACTED]	[REDACTED]	[REDACTED]		Car Safety Investigator	
TELEPHONE NUMBER (WORK/SCHOOL)	ADDRESS	STREET	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	67209
CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS)			TYPE OF INJURY (MAX 5)	
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NAME LAST FIRST MIDDLE Hall Ernest C					
ADDRESS STREET CITY STATE ZIP [REDACTED] [REDACTED] Wichita KS 67206					
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES/N-RES	AGE
[REDACTED]	W	M	NH	RES	[REDACTED]
DRIVERS LICENSE NUMBER	DL STATE	E-MAIL ADDRESS		EMPLOYER/SCHOOL	
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
TELEPHONE NUMBER (WORK/SCHOOL)	ADDRESS	STREET	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS)			TYPE OF INJURY (MAX 5)	
[REDACTED]	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			1. 2. 3. 4. 5.	
REPORTING OFFICER	BADGE / ID	DATE		COPIES TO	
Calvin	[REDACTED]	09/25/15		HM	

VICTIM # W11

VICTIM # W12

VICTIM # W13

VICTIM # O1

VICTIM #