_	INITIAL MODIFY	DELETE ADD			k		S STANDAR RONT PAGE OPE				T	PAGE 1	оғ 4	
	ON VIEW CITIZEN	☐ DISPATCH	-	ME OF AGEN WICHIT.	-		ICE DEPARTMENT KS AGENCY ORI NUMBER KS0870300			300	15C064079			
_	DATE OF REPORT (MMDDCCYY) TIME REPORT 1547 HR				DATE OFFENSE STARTED (MMDDCCYY)			DED(MMDDCCYY)	TIME 1547 HRS					
NCIDENT	EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)				EXCEPTIONAL A DEATH OF OFFENDER B PROSECUTION DENIED CLEARANCE D VICTIM REFUSES TO TESTIFY E JUVENILE-NO CUSTODY					DITION DENIED				
Ž		OF OFFENSE WETMO	RE		REPOR	T AREA	ADDITIONAL OFFIC	ER			CONNECTING CAS	ES ,		
					TEMPTED MPLETED				SECTION	SUB1 SUB2	ATTEMPTED COMPLETED	□ AID / ABET □ CONSPIRACY		
	DESCRIPTION PUBLIC ACC./ OTHER			— .		SOLICITATION	DESCRIPTIO	ON			SOLICITATION			
	PREMISE # OF PREM HATE / BIAS 1 88			US CODE VA	A ENTRY F □ FORCE		PREMISE	# OF PREM	HATE / BIAS	CAMPUS CODE	METHOD OF ENTRY  F ☐ FORCE  N ☐ NO FORCE			
			ог тнегт				N □ NO FORCE FORCE / WEAPON	┨			OF THEFT	· · · · · ·	OF FORCE/ WEAPON	
OFFENSE #1	M ☐ COIN MACHINE E ☐ EMBEZZLEMENT B ☐ FROM BUILDING T ☐ POSS. STOLEN PROP A ☐ M V PARTS & ACC. V ☐ MOTOR VEHICLE L ☐ SHOPLIFTING F ☐ THEFT FROM M V P ☐ POCKET-PICKING O ☐ ALL OTHER S ☐ PURSE SNATCHING N ☒ NOT APPLICABLE				ROP LE I V LE\	12.	HOTGUN AUTO L SHOPL  THER FIREARM P P POCK			MACIINE E □ EMBEZZLEMENT BUILDING T □ POSS. STOLEN PROP  NRTS & ACC. V □ MOTOR VEHICLE  IFTING F □ THEFT FROM M V  SNATCHING N □ NOT APPLICABLE  IL□ FIREARM  12. □ HANDGU  13. □ RIFLE  14. □ SHOTGU  15. □ OTHER F			HOTGUN AUTO OTHER FIREARM AUTO NIFE / CUT INSTR.	
OFF	OFFEND A ALC C COM	ER SUSPECTED OHOL IPUTER EQUIP.	D ∏DR	UGS / NARC.		35 ☐ MO 40 ☐ PER	INT OBJECT FOR VEHICLE SONAL WEAPON	OFFENSE	A ALCO	HOL	DF USING (SELECT U D □ DRUGS / NAR N □ NOT APPLICA	C. 35 M ABLE 40 P	LUNT OBJECT OTOR VEHICLE ERSONAL WEAPON	
	TYPE OF CRIMINAL ACTIVITY  (SELECT UP TO 3)  B   BUYING/RECEIVING T   TRANS/TRANSMIT/  C   CULT/MANU/PUBL   IMPORT  D   DIST/SELLING   U   USING/CONSUMING  E   EXPLOIT. CHILDREN   J   JUVENILE GANG  O   OPER/PROMOTE/   G   OTHER GANG  ASSIST   N   N   O   GANG				MING	65  Fir. 70  Dri 85  ASI 90  OT	EXPLOSIVE FIRE / INCID / DEVICE DRUGS/ NARCOTICS ASPHYXIATION OTHER UNKNOWN		TYPE OF CRIMINAL ACTIVITY  (SELECT UP TO 3)  B			60   EX   65   FI   70   DI   UMING   85   AX   ANG   90   O'   G   95   UI	NG . 85 ☐ ASPHYXIATION	
	P POSSESS / CONCEAL INVOLVEMENT			]				SS / CONCEAL.	INVOLVEME	NT				
L	1000 (CLASSIFICATION)					LOCAL CODE (CLASSIFICATION)								
	TYPE OF VICTIM  I ⊠INDIVIDUAL S ☐ SOCIETY/PUBLIC R ☐ RELIGIOUS ORGANIZATION O ☐ OTHER  B ☐ BUSINESS F ☐ FINANCIAL INSTITUTION G ☐ GOVERNMENT U ☐ UNKNOWN  VICTIM OF OFFENSE NUMBER (CIRCLE)  1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐													
		NAME LAST FIRST MIDDLE BISHOP MICHIELLE L												
\ \frac{\pi}{2}	ADDRESS STREET CITY STATE ZIP WICHITA KS 67209								ZIP					
IIM #	TELEBOONE NIMBER (HOME) RACE SEX				ETHNICITY RES. / N-RES AGE DATE OF BIRTH (MMDDCCYY)  N R 45			DDCCYY) HEI	Y) HEIGHT WEIGHT HAIR EYES					
VICT					E-MAIL ADDRESS			EMPLOYER/SCHOOL KICH INDUST.						
TELEPHONE NUMBER (WORK / SCHOOL) ADDRESS STREET CITY STATE							TE .	ZlP						
	CIRCUM.	AGG ASLT/BATT	ERY (MAX	(2) VIC	CTIMS RI 2.	LATIONSHII 3.	P TO CORRESPONDING	G SUSPE	CT NUMBER (		SUSPECTS)	TYPE OF INJUR	` '	
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0/w	GUTIERREZ MADELANNA D TELEPHONE NUMBER (HOME) RACE SEX				SEX	1	WICHITA  ETHINICITY RES/N-RES. AGE DATE OF BIRTH (MMDDCCYY) HEIGHT				KS 67204  IT WEIGHT HAIR EYES			
RP/	W F					N ESS STREE	T CITY	STAT	E ZIP			TELEPHONE NUMB	ER (WORK/SCHOOL)	
	<del> </del>	EY MAIN		•										
	TYPE PROPERTY LOSS 1 = NONE 2=BURNED 8 3=COUNTE TYPE PROPERTY DESCRIPTION / SUSPECTED DRUG							ESTIMATED	ANDALIZED FRACTION	·		N 8 = UNKNOWN  RECOVERY		
NOI	Loss	DSS DRUG CODE						_	QUANTITY	<del> </del>	MEASURE	¢.	DATE	
PROP. DESCRIPTION	1 '	1 NOINE			from the same					<del> </del>		\$ \$		
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ZOP.										<del> </del>		\$		
7								-+				\$		
	ORTING OF	FICER ANOVA				BADGE/ID 1961	9/25/2015		MDDCCYY)	COPIES TO HOM	,	PROPERTY TOTAL		

	CRIMIT	NAL INVE	STIGAT	ION REC	ORD	NOT	' AN OPI	EN PHI	RLIC	RECOR	<u> </u>	
AGEN	CY ORI NUMBER KS0870300		15C06	MBER	<del>,,,,,,,</del>		DATE OF REP 9/25/201	ORT (MMDD			AGE 1 OF	4
METHOD OF OPERATION	INSTRUMENT USED FOR ENTRY:  1  KEY 5  BOLT CUT  2. PRY TOOL 6  CHOPPING  3  SAW/ DRILL 7  VISE GRIP  4  HAMMER 8  PHYSICAL	TOOL 10 OTH	DWN OBJECT ER APPLICABLE	1. ☐ FRONT 2. ☐ REAR 3. ☐ SIDE 4. ☐ ROOF			POINT OF EXIT:  9. ☑ NOT APPLICABLE  1. ☐ FRONT 2. ☐ REAR  3. ☐ SIDE 4. ☐ ROOF		AR S OF B	PREMISE NEIGHBORHOOD: R. □RURAL / FARM / AGRICULTURE S. ☑ SUBURBAN / RESIDENCE B. □ URBAN / BUSINESS / COMMERCIAL U. □UNINHABITED		
ME	SAFE ENTERED:  1. YES 3. ATTEMPTED 2. NO 4. REMOVED		7. COMBINATION KNOWN C.			IDENT ACTIVITY:  DOMESTIC VIOLENCE CHILDREN PRESENT J. CAR JACKING  DOMESTIC VIOLENCE N. NOT APPLICABLE						
	NAME LAST WATERS AARON		FIRST	FIRST			MIDDLE					
	ADDRESS STREET	ARKER C	O 80134		ŞTATF.			TE		ZIP		
	TELEPHONE NUMBER (HOME)	RACE SEX	X ETHNICITY		AGE	DATE O	F BIRTH (MMDE	OCCYY)	HEIGHT	WEIGHT	HAIR BRO	EYES
_ [	SOCIAL SECURITY NUMBER	EMPLOYER / SO	CHOOL	ADDRE	SS		· · · · · · · · · · · · · · · · · · ·			TELEPHONE	NUMBER (W	ORK/SCHOOL)
0#	MONIKERS / ALIAS											
SUSPECT	ADDITIONAL SUSPECT DESCRIPT	ORS					<u></u>				<del>,</del>	
SE	VEHICLE: ☐ IMPOUNDED ☐ MAKE	TARGET □ STO		ZZLED  REC	OVERED		CT 🗆 ASSOCI			HOLD FOR	-	
		YEAR	MODEL			COLOR		VÉHICLE S	STYLE			
	LICENSE NUMBER	MO/YEAR /	STATE VE	HICLE IDENTIFICA	NUM NOITA	BER	OTHER					
	NAME LAST		FIRST	r	-	1	MIDDLE					
	ADDRESS STREET CITY STATE ZIP											
	TELEPHONE NUMBER (HOME)	RACE SEX	ETHNICITY	RES / N-RES	AGE	DATE O	F BIRTH (MMDD	CCYY)	HEIGHT	WEIGHT	HAIR	EYES
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∓t:	MONIKERS / ALIAS											
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SUS	VEHICLE: ☐ IMPOUNDED ☐ TARGET ☐ STOLEN ☐ EMBEZZLED ☐ RECOVERED ☐ SUSPECT ☐ ASSOCIATED ☐ OTHER ☐ HOLD FOR											
	MAKE	YEAR	MODEL			COLOR		VEHICLE S	TYLE			
	LICENSE NUMBER	MO/YEAR /	STATE VE	HICLE IDENTIFICA	MUN NOITA	BER	OTHER	<u></u>				
	NCE INFORMATION: NONE	⊠ SUBMITTE		AINED BY VICTIM			Y OFFICER			STIGATIVE AGE	NCY	
EVIDE	NCE OBTAINED: LATENT PRI	NTS ☐ WEAP ☐ BLOO		☐ SEXUAL ASSAU ☐ DOCUMENTS	JLT KIT	STAIN	_	_	DRUGS	OTHER PR	INTS 🗵	<b>Р</b> РНОТОЅ
SSN O	F VICTIM:				SSN OF	RP/W/O						
SYNC	DPSIS: R1 REPORTS PL	ANE CRAS	SHING BE	HIND HER	RESII	ENCI	E AT 410	S. WET	MORE	E AT 1547I	HRS ON	N 9-25-15.
W1-	-W14 CONTACTED.	SGT NEDB	ALEK AN	D INVEST	IGATIO	ONS A	ND CHIE	F MOSI	LEY O	NSCENE.	FAA	1 20 101
UN	ONSCENE.											
	NARRATIVE: On 0.25.15 while riding 100 heat on one office which is a discount. It is a discount of the other parts of the other											
auth	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. V	S. Wetmore, Michelle Bishop. Michelle Bishop did not see the accident but felt the house shake.											
then	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 enbankment and saw the plane down in the river.											
Ları	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											
hear I spe	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 v	vhen it	went dow			stegman re		and ne

Revised 03/2015

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:	CASE NUMBER	DATE	
Aramara J. A	15C064079	9/25/2015	
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L	KANSAS OFFENSE REPORT SUPPLEMENTAL NAMES / FRONT PAGE OPEN PUBLIC RECORD								
N.	AME OF AGENCY WICHITA POLICE DEPARTM	AGENCY ORI NUMBER	CASE NUMBER	79 DATE OF PAPO	RT (MIND)PCCYY)	PAGE OF			
Γ	TYPE OF VICTIM  I □INDIVIDUAL S □ SOCIETY/PUBLIC  B □BUSINESS F □ FINANCIAL INST	R RELIGIOUS ORGANIZA		VICTIM OF OF	ENSE NUMBER (CHECK)  . 4. 5, 6. 7	. 🗍 8. 🗎 9. 🗎 10. 🗍			
	NAME LAST ASH	TYGRERA	U LI UNKNOWN		MIDDLE				
3	ADDRESS STREET		. 111	Chila STATE	1/2/11	ZIP			
M #		W M N/F	ES / NYIKES AGE DATE	OF BURTH (MATDIDCCXXX)	HEIGHT WEIGHT	HAIR EYES			
VICTIM #	DRIVERS LICENSE NUMBER	+ <u> </u>	AIL ADDRESS		EMPT OVER/SCHOOL				
×	TELEPHONE NUMBER (WORK/SCHOOL)	ADDRESS STREET		CITY	EMPLOYER/SCHOOL STATE	ZIP			
	CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELATIONSHIP TO CORRE	SPONDING SUSPECT NUMBER	INDICATE ALL SUSPECTS					
<u> </u> -	TYPE OF VICTIM	1. 2. 3. 4.	5. 6. 7. 8.	9. 10. VICTIM OF OFFENSE NUM	1. 2. 3. 4.	•			
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	NAME LAST	FIRST	S & A		MIDDLE				
-	ADDRESS STREET		71	STATE		ZIP			
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64	NAME LAST()	. FID OD	U LI UNKNOWN		MIDDLE				
13	ADDRESS STREET		11/10/10	ICC STATE	7209	ZIP			
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##ELTE	DRIVERS LICENSE NUMBER	<del></del>	AIL ADDRESS	<u> </u>	EMPLOYER/SCHOOL				
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7	ADDRESS STREET	IN) Matthew	), (1)	10/2-4 STATE	(5 / 200)	C ZIP			
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3	ADDRESS STREET		Wichita K	S 67250TE	3	ZIP			
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Į₽ Į	DRIVERS LICENSE NUMBER	DL STATE E-MAIL ADDR	ESS	EMPLOYER/SCH	IOOL					
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	ADDRESS STREET					STATE		ZIP		
##	TELEPHONE NUMBER (HOME)	RACE SEX	ETHNICHTY RESAM	RES AGE DATE	OF BIRTH (MMDDC)	CYY) HEIGHT	WEIGHT H	AIR EYES		
WCTHW#	DRIVERS LICENSE NUMBER	DL STATE	E-MAIL AI	DDRESS	T	COL EMPLOY	YER/SCHOOL			
	TELEPHONE NUMBER (WORK/SCHOOL)	ADDR	ESS STREET	-	CITY	S S	TATE	ZIP		
	CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELA	TIONSHIP TO CORRESPON 2, 3, 4, 5		INDICATE ALL SUSP 9. 10.	ECTS) TYPE OF I	INJURY (MAX 5)			
Γ	TYPE OF VICTIM  1	IC R	RELIGIOUS ORGANIZATI		VICTIM OF OFFEN	SE NUMBER (CHECK	3. 4. K)	5. . 🗆 9. 🗆 10. 🗀		
2	B ☐BUSINESS F ☐ FINANCIAL IN  NAME LAST   C		GOVERNMENT	U DUNKNOWN	1.02.0	MIDDLE	10. [] /. [] 8.			
3	ADDRESS STREET	MINICO	CINO	11/10	hita VS	STATE ( 7	27.0	ZIP		
#	TELEPHONE NUMBER (HOME)	RACE SEX	ETHNICITY BESON	RES AGE	mu R	YY) HEIGHT	WEIGHT   H	AIR EYES		
#XHID	DRIVERS LICENSE NUMBER	DLSTATE	E-MAIL A	DDRESS		EMBLO	YER/SCHOOL			
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	I DINDIVIDUAL S SOCIETY/PUBLIC B BUSINESS F FINANCIAL INST		RELIGIOUS ORGANIZATIO	U T UNKNOWN	1. 2. 3.	SE NUMBER (CHEC) 4. 5. 6.	S) 7. 🗆 8. 🗖	9. 🔲 10. 🔲		
-	NAME LAST HOLL	-	FIRSTENNES	J C	<u> </u>	MIDDLE				
P	ADDRESS STREET .			Wicheta	K) 670	STATE		ZIP		
MCTH##	Æ)	TACE IN	ETHNICITY RES	N-RES AGE		) HEIGHT	WEIGHT 1	HAIR EYES		
¥	DRIVERS LICENSE NUMBER	DLSTATE	E-MAIL A	DDRESS	aur se	2 Xety EMPLO	YEWSCHOOL CA	iter		
	LEI EDHUNE MIWBER UNUBRICCHOOF)	ADDR			CITY			67209		
L	CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELA	TIONSHIP TO CORRESPON 2. 3. 4. 5		INDICATE ALL SUSP 9. 10.	ECTS) TYPE OF 1. 2.	INJURY (MAX 5)  3. 4.	5.		
	TYPE OF VICTIM  I INDIVIDUAL S SOCIETY/PUBLIC	R □	RELIGIOUS ORGANIZATIO		VICTIM OF OFFEN	SE NUMBER (CHEC 4. 2 5. 6.	K)	· · · · · · · · · · · · · · · · · · ·		
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	ADDRESS STREET		Crry	<u> </u>		STATE		ZIP		
# W	TELEPHONE NUMBER (HOME)	RACE SEX	ETHNICITY RES/N	RES AGE DATE	OF BIRTH (MMDDC	CYY) HEIGHT	WEIGHT	HAIR EYES		
VICTIM#	DRIVERS LICENSE NUMBER	DL STATE	E-MAIL A	DDRESS		EMPLO	YER/SCHOOL	<u>l</u>		
	TELEPHONE NUMBER (WORK/SCHOOL)	ADDR	ESS STREET		CITY	S	TATE	ZIP		
	CIRCUM. AGG ASLT/BATTERY (MAX 2)	VICTIMS RELA	TIONSHIP TO CORRESPON 2. 3. 4. 5		INDICATE ALL SUSP 9, 10.		INJURY (MAX 5)			
RE	PORTINGOFFICER	BADGE/ID	, <del>T</del> , J	DATE N. AC	2. 10.	1, 2,	0	5.		
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