

# KANSAS STANDARD OFFENSE REPORT

## THIS PAGE IS AN OPEN PUBLIC RECORD

- INITIAL     DELETE  
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PAGE    OF

<input type="checkbox"/> ON VIEW <input type="checkbox"/> CITIZEN	<input type="checkbox"/> DISPATCHED	NAME OF AGENCY	KS AGENCY ORI NUMBER	CASE NUMBER
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<b>INCIDENT</b>	DATE OFFENSE STARTED (MMDDCCYY)	TIME (HHMM)	DATE OFFENSE ENDED (MMDDCCYY)	TIME (HHMM)	DATE OF REPORT (MMDDCCYY)
	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                    N. <input type="checkbox"/> NOT APPLICABLE			
	LOCATION OF OFFENSE	REPORT AREA	TIME REPORTED	TIME ARRIVED	TIME CLEARED

<b>OFFENSE #</b>	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED	<input type="checkbox"/> AID / ABET	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED	<input type="checkbox"/> AID / ABET				
	DESCRIPTION				<input type="checkbox"/> COMPLETED	<input type="checkbox"/> CONSPIRACY	DESCRIPTION				<input type="checkbox"/> COMPLETED	<input type="checkbox"/> CONSPIRACY				
	PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE			PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE				
	TYPE OF THEFT				TYPE OF FORCE / WEAPON				TYPE OF THEFT				TYPE OF FORCE / WEAPON			
	M. <input type="checkbox"/> COIN MACHINE    E. <input type="checkbox"/> EMBEZZLEMENT B. <input type="checkbox"/> FROM BUILDING    T. <input type="checkbox"/> POSS. STOLEN PROP. A. <input type="checkbox"/> M V PARTS & ACC.    V. <input type="checkbox"/> MOTOR VEHICLE L. <input type="checkbox"/> SHOPLIFTING    F. <input type="checkbox"/> THEFT FROM M V P. <input type="checkbox"/> POCKET-PICKING    O. <input type="checkbox"/> ALL OTHER S. <input type="checkbox"/> PURSE SNATCHING    N. <input type="checkbox"/> NOT APPLICABLE				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				M. <input type="checkbox"/> COIN MACHINE    E. <input type="checkbox"/> EMBEZZLEMENT B. <input type="checkbox"/> FROM BUILDING    T. <input type="checkbox"/> POSS. STOLEN PROP. A. <input type="checkbox"/> M V PARTS & ACC.    V. <input type="checkbox"/> MOTOR VEHICLE L. <input type="checkbox"/> SHOPLIFTING    F. <input type="checkbox"/> THEFT FROM M V P. <input type="checkbox"/> POCKET-PICKING    O. <input type="checkbox"/> ALL OTHER S. <input type="checkbox"/> PURSE SNATCHING    N. <input type="checkbox"/> NOT APPLICABLE				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			
	OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL    D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP.    N. <input type="checkbox"/> NOT APPLICABLE				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 / NARC. 85. <input type="checkbox"/> ASPHYXIATION 90. <input type="checkbox"/> OTHER 95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL    D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP.    N. <input type="checkbox"/> NOT APPLICABLE				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 / NARC. 85. <input type="checkbox"/> ASPHYXIATION 90. <input type="checkbox"/> OTHER 95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE			
TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B. <input type="checkbox"/> BUYING / RECEIVING    T. <input type="checkbox"/> TRANS / TRANSMIT / IMPORT C. <input type="checkbox"/> CULT / MANU / PUBL    U. <input type="checkbox"/> USING / CONSUMING D. <input type="checkbox"/> DIST / SELLING    J. <input type="checkbox"/> JUVENILE GANG E. <input type="checkbox"/> EXPLOIT. CHILDREN    G. <input type="checkbox"/> OTHER GANG O. <input type="checkbox"/> OPER / PROMOTE / ASSIST    N. <input type="checkbox"/> NO GANG INVOLVEMENT P. <input type="checkbox"/> POSSESS / CONCEAL.				LOCAL CODE				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) B. <input type="checkbox"/> BUYING / RECEIVING    T. <input type="checkbox"/> TRANS / TRANSMIT / IMPORT C. <input type="checkbox"/> CULT / MANU / PUBL    U. <input type="checkbox"/> USING / CONSUMING D. <input type="checkbox"/> DIST / SELLING    J. <input type="checkbox"/> JUVENILE GANG E. <input type="checkbox"/> EXPLOIT. CHILDREN    G. <input type="checkbox"/> OTHER GANG O. <input type="checkbox"/> OPER / PROMOTE / ASSIST    N. <input type="checkbox"/> NO GANG INVOLVEMENT P. <input type="checkbox"/> POSSESS / CONCEAL.				LOCAL CODE				

<b>VICTIM #</b>	TYPE OF VICTIM				VICTIM OF OFFENSE NUMBER ( CIRCLE )																										
	I. <input type="checkbox"/> INDIVIDUAL    S. <input type="checkbox"/> SOCIETY / PUBLIC		R. <input type="checkbox"/> RELIGIOUS ORGANIZATION		O. <input type="checkbox"/> OTHER		1.		2.		3.		4.		5.		6.		7.		8.		9.		10.						
	B. <input type="checkbox"/> BUSINESS    F. <input type="checkbox"/> FINANCIAL INSTITUTION		G. <input type="checkbox"/> GOVERNMENT		U. <input type="checkbox"/> UNKNOWN																										
	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																			
DRIVERS LICENSE NUMBER		D L STATE	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)										TYPE OF INJURY ( MAX 5)																			
		1.		2.		3.		4.		5.		6.		7.		8.		9.		10.		1.		2.		3.		4.		5.	

<b>RP / DC / W / O</b>	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
	EMPLOYER / SCHOOL				ADDRESS:    STREET    CITY    STATE    ZIP		TELEPHONE NUMBER (WORK/SCHOOL)					

<b>PROP. DESCRIPTION</b>	TYPE PROPERTY LOSS    1 = NONE    2 = BURNED    3 = COUNTERFEITED / 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	DATE RECOVERED				

REPORTING OFFICER	BADGE / ID	DATE	COPIES TO:	PROPERTY TOTAL
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## CRIMINAL INVESTIGATION RECORD / NOT AN OPEN PUBLIC RECORD

AGENCY ORI NUMBER	CASE NUMBER	DATE OF REPORT (MMDDCCYY)	PAGE OF
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<b>METHOD OF OPERATION</b>	<b>INSTRUMENT USED FOR ENTRY</b> 1. <input type="checkbox"/> KEY      5. <input type="checkbox"/> BOLT CUTTER      9. <input type="checkbox"/> THROWN OBJECT 2. <input type="checkbox"/> PRY TOOL      6. <input type="checkbox"/> CHOPPING TOOL      10. <input type="checkbox"/> OTHER 3. <input type="checkbox"/> SAW / DRILL      7. <input type="checkbox"/> VISE GRIPS      11. <input type="checkbox"/> NOT APPLICABLE 4. <input type="checkbox"/> HAMMER      8. <input type="checkbox"/> PHYSICAL FORCE	<b>POINT OF ENTRY</b> 9. <input type="checkbox"/> NOT APPLICABLE 1. <input type="checkbox"/> FRONT      2. <input type="checkbox"/> REAR 3. <input type="checkbox"/> SIDE      4. <input type="checkbox"/> ROOF	<b>POINT OF EXIT</b> 9. <input type="checkbox"/> NOT APPLICABLE 1. <input type="checkbox"/> FRONT      2. <input type="checkbox"/> REAR 3. <input type="checkbox"/> SIDE      4. <input type="checkbox"/> ROOF	<b>PREMISE NEIGHBORHOOD</b> R. <input type="checkbox"/> RURAL / FARM / AGRICULTURE S. <input type="checkbox"/> SUBURBAN / RESIDENCE B. <input type="checkbox"/> URBAN / BUSINESS / COMMERCIAL U. <input type="checkbox"/> UNINHABITED N. <input type="checkbox"/> NOT APPLICABLE
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<b>SAFE ENTERED</b> 1. <input type="checkbox"/> YES      3. <input type="checkbox"/> ATTEMPTED      5. <input type="checkbox"/> PEELED      7. <input type="checkbox"/> COMBINATION KNOWN 2. <input type="checkbox"/> NO      4. <input type="checkbox"/> REMOVED      6. <input type="checkbox"/> EXPLODED      9. <input type="checkbox"/> NOT APPLICABLE	<b>INCIDENT ACTIVITY</b> C. <input type="checkbox"/> DOMESTIC VIOLENCE CHILDREN PRESENT      J. <input type="checkbox"/> CAR JACKING D. <input type="checkbox"/> DOMESTIC VIOLENCE      N. <input type="checkbox"/> NOT APPLICABLE
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<b>SUSPECT #</b>	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
	EMPLOYER / SCHOOL					ADDRESS				TELEPHONE NUMBER (WORK/SCHOOL)	
	MONIKERS / ALIAS										
	ADDITIONAL SUSPECT DESCRIPTORS										
	SUSPECT VEHICLE:      MAKE      YEAR      MODEL      COLOR      VEHICLE STYLE										
	LICENSE NUMBER		YEAR	STATE	VEHICLE IDENTIFICATION NUMBER			OTHER			

<b>SUSPECT #</b>	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
	EMPLOYER / SCHOOL					ADDRESS				TELEPHONE NUMBER (WORK/SCHOOL)	
	MONIKERS / ALIAS										
	ADDITIONAL SUSPECT DESCRIPTORS										
	SUSPECT VEHICLE:      MAKE      YEAR      MODEL      COLOR      VEHICLE STYLE										
	LICENSE NUMBER		YEAR	STATE	VEHICLE IDENTIFICATION NUMBER			OTHER			

<b>EVIDENCE INFORMATION</b>										
<input type="checkbox"/> NONE <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETAINED BY VICTIM <input type="checkbox"/> RETAINED BY OFFICER <input type="checkbox"/> RETAINED BY INVESTIGATIVE AGENCY <input type="checkbox"/> TRANSFER TO OTHER AGENCY <input type="checkbox"/> OTHER _____										

<b>EVIDENCE OBTAINED</b>										
<input type="checkbox"/> LATENT PRINTS <input type="checkbox"/> WEAPONS / TOOLS <input type="checkbox"/> SEXUAL ASSAULT KIT <input type="checkbox"/> STAINS <input type="checkbox"/> SEMEN <input type="checkbox"/> DRUGS <input type="checkbox"/> OTHER PRINTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> HAIR <input type="checkbox"/> BLOOD <input type="checkbox"/> DOCUMENTS <input type="checkbox"/> ALCOHOL <input type="checkbox"/> OTHER _____										

EVIDENCE COLLECTOR	LOCATION STORED
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DESCRIBE BRIEFLY HOW OFFENSE WAS COMMITTED
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