KANSAS STANDARD OFFENSE REPORT
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NAME OF AGENCY	KS AGENCY ORI NUMBER	CASE NUMBER
WICHITA POLICE DEPARTMENT	KS0870300	26C003063

INCIDENT

DATE OFFENSE STARTED (MMDDCCYY)	TIME (HHMM)	DATE OFFENSE ENDED (MMDDCCYY)	TIME (HHMM)	DATE OF REPORT (MMDDCCYY)
01/05/2026	19:07	01/05/2026	19:07	01/05/2026

EXCEPTIONAL CLEARANCE DATE (MMDDCCYY):

EXCEPTIONAL CLEARANCE:
A. ( ) DEATH OF OFFENDER   B. ( ) PROSECUTION DENIED   C. ( ) EXTRADITION DENIED
D. ( ) VICTIM REFUSES TO TESTIFY   E. ( ) JUVENILE - NO CUSTODY   N. ( ) NOT APPLICABLE

LOCATION OF OFFENSE	REPORT AREA	TIME REPORTED	TIME ARRIVED	TIME CLEARED
6330 E 21ST ST N, WICHITA, Kansas, 67208	45	19:07	01/05/2026 19:38	01/06/2026 01:26

OFFENSE #001

CHAPTER	SECTION	SUB 1	SUB 2

( ) ATTEMPTED ( ) COMPLETED
[ ] AID/ABET [ ] CONSPIRACY [ ] SOLICITATION

DESCRIPTION: 7020 MOTOR VEHICLE/PEDESTRIAN

PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE
02		88	

METHOD OF ENTRY: F. [ ] FORCE   N. [ ] NO FORCE

TYPE OF THEFT:
M. ( ) COIN MACHINE E. ( ) EMBEZZLEMENT
B. ( ) FROM BUILDING T. ( ) POSS. STOLEN PROP.
A. ( ) MV PARTS & ACC. V. ( ) MOTOR VEHICLE
L. ( ) SHOPLIFTING F. ( ) THEFT FROM MV
P. ( ) POCKET-PICKING O. ( ) ALL OTHER
S. ( ) PURSE SNATCHING N. (X) NOT APPLICABLE

OFFENDER SUSPECTED OF USING (SELECT UP TO 3):
A. [ ] ALCOHOL D. [ ] DRUG / NARCOTICS
C. [ ] COMPUTER EQUIP. N. [ ] NOT APPLICABLE

TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3):
B. [ ] BUYING / RECEIVING T. [ ] TRANS / TRANSMIT / IMPORT
C. [ ] CULT / MANU / PUBL U. [ ] USING / CONSUMING
D. [ ] DIST / SELLING J. [ ] JUVENILE GANG
E. [ ] EXPLOIT. CHILDREN G. [ ] OTHER GANG
O. [ ] OPER / PROMOTE / ASSIST N. [ ] NO GANG INVOLVEMENT
P. [ ] POSSESS / CONCEAL

TYPE OF FORCE / WEAPON:
11. [ ] FIREARM [ ] AUTO
12. [ ] HANDGUN [ ] AUTO
13. [ ] RIFLE [ ] AUTO
14. [ ] SHOTGUN [ ] AUTO
15. [ ] OTHER FIREARM [ ] AUTO
20. [ ] KNIFE / CUT. INSTR.
30. [ ] BLUNT OBJECT
35. [ ] MOTOR VEHICLE
40. [ ] PERSONAL WEAPON
50. [ ] POISON
60. [ ] EXPLOSIVE
65. [ ] FIRE / INCD / DEVICE
70. [ ] DRUGS / NARC.
85. [ ] ASPHYXIATION
90. [ ] OTHER
95. [ ] UNKNOWN
99. [ ] NONE

LOCAL CODE: 7020

OFFENSE

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[ ] AID/ABET [ ] CONSPIRACY [ ] SOLICITATION

DESCRIPTION:

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40. [ ] PERSONAL WEAPON
50. [ ] POISON
60. [ ] EXPLOSIVE
65. [ ] FIRE / INCD / DEVICE
70. [ ] DRUGS / NARC.
85. [ ] ASPHYXIATION
90. [ ] OTHER
95. [ ] UNKNOWN
99. [ ] NONE

LOCAL CODE:

VICTIM #001

TYPE OF VICTIM:
I. [X] INDIVIDUAL S. [ ] SOCIETY / PUBLIC R. [ ] RELIGIOUS ORGANIZATION O. [ ] OTHER
B. [ ] BUSINESS F. [ ] FINANCIAL INSTITUTION G. [ ] GOVERNMENT U. [ ] UNKNOWN

VICTIM OF OFFENSE (CIRCLE): 1. [X] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]

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: DL 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): 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ] 6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]

TYPE OF INJURY (MAX 5): 1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ]

O

NAME: LAST	FIRST	MIDDLE	ADDRESS: STREET	CITY	STATE	ZIP
SAUNDERS CARLA P			1725 N GLENDALE, WICHITA, Kansas, 67208			

TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
(316) 558-1317	B	F	N	R	56	/1969				

EMPLOYER / SCHOOL: NONE   ADDRESS: STREET CITY STATE ZIP   TELEPHONE NUMBER (WORK/SCHOOL): (316) 265-8701

PROP. DESCRIPTION

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
SAMUEL, DEORE	#C2763	01/05/2026 19 07		0.00

REVISED 9 / 02 - CJISKOR.PM6 - KB