

<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> DELETE		KANSAS STANDARD OFFENSE REPORT				PAGE 1 OF 1						
<input type="checkbox"/> MODIFY <input type="checkbox"/> ADD		THIS PAGE IS AN OPEN PUBLIC RECORD										
<input type="checkbox"/> ON VIEW <input checked="" type="checkbox"/> DISPATCHED		NAME OF AGENCY WICHITA POLICE DEPARTMENT		KS AGENCY ORI NUMBER KS0870300		CASE NUMBER 26C017449						
<input type="checkbox"/> CITIZEN												
INCIDENT	DATE OFFENSE STARTED (MMDDCCYY) 01/28/2026		T ME (HHMM) 18:31		DATE OFFENSE ENDED (MMDDCCYY) 01/28/2026		T ME (HHMM) 18:31		DATE OF REPORT (MMDDCCYY) 01/28/2026			
	EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)		EXCEPTIONAL CLEARANCE		A. <input type="radio"/> DEATH OF OFFENDER D. <input type="radio"/> VICTIM REFUSES TO TESTIFY		B. <input type="radio"/> PROSECUTION DENIED E. <input type="radio"/> JUVENILE - NO CUSTODY		C. <input type="radio"/> EXTRADITION DENIED N. <input type="radio"/> NOT APPLICABLE			
	LOCATION OF OFFENSE 300 S EDMOOR DR, WICHITA, Kansas, 67218		REPORT AREA 37		TIME REPORTED 18:31		TIME ARRIVED 01/28/2026 18:36		T ME CLEARED 01/28/2026 19:50			
OFFENSE #001	CHAPTER 08	SECTION 1602	SUB 1	SUB 2	<input type="radio"/> ATTEMPTED <input checked="" type="radio"/> COMPLETED		<input type="checkbox"/> A D/ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION					
	DESCR PTION 2510 HIT AND RUN											
	PREMISE 02	# OF PREM.	HATE/BIAS 88	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE							
	TYPE OF THEFT M. <input type="radio"/> COIN MACHINE E. <input type="radio"/> EMBEZZLEMENT B. <input type="radio"/> FROM BUILDING T. <input type="radio"/> POSS. STOLEN PROP. A. <input type="radio"/> M V PARTS & ACC. V. <input type="radio"/> MOTOR VEHICLE L. <input type="radio"/> SHOPLIFTING F. <input type="radio"/> THEFT FROM M V P. <input type="radio"/> POCKET-PICKING O. <input type="radio"/> ALL OTHER S. <input type="radio"/> PURSE SNATCHING N. <input checked="" type="radio"/> 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 NSTR. 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 / INC D / 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 checked="" type="checkbox"/> NOT APPLICABLE											
OFFENSE #002	CHAPTER	SECTION	SUB 1	SUB 2	<input type="radio"/> ATTEMPTED <input type="radio"/> COMPLETED		<input type="checkbox"/> A D/ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION					
	DESCR PTION 7070 MOTOR VEHICLE/PEDACYCLE											
	PREMISE 02	# OF PREM.	HATE/BIAS 88	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE							
	TYPE OF THEFT M. <input type="radio"/> COIN MACHINE E. <input type="radio"/> EMBEZZLEMENT B. <input type="radio"/> FROM BUILDING T. <input type="radio"/> POSS. STOLEN PROP. A. <input type="radio"/> M V PARTS & ACC. V. <input type="radio"/> MOTOR VEHICLE L. <input type="radio"/> SHOPLIFTING F. <input type="radio"/> THEFT FROM M V P. <input type="radio"/> POCKET-PICKING O. <input type="radio"/> ALL OTHER S. <input type="radio"/> PURSE SNATCHING N. <input checked="" type="radio"/> 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 NSTR. 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 / INC D / 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											
VICTIM #001	TYPE OF VICTIM I. <input checked="" 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 (CIRCLE) 1. <input checked="" 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 YARBROUGH GEORGE M											
	ADDRESS: STREET CITY STATE ZIP											
	TELEPHONE NUMBER (HOME) (316) 975-6222	RACE W	SEX M	ETHNICITY N	RES. / N-RES. R	AGE 37	DATE OF BIRTH (MMDDCCYY) /1989	HEIGHT 5'11"	WEIGHT 160lb	HAIR BLN	EYES BLU	
	DRIVERS LICENSE NUMBER		D L STATE	EMPLOYER / SCHOOL LABOR MAX								
VICTIM #002	TELEPHONE NUMBER (WORK/SCHOOL) (316) 262-8143		ADDRESS: STREET CITY STATE ZIP									
	C RCUM. AGG ASLT/BATTERY (MAX 2)		VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 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"/>				TYPE OF INJURY (MAX 5) 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>					
	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)							
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	DESCR PTION / SUSPECTED DRUG TYPE			ESTIMATED QUANTITY	FRACTION	TYPE DRUG MEASURE	VALUE	DATE RECOVERED		
	4	1155	BICYCLE			1			200.00			
REPORTING OFFICER O'NEAL, FAITH		BADGE / ID #S0312	DATE 01/28/2026 18 31		COPIES TO			PROPERTY TOTAL 200.00				

