

<b>KANSAS STANDARD OFFENSE REPORT</b> <b>THIS PAGE IS AN OPEN PUBLIC RECORD</b>												PAGE 1 OF 1			
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> DELETE <input type="checkbox"/> MODIFY <input type="checkbox"/> ADD <input type="checkbox"/> ON VIEW <input checked="" type="checkbox"/> DISPATCHED		NAME OF AGENCY <b>WICHITA POLICE DEPARTMENT</b>				KS AGENCY ORI NUMBER <b>KS0870300</b>				CASE NUMBER <b>26C017449</b>					
<b>INCIDENT</b>	DATE OFFENSE STARTED (MMDDCCYY) <b>01/28/2026</b>			T ME (HHMM) <b>18:31</b>		DATE OFFENSE ENDED (MMDDCCYY) <b>01/28/2026</b>			T ME (HHMM) <b>18:31</b>		DATE OF REPORT (MMDDCCYY) <b>01/28/2026</b>				
	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			
<b>OFFENSE #001</b>	LOCATION OF OFFENSE <b>300 S EDGEMOOR DR, WICHITA, Kansas, 67218</b>				REPORT AREA <b>37</b>			TIME REPORTED <b>18:31</b>		TIME ARRIVED <b>01/28/2026 18:36</b>		T ME CLEARED <b>01/28/2026 19:50</b>			
	CHAPTER <b>08</b>	SECTION <b>1602</b>	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	CHAPTER	SECTION	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			
<b>OFFENSE #002</b>	PREMISE <b>02</b>	# OF PREM. <b>88</b>	HATE/BIAS	CAMPUS CODE	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE	PREMISE <b>02</b>	# OF PREM. <b>88</b>	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="radio"/> COIN MACHINE E. <input type="radio"/> EMBEZZLEMENT B. <input type="radio"/> FROM BU LD NG 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 SNATCH NG N. <input checked="" type="radio"/> NOT APPLICABLE				11. <input type="checkbox"/> F REARM <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"/> F RE / 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	M. <input type="radio"/> COIN MACHINE E. <input type="radio"/> EMBEZZLEMENT B. <input type="radio"/> FROM BU LD NG 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 SNATCH NG N. <input checked="" type="radio"/> NOT APPLICABLE				11. <input type="checkbox"/> F REARM <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"/> F RE / 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 US NG (SELECT UP TO 3)				OFFENDER SUSPECTED OF USING (SELECT UP TO 3)				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3)							
A. <input type="checkbox"/> ALCOHOL C. <input type="checkbox"/> COMPUTER EQUIP.				D. <input type="checkbox"/> DRUG / NARCOTICS N. <input checked="" type="radio"/> NOT APPLICABLE				A. <input type="checkbox"/> ALCOHOL C. <input type="checkbox"/> COMPUTER EQUIP.				D. <input type="checkbox"/> DRUG / NARCOTICS N. <input type="checkbox"/> NOT APPLICABLE			
TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3)				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3)				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. CH LDREN O. <input type="checkbox"/> OPER / PROMOTE / P. <input type="checkbox"/> POSSESS / CONCEAL				T. <input type="checkbox"/> TRANS / TRANSMIT / U. <input type="checkbox"/> US NG / CONSUM NG J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG ASSIST N. <input type="checkbox"/> NO GANG INVOLVEMENT				T. <input type="checkbox"/> TRANS / TRANSMIT / U. <input type="checkbox"/> US NG / CONSUM NG J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG ASSIST N. <input type="checkbox"/> NO GANG INVOLVEMENT				60. <input type="checkbox"/> EXPLOSIVE 65. <input type="checkbox"/> F RE / 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			
LOCAL CODE <b>2510</b>				LOCAL CODE <b>7070</b>											
TYPE OF VICTIM								VICTIM OF OFFENSE (CRIME)							
I. <input checked="" type="checkbox"/> INDIVIDUAL		S. <input type="checkbox"/> SOCIETY / PUBLIC		R. <input type="checkbox"/> RELIGIOUS ORGANIZATION		O. <input type="checkbox"/> OTHER		U. <input type="checkbox"/> UNKNOWN		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 <b>YARBROUGH GEORGE M</b> MIDDLE															
ADDRESS: STREET CITY STATE ZIP															
TELEPHONE NUMBER (HOME) <b>(316) 975-6222</b>			RACE <b>W</b>	SEX <b>M</b>	ETHNICITY <b>N</b>	RES. / N-RES. <b>R</b>	AGE <b>37</b>	DATE OF BIRTH (MMDDCCYY) <b>1/1989</b>			HEIGHT <b>5'11"</b>	WEIGHT <b>160lb</b>	HAIR <b>BLN</b>	EYES <b>BLU</b>	
DRIVERS LICENSE NUMBER				D/L STATE	EMPLOYER / SCHOOL <b>LABOR MAX</b>										
TELEPHONE NUMBER (WORK/SCHOOL) <b>(316) 262-8143</b>			ADDRESS: STREET CITY STATE ZIP												
CIRCUM. AGG ASLT/BATTERY (MAX 2)			VICTIM'S RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS)								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"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>			1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>												
NAME: LAST <b>FIRST</b> 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)							
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	
4		1155		BICYCLE				1				200.00			
REPORTING OFFICER <b>O'NEAL, FAITH</b>				BADGE / ID <b>#S0312</b>		DATE <b>01/28/2026 18:31</b>		COPIES TO						PROPERTY TOTAL <b>200.00</b>	

