

# KANSAS STANDARD OFFENSE REPORT

## THIS PAGE IS AN OPEN PUBLIC RECORD

INITIAL     DELETE  
 MODIFY     ADD

PAGE \_\_\_\_\_ OF \_\_\_\_\_

<input type="checkbox"/> ON VIEW	<input type="checkbox"/> DISPATCHED	NAME OF AGENCY	KS AGENCY ORI NUMBER	CASE NUMBER
<input type="checkbox"/> CITIZEN				

<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)				OFFENDER SUSPECTED OF USING (SELECT UP TO 3)				OFFENDER SUSPECTED OF USING (SELECT UP TO 3)				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				A. <input type="checkbox"/> ALCOHOL    D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP.    N. <input type="checkbox"/> NOT APPLICABLE				A. <input type="checkbox"/> ALCOHOL    D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP.    N. <input type="checkbox"/> NOT APPLICABLE				A. <input type="checkbox"/> ALCOHOL    D. <input type="checkbox"/> DRUG / NARCOTICS C. <input type="checkbox"/> COMPUTER EQUIP.    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)				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				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				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				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				LOCAL CODE				LOCAL CODE				LOCAL CODE				
95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE				95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE				95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE				95. <input type="checkbox"/> UNKNOWN 99. <input type="checkbox"/> NONE				

<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
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				

**EVIDENCE INFORMATION**

NONE     
  SUBMITTED     
  RETAINED BY VICTIM     
  RETAINED BY OFFICER     
  RETAINED BY INVESTIGATIVE AGENCY     
  TRANSFER TO OTHER AGENCY  
 OTHER \_\_\_\_\_

**EVIDENCE OBTAINED**

LATENT PRINTS     
  WEAPONS / TOOLS     
  SEXUAL ASSAULT KIT     
  STAINS     
  SEMEN     
  DRUGS  
 OTHER PRINTS     
  PHOTOS     
  HAIR     
  BLOOD     
  DOCUMENTS     
  ALCOHOL  
 OTHER \_\_\_\_\_

EVIDENCE COLLECTOR	LOCATION STORED
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DESCRIBE BRIEFLY HOW OFFENSE WAS COMMITTED

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