

KANSAS STANDARD OFFENSE REPORT
FRONT PAGE OPEN PUBLIC RECORD

INITIAL DELETE
 MODIFY ADD

ON VIEW DISPATCHED CITIZEN NAME OF AGENCY: Lindsborg Police Department KS AGENCY ORI NUMBER: KS0570200 CASE NUMBER: LPD22-098

INCIDENT: DATE OFFENSE STARTED (MMDDCCYY): 04/23/2022 TIME (HHMM): 16:00 DATE OFFENSE ENDED (MMDDCCYY): 04/24/2022 TIME (HHMM): 12:45 DATE OF REPORT (MMDDCCYY): 04/25/2022
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: 08:21 TIME ARRIVED: 08:21 TIME CLEARED: 08:21

OFFENSE # 1: CHAPTER 21-5415(a)(2) SECTION SUB 1 SUB 2 ATTEMPTED COMPLETED AID / ABET CONSPIRACY SOLICITATION DESCRIPTION: Criminal threat; Contaminate food/water sources
PREMISE 13 # OF PREM. HATE/BIAS 88 CAMPUS CODE BNC METHOD OF ENTRY F. FORCE N. NO FORCE
TYPE OF THEFT: M. COIN MACHINE E. EMBEZZLEMENT B. FROM BUILDING T. POSS. STOLEN PROP. A. M V PARTS & ACC. V. MOTOR VEHICLE L. SHOPLIFTING F. THEFT FROM M V P. POCKET-PICKING O. ALL OTHER S. PURSE SNATCHING N. NOT APPLICABLE
TYPE OF FORCE / WEAPON: 11. FIREARM AUTO 12. HANDGUN AUTO 13. RIFLE AUTO 14. SHOTGUN AUTO 15. OTHER AUTO
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 N. NO GANG P. POSSESS / CONCEAL ASSIST INVOLVEMENT
LOCAL CODE

OFFENSE # 2: CHAPTER 21-5413(a)(1)(g1) SECTION SUB 1 SUB 2 ATTEMPTED COMPLETED AID / ABET CONSPIRACY SOLICITATION DESCRIPTION: Battery; Knowing/recklessly causing bodily harm
PREMISE 13 # OF PREM. HATE/BIAS 88 CAMPUS CODE BNC METHOD OF ENTRY F. FORCE N. NO FORCE
TYPE OF THEFT: M. COIN MACHINE E. EMBEZZLEMENT B. FROM BUILDING T. POSS. STOLEN PROP. A. M V PARTS & ACC. V. MOTOR VEHICLE L. SHOPLIFTING F. THEFT FROM M V P. POCKET-PICKING O. ALL OTHER S. PURSE SNATCHING N. NOT APPLICABLE
TYPE OF FORCE / WEAPON: 11. FIREARM AUTO 12. HANDGUN AUTO 13. RIFLE AUTO 14. SHOTGUN AUTO 15. OTHER AUTO
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 N. NO GANG P. POSSESS / CONCEAL ASSIST INVOLVEMENT
LOCAL CODE

VICTIM # 1: TYPE OF VICTIM I. INDIVIDUAL S. SOCIETY / PUBLIC R. RELIGIOUS ORGANIZATION O. OTHER B. BUSINESS F. FINANCIAL INSTITUTION G. GOVERNMENT U. UNKNOWN VICTIM OF OFFENSE NUMBER 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
NAME: LAST FIRST MIDDLE ADDRESS: STREET CITY STATE ZIP KS
TELEPHONE NUMBER (HOME) RACE U SEX M ETHNICITY U RES. / N- RES. N AGE 22 DATE OF BIRTH (MMDDCCYY) HEIGHT WEIGHT HAIR EYES
DRIVERS LICENSE NUMBER DL STATE EMPLOYER / SCHOOL Kansas Wesleyan
TELEPHONE NUMBER (WORK/SCHOOL) ADDRESS: STREET CITY STATE ZIP

VICTIM # 1: CIRCUM. AGG ASLT/BATTERY (MAX 2) VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) TYPE OF INJURY (MAX 5)
1. RU 2. 3. 4. 5. 6. 7. 8. 9. 10. N 1. N 2. 3. 4. 5.
NAME: LAST FIRST MIDDLE ADDRESS: STREET CITY STATE ZIP
 RP DC W O
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)

PROPERTY DESCRIPTION: TYPE LOSS PROPERTY / DRUG CODE DESCRIPTION / SUSPECTED DRUG TYPE ESTIMATED QUANTITY FRACTION TYPE DRUG MEASURE VALUE DATE RECOVERED
4 1199 water jug 1 \$30.00

REPORTING OFFICER: S. Wolf BADGE #: 387 DATE: 04/25/2022 COPIES TO: PROPERTY TOTAL:

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NAME OF AGENCY Lindsborg Police Department				KS AGENCY ORI NUMBER KS0570200				CASE NUMBER LPD22-098															
CHAPTER 21-5813(a)(1)(C3)	SECTION (a)(1)(C3)	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION																		
DESCRIPTION Criminal damage to property; Without consent value < \$1000																							
PREMISE 13	# OF PREM.	HATE/BIAS 88	CAMPUS CODE BNC	METHOD OF ENTRY F. <input type="checkbox"/> FORCE N. <input type="checkbox"/> NO FORCE																			
TYPE OF THEFT M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING				TYPE OF FORCE / WEAPON 11. <input type="checkbox"/> FIREARM 12. <input type="checkbox"/> HANDGUN 13. <input type="checkbox"/> RIFLE 14. <input type="checkbox"/> SHOTGUN 15. <input type="checkbox"/> OTHER																			
OFFENDER SUSPECTED OF USING (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="checkbox"/> NOT APPLICABLE																			
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, CHILDREN O. <input type="checkbox"/> OPER/PROMOTE/ P. <input type="checkbox"/> ASSIST POSSESS / CONCEAL.				T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT U. <input type="checkbox"/> USING/CONSUMING J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG N. <input type="checkbox"/> NO GANG INVOLVEMENT																			
LOCAL CODE																							
TYPE OF VICTIM I. <input checked="" type="checkbox"/> INDIVIDUAL B. <input type="checkbox"/> BUSINESS S. <input type="checkbox"/> SOCIETY / PUBLIC F. <input type="checkbox"/> FINANCIAL INSTITUTION R. <input type="checkbox"/> RELIGIOUS ORGANIZATION G. <input type="checkbox"/> GOVERNMENT O. <input type="checkbox"/> OTHER U. <input type="checkbox"/> UNKNOWN												VICTIM OF OFFENSE NUMBER 1. <input type="checkbox"/> 2. <input checked="" 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															
ADDRESS: STREET												CITY				STATE ZIP TX							
TELEPHONE NUMBER (HOME)		RACE U	SEX M	ETHNICITY U	RES. / N-RES. N	AGE 20	D.O.B. (MMDDCCYY) 05/09/2001	HEIGHT 600	WEIGHT 145	HAIR BRO	EYES BRO												
DRIVERS LICENSE NUMBER		DL STATE	EMPLOYER / SCHOOL Kansas Wesleyan																				
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 RU 2 3 4 5 6 7 8 9 10								TYPE OF INJURY (MAX 5) 1 M 2 3 4 5													
TYPE OF VICTIM I. <input checked="" type="checkbox"/> INDIVIDUAL B. <input type="checkbox"/> BUSINESS S. <input type="checkbox"/> SOCIETY / PUBLIC F. <input type="checkbox"/> FINANCIAL INSTITUTION R. <input type="checkbox"/> RELIGIOUS ORGANIZATION G. <input type="checkbox"/> GOVERNMENT O. <input type="checkbox"/> OTHER U. <input type="checkbox"/> UNKNOWN												VICTIM OF OFFENSE NUMBER 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															
ADDRESS: STREET												CITY				STATE ZIP KS							
TELEPHONE NUMBER (HOME)		RACE U	SEX M	ETHNICITY U	RES. / N-RES. N	AGE 31	D.O.B. (MMDDCCYY)	HEIGHT*	WEIGHT	HAIR	EYES*												
DRIVERS LICENSE NUMBER		DL STATE	EMPLOYER / SCHOOL Kansas Wesleyan																				
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 RU 2 3 4 5 6 7 8 9 10								TYPE OF INJURY (MAX 5) 1 2 3 4 5													
NAME: LAST				FIRST				MIDDLE				ADDRESS: STREET				CITY				STATE ZIP			
TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES./N-RES.	AGE	D.O.B. (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES												
EMPLOYER/SCHOOL		ADDRESS: STREET				CITY				STATE ZIP				TELEPHONE NUMBER (WORK/SCHOOL)									
REPORTING OFFICER S. Wolf				BADGE # 387		DATE 04/25/2022		COPIES TO															

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CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION										
DESCRIPTION						DESCRIPTION															
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	11. <input type="checkbox"/> FIREARM	<input type="checkbox"/> AUTO	M. <input type="checkbox"/> COIN MACHINE	E. <input type="checkbox"/> EMBEZZLEMENT	11. <input type="checkbox"/> FIREARM	<input type="checkbox"/> AUTO	A. <input type="checkbox"/> FROM BUILDING	T. <input type="checkbox"/> POSS STOLEN PROP.	12. <input type="checkbox"/> HANDGUN	<input type="checkbox"/> AUTO										
B. <input type="checkbox"/> M V PARTS & ACC.	V. <input type="checkbox"/> MOTOR VEHICLE	13. <input type="checkbox"/> RIFLE	<input type="checkbox"/> AUTO	A. <input type="checkbox"/> M V PARTS & ACC.	V. <input type="checkbox"/> MOTOR VEHICLE	13. <input type="checkbox"/> RIFLE	<input type="checkbox"/> AUTO	L. <input type="checkbox"/> SHOPLIFTING	F. <input type="checkbox"/> THEFT FROM M V	14. <input type="checkbox"/> SHOTGUN	<input type="checkbox"/> AUTO										
L. <input type="checkbox"/> SHOPLIFTING	F. <input type="checkbox"/> THEFT FROM M V	15. <input type="checkbox"/> OTHER	<input type="checkbox"/> AUTO	P. <input type="checkbox"/> POCKET-PICKING	O. <input type="checkbox"/> ALL OTHER	15. <input type="checkbox"/> OTHER	<input type="checkbox"/> AUTO	S. <input type="checkbox"/> PURSE SNATCHING	N. <input type="checkbox"/> NOT APPLICABLE												
P. <input type="checkbox"/> POCKET-PICKING	O. <input type="checkbox"/> ALL OTHER	20. <input type="checkbox"/> FIREARM KNIFE / CUT INSTR.				20. <input type="checkbox"/> FIREARM KNIFE / CUT INSTR.															
S. <input type="checkbox"/> PURSE SNATCHING	N. <input type="checkbox"/> NOT APPLICABLE	30. <input type="checkbox"/> BLUNT OBJECT				30. <input type="checkbox"/> BLUNT OBJECT															
OFFENDER SUSPECTED OF USING (SELECT UP TO 3)			TYPE OF CRIMINAL ACTIVITY (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	D. <input type="checkbox"/> DRUG / NARCOTICS	B. <input type="checkbox"/> BUYING / RECEIVING	T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT	A. <input type="checkbox"/> ALCOHOL	D. <input type="checkbox"/> DRUG / NARCOTICS	B. <input type="checkbox"/> BUYING / RECEIVING	T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT	C. <input type="checkbox"/> COMPUTER EQUIP.	N. <input type="checkbox"/> NOT APPLICABLE	C. <input type="checkbox"/> COMPUTER EQUIP.	N. <input type="checkbox"/> NOT APPLICABLE										
C. <input type="checkbox"/> COMPUTER EQUIP.	N. <input type="checkbox"/> NOT APPLICABLE	C. <input type="checkbox"/> CULT / MANU / PUBL	U. <input type="checkbox"/> USING/CONSUMING	C. <input type="checkbox"/> CULT / MANU / PUBL	U. <input type="checkbox"/> USING/CONSUMING	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	D. <input type="checkbox"/> DIST / SELLING	J. <input type="checkbox"/> JUVENILE GANG										
		E. <input type="checkbox"/> EXPLOIT. CHILDREN	G. <input type="checkbox"/> OTHER GANG	E. <input type="checkbox"/> EXPLOIT. CHILDREN	G. <input type="checkbox"/> OTHER GANG	E. <input type="checkbox"/> EXPLOIT. CHILDREN	G. <input type="checkbox"/> OTHER GANG	O. <input type="checkbox"/> OPER/PROMOTE/ ASSIST POSSESS / CONCEAL.	N. <input type="checkbox"/> NO GANG INVOLVEMENT	O. <input type="checkbox"/> OPER/PROMOTE/ ASSIST POSSESS / CONCEAL.	N. <input type="checkbox"/> NO GANG INVOLVEMENT										
		O. <input type="checkbox"/> OPER/PROMOTE/ ASSIST POSSESS / CONCEAL.	N. <input type="checkbox"/> NO GANG INVOLVEMENT																		
LOCAL CODE			LOCAL CODE			LOCAL CODE			LOCAL CODE												
TYPE OF VICTIM			VICTIM OF OFFENSE NUMBER			TYPE OF VICTIM			VICTIM OF OFFENSE NUMBER												
I. <input checked="" type="checkbox"/> INDIVIDUAL	S. <input type="checkbox"/> SOCIETY / PUBLIC	R. <input type="checkbox"/> RELIGIOUS ORGANIZATION	O. <input type="checkbox"/> OTHER	1. <input checked="" type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	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	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	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			NAME: LAST			FIRST			MIDDLE						
ADDRESS: STREET						CITY						STATE		ZIP							
												KS									
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	D.O.B. (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES											
	U	M	U	N	22																
DRIVERS LICENSE NUMBER	DL STATE	EMPLOYER / SCHOOL																			
		Kansas Wesleyan																			
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	1	RU	2	3	4	5	6	7	8	9	10	1	2	3	4	5				
TYPE OF VICTIM			VICTIM OF OFFENSE NUMBER			TYPE OF VICTIM			VICTIM OF OFFENSE NUMBER												
I. <input checked="" type="checkbox"/> INDIVIDUAL	S. <input type="checkbox"/> SOCIETY / PUBLIC	R. <input type="checkbox"/> RELIGIOUS ORGANIZATION	O. <input type="checkbox"/> OTHER	1. <input checked="" type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	I. <input checked="" type="checkbox"/> INDIVIDUAL	S. <input type="checkbox"/> SOCIETY / PUBLIC	R. <input type="checkbox"/> RELIGIOUS ORGANIZATION	O. <input type="checkbox"/> OTHER	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"/>
B. <input type="checkbox"/> BUSINESS	F. <input type="checkbox"/> FINANCIAL INSTITUTION	G. <input type="checkbox"/> GOVERNMENT	U. <input type="checkbox"/> UNKNOWN	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>	B. <input type="checkbox"/> BUSINESS	F. <input type="checkbox"/> FINANCIAL INSTITUTION	G. <input type="checkbox"/> GOVERNMENT	U. <input type="checkbox"/> UNKNOWN	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			NAME: LAST			FIRST			MIDDLE						
ADDRESS: STREET						CITY						STATE		ZIP							
												KS									
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	D.O.B. (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES											
	U	M	U	N	22																
DRIVERS LICENSE NUMBER	DL STATE	EMPLOYER / SCHOOL																			
		Kansas Wesleyan																			
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	1	RU	2	3	4	5	6	7	8	9	10	1	2	3	4	5				
NAME: LAST			FIRST			MIDDLE			ADDRESS: STREET			CITY						STATE		ZIP	
TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES./N-RES.	AGE	D.O.B. (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES											
	U	M	U	N	22																
EMPLOYER/SCHOOL	ADDRESS: STREET						CITY						STATE		ZIP		TELEPHONE NUMBER (WORK/SCHOOL)				
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NAME OF AGENCY Lindsborg Police Department				KS AGENCY ORI NUMBER KS0570200				CASE NUMBER LPD22-098								
O F F E N S E #	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION				
	DESCRIPTION															
	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 M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING				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 <input type="checkbox"/> AUTO				TYPE OF THEFT M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING				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 <input type="checkbox"/> AUTO			
	OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL C. <input type="checkbox"/> COMPUTER EQUIP.				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) D. <input type="checkbox"/> DRUG / NARCOTICS N. <input type="checkbox"/> NOT APPLICABLE				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL C. <input type="checkbox"/> COMPUTER EQUIP.				OFFENDER SUSPECTED OF USING (SELECT UP TO 3) D. <input type="checkbox"/> DRUG / NARCOTICS N. <input type="checkbox"/> NOT APPLICABLE			
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. CHILDREN O. <input type="checkbox"/> OPER/PROMOTE/ P. <input type="checkbox"/> ASSIST POSSESS / CONCEAL.				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT U. <input type="checkbox"/> USING/CONSUMING J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG N. <input type="checkbox"/> NO GANG INVOLVEMENT				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. CHILDREN O. <input type="checkbox"/> OPER/PROMOTE/ P. <input type="checkbox"/> ASSIST POSSESS / CONCEAL.				TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT U. <input type="checkbox"/> USING/CONSUMING J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG N. <input type="checkbox"/> NO GANG INVOLVEMENT				
LOCAL CODE																
TYPE OF VICTIM I. <input checked="" type="checkbox"/> INDIVIDUAL B. <input type="checkbox"/> BUSINESS S. <input type="checkbox"/> SOCIETY / PUBLIC F. <input type="checkbox"/> FINANCIAL INSTITUTION R. <input type="checkbox"/> RELIGIOUS ORGANIZATION G. <input type="checkbox"/> GOVERNMENT O. <input type="checkbox"/> OTHER U. <input type="checkbox"/> UNKNOWN																
VICTIM OF OFFENSE NUMBER 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																
ADDRESS: STREET CITY STATE ZIP KS																
TELEPHONE NUMBER (HOME)		RACE U	SEX M	ETHNICITY U	RES. / N-RES. N	AGE 20	D.O.B. (MMDDCCYY)		HEIGHT	WEIGHT	HAIR	EYES				
DRIVERS LICENSE NUMBER		DL STATE	EMPLOYER / SCHOOL Kansas Wesleyan													
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. <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"/>						
TYPE OF VICTIM I. <input type="checkbox"/> INDIVIDUAL B. <input checked="" type="checkbox"/> BUSINESS S. <input type="checkbox"/> SOCIETY / PUBLIC F. <input type="checkbox"/> FINANCIAL INSTITUTION R. <input type="checkbox"/> RELIGIOUS ORGANIZATION G. <input type="checkbox"/> GOVERNMENT O. <input type="checkbox"/> OTHER U. <input type="checkbox"/> UNKNOWN																
VICTIM OF OFFENSE NUMBER 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input checked="" 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 Bethany College																
ADDRESS: STREET CITY STATE ZIP Lindsborg KS 67456																
TELEPHONE NUMBER (HOME)		RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	D.O.B. (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. <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	D.O.B. (MMDDCCYY)		HEIGHT	WEIGHT	HAIR	EYES				
EMPLOYER/SCHOOL		ADDRESS: STREET CITY STATE ZIP TELEPHONE NUMBER (WORK/SCHOOL)														
REPORTING OFFICER S. Wolf																
BADGE # 387		DATE 04/25/2022		COPIES TO												

KANSAS STANDARD OFFENSE SUPPLEMENT REPORT
FRONT-PAGE OPEN PUBLIC RECORD

NAME OF AGENCY Lindsborg Police Department	KS AGENCY ORI NUMBER KS0570200	CASE NUMBER LPD22-098
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O F F E N S E #	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION	CHAPTER	SECTION	SUB 1	SUB 2	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<input type="checkbox"/> AID / ABET <input type="checkbox"/> CONSPIRACY <input type="checkbox"/> SOLICITATION											
	DESCRIPTION																						
	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 M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING				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 <input type="checkbox"/> AUTO				TYPE OF THEFT M. <input type="checkbox"/> COIN MACHINE B. <input type="checkbox"/> FROM BUILDING A. <input type="checkbox"/> M V PARTS & ACC. L. <input type="checkbox"/> SHOPLIFTING P. <input type="checkbox"/> POCKET-PICKING S. <input type="checkbox"/> PURSE SNATCHING				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 <input type="checkbox"/> AUTO										
	OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL C. <input type="checkbox"/> COMPUTER EQUIP.						OFFENDER SUSPECTED OF USING (SELECT UP TO 3) D. <input type="checkbox"/> DRUG / NARCOTICS N. <input type="checkbox"/> NOT APPLICABLE						OFFENDER SUSPECTED OF USING (SELECT UP TO 3) A. <input type="checkbox"/> ALCOHOL C. <input type="checkbox"/> COMPUTER EQUIP.						OFFENDER SUSPECTED OF USING (SELECT UP TO 3) D. <input type="checkbox"/> DRUG / NARCOTICS N. <input type="checkbox"/> NOT APPLICABLE				
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. CHILDREN O. <input type="checkbox"/> OPER/PROMOTE/ P. <input type="checkbox"/> ASSIST ASSIST POSSESS / CONCEAL.						TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT U. <input type="checkbox"/> USING/CONSUMING J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG N. <input type="checkbox"/> NO GANG INVOLVEMENT						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. CHILDREN O. <input type="checkbox"/> OPER/PROMOTE/ P. <input type="checkbox"/> ASSIST ASSIST POSSESS / CONCEAL.						TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3) T. <input type="checkbox"/> TRANS/TRANSMIT/ IMPORT U. <input type="checkbox"/> USING/CONSUMING J. <input type="checkbox"/> JUVENILE GANG G. <input type="checkbox"/> OTHER GANG N. <input type="checkbox"/> NO GANG INVOLVEMENT					
LOCAL CODE																							

TYPE OF VICTIM I. <input checked="" type="checkbox"/> INDIVIDUAL B. <input type="checkbox"/> BUSINESS	S. <input type="checkbox"/> SOCIETY / PUBLIC F. <input type="checkbox"/> FINANCIAL INSTITUTION	R. <input type="checkbox"/> RELIGIOUS ORGANIZATION G. <input type="checkbox"/> GOVERNMENT	O. <input type="checkbox"/> OTHER U. <input type="checkbox"/> UNKNOWN	VICTIM OF OFFENSE NUMBER 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													
ADDRESS: STREET					CITY	STATE	ZIP										
TELEPHONE NUMBER (HOME)					RACE U	SEX M	ETHNICITY U	RES. / N- RES. N	AGE 23	D.O.B. (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)								TYPE OF INJURY (MAX 5)							
1	2	1	RU	2	3	4	5	6	7	8	9	10	1	2	3	4	5

TYPE OF VICTIM I. <input type="checkbox"/> INDIVIDUAL B. <input type="checkbox"/> BUSINESS	S. <input type="checkbox"/> SOCIETY / PUBLIC F. <input type="checkbox"/> FINANCIAL INSTITUTION	R. <input type="checkbox"/> RELIGIOUS ORGANIZATION G. <input type="checkbox"/> GOVERNMENT	O. <input type="checkbox"/> OTHER U. <input type="checkbox"/> UNKNOWN	VICTIM OF OFFENSE NUMBER 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"/>												
NAME: LAST		FIRST		MIDDLE												
ADDRESS: STREET					CITY	STATE	ZIP									
TELEPHONE NUMBER (HOME)					RACE	SEX	ETHNICITY	RES. / N- RES.	AGE	D.O.B. (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)								TYPE OF INJURY (MAX 5)						
1	2	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5

NAME: LAST	FIRST	MIDDLE	ADDRESS: STREET	CITY	STATE	ZIP										
TELEPHONE NUMBER (HOME)							RACE	SEX	ETHNICITY	RES./N- RES.	AGE	D.O.B. (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES
EMPLOYER/SCHOOL		ADDRESS: STREET			CITY	STATE	ZIP	TELEPHONE NUMBER (WORK/SCHOOL)								
REPORTING OFFICER S. Wolf		BADGE # 387	DATE 04/25/2022		COPIES TO											