

EVENT DAY 2 MATERIALS

The Event Day 2 Materials folder must contain the following files:

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc1-2-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc1-2-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc1-2-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc1-2-4	NEWS ALERT #2 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
<input type="checkbox"/> ESc1-2-5	PHONE CALL TO FIRE DEPARTMENT "NOTIFICATION OF FIRE AT 39 GRAVEL ROAD"
<input type="checkbox"/> ESc1-2-6	WRITTEN THREAT LETTER TO POLICE (3 COPIES ARE PROVIDED, 1 TO BE FOLDED AND PLACED IN STAMPED ENVELOPE ADDRESSED TO ZCPD, AND 2 ARE FOR THE POLICE TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc1-2-7	NEWS ALERT #3 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)

St. Michael's Hospital Emergency Room Log
Event Day 2
July 19

St. Michael's Hospital - Emergency Room Log													
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
*FH = Forest Hills LD = Lake District TG = The Glens TV = The Village SZ = South Zenith													
1	7/19	1:08 AM	Lofstock	May	F	22	19 Boulder Rd.	TG	N/A	N/A	N/A	No	stomach pain, fever, bloody diarrhea
2	7/19	1:48 AM	Gaultier	Scott	M	83	9 Highland Ave.	SZ	N/A	N/A	Medicare	Yes	epileptic seizure
3	7/19	3:28 AM	Hilden	Tara	F	34	28 Garden St.	TG	300 Main St.	TV	Mail Handlers	No	dehydration and persistent diarrhea
4	7/19	6:04 AM	Shanitz	Anne	F	67	22 Boulder Rd., Apt. 1A	TG	N/A	N/A	Medicare	No	diarrhea and vomiting
5	7/19	6:44 AM	Tomzac	Derek	M	4	50 Slate Rd.	TG	N/A	N/A	HMO Blue	No	diarrhea, dehydration
6	7/19	8:23 AM	Shwartz	Jaime	M	15	19 Hampshire Ave.	TV	N/A	N/A	HMO Blue	No	bloody diarrhea, severe cramping, and fever
7	7/19	8:30 AM	Taylor	Sarah	F	56	33 Garden St.	TG	N/A	N/A	Kaiser P.	No	blood in stool

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9	7/19	9:12 AM	Tomzac	Susan	F	7	10 Bay Berry Rd.	FH	N/A	N/A	Mutual of Omaha	No	headache, soar throat, nasal drip
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17	7/19	2:48 PM	Tulane	Amir	M	38	12 Kennedy Rd.	TG	145 Highway 1	SZ	Aetna	Yes	compound fracture (leg), multiple contusions
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24	7/19	4:35 PM	Brodsky	Marisa	F	82	63 Lee Rd.	TG	N/A	N/A	Mail Handlers	Yes	stomach pains, fever, nausea, severe diarrhea, fatigue
25	7/19	4:55 PM	Wong	Lorri	F	6	23 Bluff Rd.	TV	N/A	N/A	N/A	Yes	burns, upper neck and face
26	7/19	5:00 PM	Olson	Tyler	M	12	12 Marbet Rd.	TV	N/A	N/A	Kaiser P.	No	blood in stool
27	7/19	5:10 PM	Edwards	Brock	M	54	5 Garden St.	TG	145 Highway 1	SZ	Aetna	No	bloody diarrhea, severe cramping, and fever
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37	7/19	9:37 PM	Lindorr	Chris	M	12	56 Webb Road	TG	N/A	N/A	Kaiser P.	Yes	fever, blood in stool, stomach pain
38	7/19	9:37 PM	Lindorr	Kylie	F	10	56 Webb Road	TG	N/A	N/A	Kaiser P.	Yes	fever, blood in stool, stomach pain
39	7/19	10:49 PM	Wong	Sandra	F	11	14 Pebble Ave.	TV	N/A	N/A	Medicare	No	blood in stool
40	7/19	11:45 PM	Arnold	Mary	F	15	36 Slate Rd.	TG	N/A	N/A	HMO Blue	No	stomach pain, fever, bloody diarrhea

**Zenith City Police Department Incident Reports
Event Day 2
July 19**

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	02:20 AM PM		M.R.S. Number:	1129		Record Number	1
INCIDENT DATA										
Incident Type:	Seizure – 911 call									
Address of Occurrence:	9 Highland Ave.									
Originally Received As:	Phone in		Weapon or Objects Used:	-						
How Received:			Reporting Officer:	Off. Damon, John		Domestic:	No			
Type of Premises	Home		Other Offices Notified:	-			Complaint Status:			
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	1:20 AM		Car Number:	N/A			
Time Reported:	01:20 AM		Time of Arrival:	1:28 AM		District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	44		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Gaultier, Melissa									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Wife									
SSN:	229-52-5659									
Date of Birth:	04-27	Sex:	F	Place of Birth:	AZ					
Age:	75	Race:	Caucasian	Marital Status:	Married					
VICTIM										
Name:	Gauthier, Scott									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Husband									
SSN:	227-56-7824									
Date of Birth:	05-02	Sex:	M	F	Place of Birth:	AZ				
Age:	83	Race:			Marital Status:	Married				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A				
Item #:		Value:		Item #:	Value:
Quantity:		Status:		Quantity:	Status:
Property Description:		Owner's Name:		Property Description:	Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 call – wife says her husband is having an epileptic seizure she can't control – ambulance dispatched

Reporting Officer: Off. Damon, J.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME											
Date Printed:	07-19		Time Printed:	03:15 AM PM		M.R.S. Number:	1130		Record Number	2	
INCIDENT DATA											
Incident Type:	Violation of Restraining Order										
Address of Occurrence:	2 Goddard Rd.										
Originally Received As:	Phone in			Weapon or Objects Used:	-						
How Received:			Reporting Officer:	Off. Smith, Robert			Domestic:	yes			
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:	Cleared with arrest		
Copies To:	Muni Court			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
Date Reported	07-19		Call Received:	2:15 AM		Car Number:	9				
Time Reported:	02:15 AM		Time of Arrival:	2:20 AM		District:	South Zenith				
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Brown, D.				
BURGLARY DATA											
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:				
REPORTING PARTY											
Name:	Hunter, Teresa										
Home Address:	Same as above										
Occupation:	Waitress										
Relation:											
SSN:	458-15-3491										
Date of Birth:	03-29	Sex:	F	Place of Birth:	TX						
Age:	36	Race:	Caucasian	Marital Status:	Legally separated						
VICTIM											
Name:	Same as above										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:			Marital Status:						
KNOWN SUSPECT #1											
Name:	Hunter, Steve										
Date of Birth:	06-14	Sex:	Male		Age:	38	Race:	Cauc.			
Height:	6'1"	Hair Color:	Brown			Injured:					
Weight:	210	Hair Length:	short			Hospital:					

Build: med.		Hair Style:	<i>Crew cut</i>	Hospital Disposition:	
Complexion:	<i>fair</i>	Facial Hair:	<i>Clean shaven</i>	Conveyed By:	
Eye Color:	<i>brown</i>	AR#:	<i>234</i>	Injury Type:	

CHARGES

VIOLATING RESTRAINING ORDER

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:							
Date of Birth:		Sex: Male	SS#:	Age:		Race:	
Height:		Hair Color:		Injured:			
Weight:		Hair Length:		Hospital:			
Build:		Hair Style:		Hospital Disposition:			
Complexion:		Facial Hair:		Conveyed By:			
Eye Color:		AR#:		Injury Type:			

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:							
Date of Birth:		Sex:	SS#:	Age:		Race:	
Height:		Hair Color:		Injured:			
Weight:		Hair Length:		Hospital:			
Build:		Hair Style:		Hospital Disposition:			
Complexion:		Facial Hair:		Conveyed By:			
Eye Color:		AR#:		Injury Type:			

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	<i>N/A</i>						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE

Owner's Name:	<i>N/A</i>						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE

Ms. Hunter called when her husband, who she says is intoxicated, tried to break into their house. Mr. Hunter is supposed to stay at least 200' from the house according to the restraining order. Cruiser dispatched and Mr. Hunter taken into custody.

Reporting Officer: *Off. Smith, R.*
 Supervising Officer: *Off. Henry, J.K.*
 Reviewing Officer: *Det. Stills*

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME						
Date Printed:	07-19	Time Printed:	11:55 AM PM	M.R.S. Number:	1131	Record Number 3

INCIDENT DATA						
Incident Type:	Illness – 911 call					
Address of Occurrence:	60 Boulder Rd.					
Originally Received As:	Phone in	Weapon or Objects Used:	-			
How Received:		Reporting Officer:	Off. Yates, Ken	Domestic:	No	
Type of Premises	Home	Other Offices Notified:	-		Complaint Status:	Closed
Copies To:		Fire		Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:
						No
Date Reported	07-19		Call Received:	11:00 AM		Car Number:
Time Reported:	11:00 AM		Time of Arrival:	11:15 AM		District:
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:
						Brown, D.

BURGLARY DATA				
Method of Entry:		Burglary Type:	N/A	Point of Entry Visible to Patrol:

REPORTING PARTY					
Name:	Fattoso, Mia				
Home Address:	Same as above				
Occupation:	Retired				
Relation:	Victim				
SSN:	678-52-2648				
Date of Birth:	05-06	Sex:	F	Place of Birth:	CA
Age:	65	Race:	Caucasian	Marital Status:	Widow

VICTIM					
Name:	Same as above				
Home Address:					
Occupation:					
Relation:					
SSN:					
Date of Birth:		Sex:	M	F	Place of Birth:
Age:		Race:		Marital Status:	

KNOWN SUSPECT #1					
Name:	N/A				
Date of Birth:		Sex:		Age:	
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE
911 call – woman complaining of severe stomach pain and fever – ambulance dispatched to premises

Reporting Officer: Off. Yates, Ken
 Supervising Officer: Det. Rollins, Michael
 Reviewing Officer: Det. Foster, Kristen

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	02:55 AM PM		M.R.S. Number:	1132		Record Number	4
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	22 Boulder Rd., Apt. 3B									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Roche, Marie			Domestic:	No		
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	12:55 PM		Car Number:	N/A			
Time Reported:	12:55 PM		Time of Arrival:	1:05 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Gaultier, Richard									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Victim									
SSN:	002-57-2479									
Date of Birth:	03-20		Sex:	M		Place of Birth:	MA			
Age:	86		Race:	Caucasian		Marital Status:	Widower			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:				Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:				Age:		Race:		
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE	
911 call – elderly man complaining of persistent diarrhea, headaches, and weakness – ambulance dispatched to premises	

Reporting Officer: Off. Roche, M.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	03:20 AM PM		M.R.S. Number:	1133		Record Number	5
INCIDENT DATA										
Incident Type:	Bone fracture – 911 call									
Address of Occurrence:	145 Highway 1									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Brown, Charles		Domestic:	No			
Type of Premises	Warehouse			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	2:20 PM		Car Number:	N/A			
Time Reported:	02:20 PM		Time of Arrival:	2:35 PM		District:	South Zenith			
Officer Assaulted or Killed:	No			GEO Code:	55		Processed By:	Brown, D.		
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Nelson, William									
Home Address:	12 Ashlee Dr.									
Occupation:	Foreman									
Relation:	Supervisor									
SSN:	383-57-1598									
Date of Birth:	02-15	Sex:	M	Place of Birth:	MO					
Age:	52	Race:		Marital Status:						
VICTIM										
Name:	Tulane, Amir									
Home Address:	12 Kennedy Rd.									
Occupation:	Fork lift operator									
Relation:	Employee									
SSN:	345-25-1592									
Date of Birth:	01-19	Sex:	M	F	Place of Birth:	Morocco				
Age:	38	Race: Mid-east		Marital Status:	single					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				
Height:		Hair Color:		Injured:						
Weight:		Hair Length:		Hospital:						

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:							
Date of Birth:		Sex: Male	SS#:	Age:		Race:	
Height:		Hair Color:		Injured:			
Weight:		Hair Length:		Hospital:			
Build:		Hair Style:		Hospital Disposition:			
Complexion:		Facial Hair:		Conveyed By:			
Eye Color:		AR#:		Injury Type:			

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:							
Date of Birth:		Sex:	SS#:	Age:		Race:	
Height:		Hair Color:		Injured:			
Weight:		Hair Length:		Hospital:			
Build:		Hair Style:		Hospital Disposition:			
Complexion:		Facial Hair:		Conveyed By:			
Eye Color:		AR#:		Injury Type:			

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE

Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE

911 call – Mr. Nelson called to report a workplace accident that resulted in a “really bad” broken leg; bone is showing – ambulance dispatched.

Reporting Officer: Off. Brown, Charles
 Supervising Officer: Det. Connelly, Daniel
 Reviewing Officer: Det. McCarthy, Pamela

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME							
Date Printed:	07-19	Time Printed:	06:05	M.R.S. Number:	1134	Record Number	6
			AM PM				

INCIDENT DATA							
Incident Type:	Illness – 911 call						
Address of Occurrence:	63 Lee Rd.						
Originally Received As:	Phone in	Weapon or Objects Used:	-				
How Received:		Reporting Officer:	Off. Kerry, Mark		Domestic:	No	
Type of Premises	Home	Other Offices Notified:	-		Complaint Status:		
Copies To:		Fire			Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
Date Reported	07-19		Call Received:	4:05 PM		Car Number:	N/A
Time Reported:	04:05 PM		Time of Arrival:	4:20 PM		District:	The Village
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.

BURGLARY DATA					
Method of Entry:		Burglary Type:	N/A	Point of Entry Visible to Patrol:	

REPORTING PARTY					
Name:	Brodsky, Marisa				
Home Address:	Same as above				
Occupation:	Retired				
Relation:	Victim				
SSN:	345-62-9428				
Date of Birth:	06-08	Sex:	F	Place of Birth:	KS
Age:	82	Race:		Marital Status:	

VICTIM					
Name:	Same as above				
Home Address:					
Occupation:					
Relation:					
SSN:					
Date of Birth:		Sex:	M	F	Place of Birth:
Age:		Race:		Marital Status:	

KNOWN SUSPECT #1							
Name:	N/A						
Date of Birth:		Sex:		Age:		Race:	
Height:		Hair Color:		Injured:			

Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE	
911 call – Elderly woman in distress; stomach pains, fever, nausea, severe diarrhea – ambulance dispatched.	

Reporting Officer: Off. Kerry, M.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911

Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	06:50		M.R.S. Number:	1135		Record Number	7
			AM	PM						
INCIDENT DATA										
Incident Type:	Burn - 911 call									
Address of Occurrence:	23 Bluff Rd.									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. McKay, James			Domestic:	No		
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	4:20 PM		Car Number:	N/A			
Time Reported:	04:20 PM		Time of Arrival:	4:30 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Wong, Ellen									
Home Address:	Same as above									
Occupation:	School teacher									
Relation:	Mother									
SSN:	526-84-2945									
Date of Birth:	02/17	Sex:	F		Place of Birth:	Vietnam				
Age:	38	Race:			Marital Status:	Married				
VICTIM										
Name:	Wong, Lorri									
Home Address:	Same as above									
Occupation:	Student									
Relation:	Daughter									
SSN:	594-29-4597									
Date of Birth:	05/26	Sex:	M	F	Place of Birth:	TX				
Age:	6	Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A					
Item #:		Value:		Item #:		Value:
Quantity:		Status:		Quantity:		Status:
Property Description:		Owner's Name:		Property Description:		Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 call – Mother says her daughter accidentally tipped a boiling pot of water on herself and is now crying and is in pain, skin is red and blistered – ambulance dispatched.

Reporting Officer: Off. McKay, J
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	07:40 AM PM		M.R.S. Number:	1136		Record Number	8
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	700 Highway 1									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Smith, Robert			Domestic:	No		
Type of Premises	Manufacturing facility			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	6:40 PM		Car Number:	N/A			
Time Reported:	06:40 PM		Time of Arrival:	6:53 PM		District:	The Glens			
Officer Assaulted or Killed:	No		GEO Code:	22		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Smith, Ted									
Home Address:	570 Parent Rd.									
Occupation:	Riveter									
Relation:	Co-worker									
SSN:	348-27-5198									
Date of Birth:	06-24	Sex:	M	Place of Birth:	WI					
Age:	28	Race:	Caucasian	Marital Status:	Single					
VICTIM										
Name:	Kim, Lenny									
Home Address:	18 Flint Pl.									
Occupation:	Riveter									
Relation:	Co-worker									
SSN:										
Date of Birth:	UNK	Sex:	M	F	Place of Birth:	UNK				
Age:	mid-30s	Race:	Asian		Marital Status:	UNK				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE	
<p>911 call – Coworker reports that Mr. Kim had been feeling very ill, complaining of bloody diarrhea, cramping, and fever and then he just “keeled” over – ambulance dispatched.</p>	

Reporting Officer: Off. Smith, R.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	09:50 AM PM		M.R.S. Number:	1137		Record Number	9
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	17 Flint Place									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Damon, John			Domestic:	Yes	
Type of Premises	Apartment building			Other Offices Notified:	-			Complaint Status:	Taken to hospital	
Copies To:	Muni Court			Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19			Call Received:	08:50 PM			Car Number:	65	
Time Reported:	08:50 PM			Time of Arrival:	08:54 PM			District:	The Village	
Officer Assaulted or Killed:	No			GEO Code:	33			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Peters, Michelle									
Home Address:	17 Flint Place									
Occupation:	Teacher									
Relation:	Victim									
SSN:	765-56-7680									
Date of Birth:	12-23		Sex:	Female		Place of Birth:	NH			
Age:	59		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE
<i>911 caller complains of feeling very sick and seeing blood in toilet; having trouble standing straight up without pain in abdomen; never felt so sick; ambulance sent to address.</i>

Reporting Officer: Off. Damon, J.
 Supervising Officer: Off. Craig, Steven
 Reviewing Officer: Det. Manly

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	11:15 AM PM		M.R.S. Number:	1138		Record Number	10
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	56 Webb Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Lee, Nancy			Domestic:	Yes		
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	9:15 PM		Car Number:	66			
Time Reported:	09:15 PM		Time of Arrival:	9:20 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Lindorr, Lisa									
Home Address:	56 Webb Road									
Occupation:	Chef									
Relation:	Mother									
SSN:	374-56-0937									
Date of Birth:	05-17		Sex:	Female		Place of Birth:	FL			
Age:	36		Race:	Black		Marital Status:	Married			
VICTIM										
Name:	Lindorr, Chris and Kylie									
Home Address:	Same as above									
Occupation:	N/A									
Relation:	Son and daughter									
SSN:	123-658-8924; 123-85-4627									
Date of Birth:	02-15 09-23		Sex:	M	F	Place of Birth:	FL			
Age:	7 9		Race:	Black		Marital Status:	N/A			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A				
Item #:		Value:		Item #:	Value:
Quantity:		Status:		Quantity:	Status:
Property Description:		Owner's Name:		Property Description:	Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 caller reports daughter and son are both very ill after returning home from neighbor's house with fevers and bloody diarrhea and complaining of stomach pain; She suspects food poisoning from Chinese take-out. Mother feels okay herself; ambulance sent to address as caller's car is in shop.

Reporting Officer: Off. Lee, N.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

**Zenith City 911 Department Incident Reports
Event Day 2
July 19**

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	02:20 AM PM		M.R.S. Number:	1129		Record Number	1
INCIDENT DATA										
Incident Type:	Seizure – 911 call									
Address of Occurrence:	9 Highland Ave.									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Damon, John			Domestic:	No	
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:		
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19			Call Received:	1:20 AM			Car Number:	N/A	
Time Reported:	01:20 AM			Time of Arrival:	1:28 AM			District:	Forest Hills	
Officer Assaulted or Killed:	No			GEO Code:	44			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Gaultier, Melissa									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Wife									
SSN:	229-52-5659									
Date of Birth:	04-27	Sex:	F	Place of Birth:	AZ					
Age:	75	Race:	Caucasian	Marital Status:	Married					
VICTIM										
Name:	Gauthier, Scott									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Husband									
SSN:	227-56-7824									
Date of Birth:	05-02	Sex:	M	F	Place of Birth:	AZ				
Age:	83	Race:		Marital Status:	Married					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				
Height:		Hair Color:		Injured:						
Weight:		Hair Length:		Hospital:						

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE							
911 call – wife says her husband is having an epileptic seizure she can't control – ambulance dispatched							

Reporting Officer: Off. Damon, J.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	11:55 AM PM		M.R.S. Number:	1131		Record Number	3
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	60 Boulder Rd.									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Yates, Ken			Domestic:	No		
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	11:00 AM		Car Number:	N/A			
Time Reported:	11:00 AM		Time of Arrival:	11:15 AM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Fattoso, Mia									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Victim									
SSN:	678-52-2648									
Date of Birth:	05-06	Sex:	F	Place of Birth:	CA					
Age:	65	Race:	Caucasian	Marital Status:	Widow					
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:		Marital Status:						
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				
Height:		Hair Color:		Injured:						
Weight:		Hair Length:		Hospital:						

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE
911 call – woman complaining of severe stomach pain and fever – ambulance dispatched to premises

Reporting Officer: Off. Yates, Ken
 Supervising Officer: Det. Rollins, Michael
 Reviewing Officer: Det. Foster, Kristen

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	02:55 AM PM		M.R.S. Number:	1132		Record Number	4
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	22 Boulder Rd., Apt. 3B									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Roche, Marie			Domestic:	No		
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	12:55 PM		Car Number:	N/A			
Time Reported:	12:55 PM		Time of Arrival:	1:05 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Gaultier, Richard									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Victim									
SSN:	002-57-2479									
Date of Birth:	03-20	Sex:	M		Place of Birth:	MA				
Age:	86	Race:	Caucasian		Marital Status:	Widower				
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:				Age:		Race:		
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A				
Item #:		Value:		Item #:	Value:
Quantity:		Status:		Quantity:	Status:
Property Description:		Owner's Name:		Property Description:	Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 call – elderly man complaining of persistent diarrhea, headaches, and weakness – ambulance dispatched to premises

Reporting Officer: Off. Roche, M.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	03:20 AM PM		M.R.S. Number:	1133		Record Number	5
INCIDENT DATA										
Incident Type:	Bone fracture – 911 call									
Address of Occurrence:	145 Highway 1									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Brown, Charles		Domestic:	No			
Type of Premises	Warehouse			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	2:20 PM		Car Number:	N/A			
Time Reported:	02:20 PM		Time of Arrival:	2:35 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Nelson, William									
Home Address:	12 Ashlee Dr.									
Occupation:	Foreman									
Relation:	Supervisor									
SSN:	383-57-1598									
Date of Birth:	02-15	Sex:	M		Place of Birth:	MO				
Age:	52	Race:			Marital Status:					
VICTIM										
Name:	Tulane, Amir									
Home Address:	12 Kennedy Rd.									
Occupation:	Fork lift operator									
Relation:	Employee									
SSN:	345-25-1592									
Date of Birth:	01-19	Sex:	M	F	Place of Birth:	Morocco				
Age:	38	Race:	Mid-east		Marital Status:	single				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE
911 call – Mr. Nelson called to report a workplace accident that resulted in a “really bad” broken leg; bone is showing – ambulance dispatched.

Reporting Officer: Off. Brown, Charles
 Supervising Officer: Det. Connelly, Daniel
 Reviewing Officer: Det. McCarthy, Pamela

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	06:05		M.R.S. Number:	1134		Record Number	6
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	63 Lee Rd.									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Kerry, Mark			Domestic:	No		
Type of Premises	Home			Other Offices Notified:	-			Complaint Status:		
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19			Call Received:	4:05 PM		Car Number:	N/A		
Time Reported:	04:05 PM			Time of Arrival:	4:20 PM		District:	The Village		
Officer Assaulted or Killed:	No			GEO Code:	33		Processed By:	Brown, D.		
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Brodsky, Marisa									
Home Address:	Same as above									
Occupation:	Retired									
Relation:	Victim									
SSN:	345-62-9428									
Date of Birth:	06-08	Sex:	F	Place of Birth:	KS					
Age:	82	Race:		Marital Status:						
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:		Marital Status:						
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					

Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A				
Item #:		Value:		Item #:	Value:
Quantity:		Status:		Quantity:	Status:
Property Description:		Owner's Name:		Property Description:	Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 call – Elderly woman in distress; stomach pains, fever, nausea, severe diarrhea – ambulance dispatched.

Reporting Officer: Off. Kerry, M.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	06:50 AM PM		M.R.S. Number:	1135		Record Number	7
INCIDENT DATA										
Incident Type:	Burn - 911 call									
Address of Occurrence:	23 Bluff Rd.									
Originally Received As:	Phone in		Weapon or Objects Used:	-						
How Received:			Reporting Officer:	Off. McKay, James		Domestic:	No			
Type of Premises	Home		Other Offices Notified:	-			Complaint Status:	Closed		
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	4:20 PM		Car Number:	N/A			
Time Reported:	04:20 PM		Time of Arrival:	4:30 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Wong, Ellen									
Home Address:	Same as above									
Occupation:	School teacher									
Relation:	Mother									
SSN:	526-84-2945									
Date of Birth:	02/17	Sex:	F		Place of Birth:	Vietnam				
Age:	38	Race:			Marital Status:	Married				
VICTIM										
Name:	Wong, Lorri									
Home Address:	Same as above									
Occupation:	Student									
Relation:	Daughter									
SSN:	594-29-4597									
Date of Birth:	05/26	Sex:	M	F	Place of Birth:	TX				
Age:	6	Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A				
Item #:		Value:		Item #:	Value:
Quantity:		Status:		Quantity:	Status:
Property Description:		Owner's Name:		Property Description:	Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 call – Mother says her daughter accidentally tipped a boiling pot of water on herself and is now crying and is in pain, skin is red and blistered – ambulance dispatched.

Reporting Officer: Off. McKay, J
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	07:40 AM PM		M.R.S. Number:	1136		Record Number	8
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	700 Highway 1									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Smith, Robert			Domestic:	No		
Type of Premises	Manufacturing facility			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	6:40 PM		Car Number:	N/A			
Time Reported:	06:40 PM		Time of Arrival:	6:53 PM		District:	The Glens			
Officer Assaulted or Killed:	No		GEO Code:	22		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Smith, Ted									
Home Address:	570 Parent Rd.									
Occupation:	Riveter									
Relation:	Co-worker									
SSN:	348-27-5198									
Date of Birth:	06-24	Sex:	M	Place of Birth:	WI					
Age:	28	Race:	Caucasian	Marital Status:	Single					
VICTIM										
Name:	Kim, Lenny									
Home Address:	18 Flint Pl.									
Occupation:	Riveter									
Relation:	Co-worker									
SSN:										
Date of Birth:	UNK	Sex:	M	F	Place of Birth:	UNK				
Age:	mid-30s	Race:	Asian		Marital Status:	UNK				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				
Height:		Hair Color:		Injured:						
Weight:		Hair Length:		Hospital:						

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A				
Item #:		Value:		Item #:	Value:
Quantity:		Status:		Quantity:	Status:
Property Description:		Owner's Name:		Property Description:	Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 call – Coworker reports that Mr. Kim had been feeling very ill, complaining of bloody diarrhea, cramping, and fever and then he just “keeled” over – ambulance dispatched.

Reporting Officer: Off. Smith, R.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME						
Date Printed:	07-19	Time Printed:	09:50 AM PM	M.R.S. Number:	1137	Record Number 9

INCIDENT DATA							
Incident Type:	Illness – 911 call						
Address of Occurrence:	17 Flint Place						
Originally Received As:	Phone in	Weapon or Objects Used:	-				
How Received:		Reporting Officer:	Off. Damon, John	Domestic:	Yes		
Type of Premises:	Apartment building	Other Offices Notified:	-		Complaint Status:	Taken to hospital	
Copies To:	Muni Court	Fire			Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
Date Reported	07-19		Call Received:	08:50 PM		Car Number:	65
Time Reported:	08:50 PM		Time of Arrival:	08:54 PM		District:	The Village
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.

BURGLARY DATA					
Method of Entry:		Burglary Type:	N/A	Point of Entry Visible to Patrol:	

REPORTING PARTY					
Name:	Peters, Michelle				
Home Address:	17 Flint Place				
Occupation:	Teacher				
Relation:	Victim				
SSN:	765-56-7680				
Date of Birth:	12-23	Sex:	Female	Place of Birth:	NH
Age:	59	Race:	Caucasian	Marital Status:	Married

VICTIM					
Name:	Same as above				
Home Address:					
Occupation:					
Relation:					
SSN:					
Date of Birth:		Sex:	M	F	Place of Birth:
Age:		Race:		Marital Status:	

KNOWN SUSPECT #1					
Name:	N/A				
Date of Birth:		Sex:		Age:	
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
N/A					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	N/A						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	
VEHICLE							
Owner's Name:	N/A						
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

NARRATIVE
<i>911 caller complains of feeling very sick and seeing blood in toilet; having trouble standing straight up without pain in abdomen; never felt so sick; ambulance sent to address.</i>

Reporting Officer: Off. Damon, J.
 Supervising Officer: Off. Craig, Steven
 Reviewing Officer: Det. Manly

Zenith City Police - 911 Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	07-19		Time Printed:	11:15 AM PM		M.R.S. Number:	1138		Record Number	10
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	56 Webb Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Lee, Nancy			Domestic:	Yes		
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	07-19		Call Received:	9:15 PM		Car Number:	66			
Time Reported:	09:15 PM		Time of Arrival:	9:20 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Lindorr, Lisa									
Home Address:	56 Webb Road									
Occupation:	Chef									
Relation:	Mother									
SSN:	374-56-0937									
Date of Birth:	05-17		Sex:	Female		Place of Birth:	FL			
Age:	36		Race:	Black		Marital Status:	Married			
VICTIM										
Name:	Lindorr, Chris and Kylie									
Home Address:	Same as above									
Occupation:	N/A									
Relation:	Son and daughter									
SSN:	123-658-8924; 123-85-4627									
Date of Birth:	02-15 09-23		Sex:	M	F	Place of Birth:	FL			
Age:	7 9		Race:	Black		Marital Status:	N/A			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

Name:					
Date of Birth:		Sex: Male	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	N/A					
Item #:		Value:		Item #:		Value:
Quantity:		Status:		Quantity:		Status:
Property Description:		Owner's Name:		Property Description:		Owner's Name:

VEHICLE

Owner's Name:	N/A				
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

NARRATIVE

911 caller reports daughter and son are both very ill after returning home from neighbor's house with fevers and bloody diarrhea and complaining of stomach pain; She suspects food poisoning from Chinese take-out. Mother feels okay herself; ambulance sent to address as caller's car is in shop.

Reporting Officer: Off. Lee, N.
 Supervising Officer: Off. Henry, J.K.
 Reviewing Officer: Det. Stills

News Alert #2

KWSD interrupts regularly scheduled programming to bring you further developments in the recent illness outbreak in “The Village” borough of Zenith City. For those of you not aware of this event, the emergency room of St. Michaels Hospital has been overwhelmed with residents of “The Village” stricken with a mysterious, flu-like illness. Symptoms include diarrhea, fever, and stomach cramps. Some residents of “The Village” have been hospitalized; that’s how severe this outbreak is. KWSD has been able to talk to an emergency room staff member who has informed us that food poisoning is being considered as a potential source of this outbreak. We have no other information at this time, but we will keep you posted of any new developments in this breaking story.

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Direct Phone Call to Fire Department

Date: July 19

Message: A fire has broken out on the 4th floor of a 7-story apartment building at 39 Gravel Rd. Fire is spreading fast.

To the oppressors:

Your countrys unwanted interference in world affairs will not be tolerated. Your government says it wants world peace but then takes countries by force in the name of peace. We know what you are trying to do. You want to own and control everyone.

You cannot control the oppressed. We will rise and we will be heard. You and your government will take notice. We can control your lives. Do you not believe? You should. Go and see apartment 3G in the deluxe apartment building at 22 boulder road. Theirs a reason everyone is getting sick.

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