## 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)
ESc1-2-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TO DISTRIBUTE IF THEY CHOOSE)
ESc1-2-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc1-2-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc1-2-4	NEWS ALERT #2 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
ESc1-2-5	PHONE CALL TO FIRE DEPARTMENT "NOTIFICATION OF FIRE AT 39 GRAVEL ROAD"
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)
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

					S	St. Mic	:hael's Hospital - En	nergen	cy 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	e District TG = The C	Glens	TV = The Village	SZ = So	uth Zenith	•	
1	7/19	1:08 AM	Lofstock	May	F	22	19 Boulder Rd.	TG	N/A	N/A	N/A		stomach pain, fever, bloody diarrhea
2	7/19	1:48 AM	Gaultier	Scott	М	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		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	М	4	50 Slate Rd.	TG	N/A	N/A	HMO Blue	No	diarrhea, dehydration
6	7/19	8:23 AM	Shwartz	Jaime	М	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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8	7/19	9:02 AM	Jacobson	Sarah	F	45	103 Pleasant Park Rd.	TV	302 Main St.	TV	Aetna		bloody diarrhea, severe cramping, and fever
9	7/19	9:12 AM	Tomzac	Susan	F	7	10 Bay Berry Rd.	FH	N/A	N/A	Mutual of Omaha		headache, soar throat, nasal drip
10	7/19	9:40 AM	Fauria	Shelley	F	3	52 Boulder Rd.	TG	N/A	N/A	HMO Blue		fever, diarrhea, dehydration
11	7/19	10:02 AM	Francis	lan	М	22	11 Mark Rd.	TG	105 Highway 1	SZ	HMO Blue		bloody diarrhea, severe cramping, and fever
12	7/19	10:44 AM	Crow	Latisha	F	56	9 Leo Rd.	TV	323 Main St.	TV	Aetna		bloody diarrhea, severe cramping, and fever
13	7/19	11:35 AM	Fattoso	Mia	F	65	60 Boulder Rd.	TG	N/A	N/A	Medicare	Yes	stomach pain, fever
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17	7/19	2:48 PM	Tulane	Amir	М	38	12 Kennedy Rd.	TG	145 Highway 1	SZ	Aetna	Yes	compound fracture (leg), multiple contusions
18	7/19	3:09 PM	Harrison	Jack	М	21	8 Slate Rd.	TG	176 Highway 1	SZ	Mail Handlers	No	bloody diarrhea, severe cramping, and fever
19	7/19	3:10 PM	Beau	Julie	F	56	46 Lee Rd.	TG	12 Glenwood St.	LD	PPO Blue	No	fever, blood in stool
20	7/19	3:15 PM	Kelley	Kara	F	6	24 Boulder Rd.	TG	N/A	N/A	HMO Blue	No	diarrhea, dehydration
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23	7/19	3:29 PM	Everett	Samuel	М	62	1 Stone Rd.	TG	256 Highway 1	TV	HMO Blue	No	diarrhea and vomiting
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	ŀ	6	23 Bluff Rd.	TV	N/A	N/A	N/A		burns, upper neck and face
26	7/19	5:00 PM	Olson	Tyler	М	12	12 Marbet Rd.	TV	N/A	N/A	Kaiser P.	No	blood in stool
27	7/19	5:10 PM	Edwards	Brock	М	54	5 Garden St.	TG	145 Highway 1	SZ	Aetna	No	bloody diarrhea, severe cramping, and fever
28	7/19	5:30 PM	Vicks	Emilio	M	31	31 Pheasant Wood Rd.	SZ	359 Main St.	TV	Aetna		stomach pain, fever, bloody diarrhea

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30	7/19	6:15 PM	Mostafa	Lisa	F	38	75 Hampshire Ave.	TV	N/A	N/A	N/A	No	fever, blood in stool
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33	7/19	7:18 PM	Kim	Lenny	М	34	18 Flint Pl.	TG	700 Highway 1	TG	PPO Blue	Yes	bloody diarrhea, severe cramping, fever, dehydration, and loss of consciousness
34	7/19	8:00 PM	Limorti	Megan	F	31	33 Chase Dr.	TG	308 Main St.	TV	Mail Handlers		bloody diarrhea, severe cramping, and fever
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37	7/19	9:37 PM	Lindorr	Chris	М	12	56 Webb Road	TG	N/A	N/A	Kaiser P.	Y 400	fever, blood in stool, stomach pain
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39	7/19	10:49 PM	Wong	Sandra	F	11	14 Pebble Ave.	TV	N/A	N/A	Medicare	No	blood in stool
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33	7/19	7:18 PM	Kim	Lenny	М	34	18 Flint Pl.	TG	700 Highway 1	TG	PPO Blue	Yes	bloody diarrhea, severe cramping, fever, dehydration, and loss of consciousness
34	7/19	8:00 PM	Limorti	Megan	F	31	33 Chase Dr.	TG	308 Main St.	TV	Mail Handlers		bloody diarrhea, severe cramping, and fever
35	7/19	8:40 PM	Hemel	Melissa	F	11	6 Corson St.	TV	N/A	N/A	Medicare	No	animal bite, leg

					S	St. Mic	:hael's Hospital - En	nergen	cy 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	e District TG = The C	Blens	TV = The Village	SZ = So	uth Zenith		
36	7/19	9:13 PM	Peters	Michelle	F	59	17 Flint PI.	TG	500 Main St.	TV	HMO Blue	Yes	severe malaise, bloody stool, difficulty standing
37	7/19	9:37 PM	Lindorr	Chris	М	12	56 Webb Road	TG	N/A	N/A	Kaiser P.	VAC	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.	YAS	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		stomach pain, fever, bloody diarrhea

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

			I	NCIDI	ENT I	DATE/T	IME						
Date Printed:	07-19	Time	02:20		M.R	R.S.	1129	Record Number					
		Printed:	AM	PM	Nun	nber:				1			
				INC	IDEN	T DAT	A						
Incident Type:	Seizure – 9	911 call		1110			••						
Address of	9 Highland												
Occurrence:													
Originally	Phone in		Weapor	n or		-							
Received As:			Objects										
How Received:			Reporti Officer			Off. Da	mon, Joh	n Domestic:	No				
Type of	Home		Other C	Offices		-		Complaint Statu	s:				
Premises	Notified:												
Copies To:			Fire					Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:					-								
Date Reported	07-19		Call Re	ceived		1:20 A	M	Car Number:	N/A				
Time	01:20 AM		Time of			1:28 A		District:		est Hills			
Reported:	0112011111		111110			112011			10.0				
Officer	No		GEO C	ode:		44		Processed By:	Bro	wn, D.			
Assaulted or										Ź			
Killed:													
				BUR	GLAI	RY DAT	ΓΑ	<u> </u>					
Method of			Burglar	у Туре	e:			Point of Entry					
Entry:			N/A					Visible to Patrol	:				
				REPO	RTIN	NG PAR	TY						
Name:	Gaultier, Me												
Home	Same as abo	ove											
Address:													
Occupation:	Retired												
Relation:	Wife												
SSN:	229-52-5659												
Date of Birth:	04-27	Sex:		F		I	e of	AZ					
				~		Birt							
Age:	75	Race:		Cauca	sian	Mai		Married					
						Stat	us:						
					**** OF	TY3 #							
NT	G 1.1: 6	7			VIC	IIM							
Name:	Gaulthier, S												
Home Address:	Same as above												
Occupation:	Retired												
Relation:	Husband	4											
SSN:	227-56-782							1					
Date of Birth:	05-02	Sex:		M	F	Birt		AZ					
Age:	83	Race:				Mar Stat		Married					
				KNOV	X/NT CIT	ICDECT	Г #1						

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

										LUCI-Z-Z		
Build:		Hair Styl	e:			Hospital		· <u> </u>				
						Disposition:						
Complexion:		Facial Ha	air:			Conveyed By:						
Eye Color:		AR#:				Injury Type:						
				CHAR	GES							
				N/A	1							
RSN	MO USC			MO C	ode		F/N	M/C				
			K	NOWN SU	SPECT #2							
Name:												
Date of Birth:		Sex: Ma		SS#:		Age:	Race	:				
Height:		Hair Col				Injured:						
Weight:		Hair Len				Hospital:						
Build:		Hair Styl	e:			Hospital						
						Disposition:						
Complexion:		Facial Ha	air:			Conveyed By:						
Eye Color:		AR#:				Injury Type:						
			T	CHAR								
RSN	MO USC			MO C	ode		F/N	M/C				
			***	NOTE OF	CARL CE US							
3.7			K	NOWN SU	SPECT #3							
Name:		La		l aau								
Date of Birth:		Sex:		SS#:		Age:	Race	:				
Height:		Hair Col				Injured:						
Weight:		Hair Len				Hospital:						
Build:		Hair Styl	e:			Hospital						
Complexion:		Facial Ha	·i			Disposition: Conveyed By:						
Eye Color:		AR#:	all'.			Injury Type:						
Eye Color:		AK#:		CHAR	CEC	injury Type:						
				CHAR	GES							
RSM	MO USC			MO C	ode		F/N	M/C				
NO1	vio ese			WIO C	ouc		1/1	V1/ C				
				PROPER	TV							
Owner's	N/A			FRUFER	(11							
Name:	IV/A											
Item #:		Value:			Item #:		alue:		T			
Quantity:		Status:			Quantity:		tatus:		+			
Property Property		Owner's	Name:		Property Property		)wner's		+			
Description:		o wher s	i valite.		Description:		Vame:					
-F				VEHIC		1						
Owner's Name:	N/A											
Vehicle Number:			Vehicle S	Status:		Code:						
Vehicle Make:			Vehicle S			Year:						
Vehicle Number:			Vehicle S			Code:						
Doors Locked:			Vehicle V			Other:						
				I				•				
				NARRA	TIVE							
911 call – wife sa	ıvs her husba	ınd is havir	19 an enilei			– ambulance di	spatche	<u> </u>				
	., 5 1111500		o an epitel	JOILUIC		www.cc ut	-p were					
Reporting Officer	r: <i>Off</i>	f. Damon, J	<i>I</i>									
Supervising Office		f, Henry, J.										
Reviewing Office		t. Stills										

	INCIDENT DATE/TIME ate Printed: 07-19 Time 03:15 M.R.S. 1130 Record Number													
Date Printed:	07-19	Time	03:15		M.F	R.S.	1130	Re	ecord Number					
		Printed:	AM	PM	Nur	mber:					2			
					IDEN	NT DATA	4							
Incident Type:	Violation o	of Restrainin	ıg Order	11101		<u> </u>	_							
Address of	2 Goddara		0											
Occurrence:														
Originally	Phone in		Weapor	n or		-								
Received As:			Objects											
How Received:			Reporti Officer:			Off. Sm	ith, Robe	rt	Domestic:	yes				
Type of	Home		Other C	Offices		-			Complaint Status:	Clea	red with			
Premises			Notified	d:					•	arres	rt .			
Copies To:	Muni Cour	t	Fire						Arson Related:	No				
Occurred	Date	Time	To:			Date	Time		Officer Injured:	No				
From:	Date Time Officer injured. No													
Date Reported	07-19		Call Re			2:15 AN			Car Number:	9				
Time	02:15 AM		Time of	f Arriva	ıl:	2:20 AN	1		District:	South	h Zenith			
Reported:			are a						D 1D					
Officer	No		GEO C	ode:		55			Processed By:	Brow	n, D.			
Assaulted or														
Killed:				DIID	OT A		1.4							
M. d 1 . C	T		D1			RY DAT	A	I	Daint a CEntin					
Method of Entry:			Burglar N/A	у Гуре	:				Point of Entry Visible to Patrol:					
Litty.			L	REPO	RTI	NG PAR'	TY		visible to I atiol.					
Name:	Hunter, Tere	esa				10 11111								
Home	Same as abo													
Address:														
Occupation:	Waitress													
Relation:														
SSN:	458-15-349	1												
Date of Birth:	03-29	Sex:		F		Place Birth			TX					
Age:	36	Race:		Caucas	sian	Mari Statu	ital		Legally separated					
								1						
					VIC	TIM								
Name:	Same as abo	ove												
Home														
Address:														
Occupation:														
Relation:														
SSN:														
Date of Birth:		Sex:		M	F	Plac Birth								
Age:		Race:				Mar								
Ü						Stati	18:							

		KNO	WN SUSPECT #1												
Name:															
Date of Birth:	Date of Birth: 06-14 Sex: Male Age: 38 Race: Cauc.														
Height:															
Weight:	210	Hair Length: short		Hospit	al:										

											E301-2-2
Build: med.			Hair Styl	e:	Cre	w cut	Hospi Dispo	tal sition:			
Complexion:	fa	iir	Facial Ha	air:	Cle	an shaven		eyed By:			
Eye Color:		rown	AR#:		234			Type:			
					CHAI		1 3 7	71			
				VIOLAT		RAINING ORDE	'R				
R	SMC	USC		,102.11	MO				F/N	M/C	
				K	NOWN S	USPECT #2					
Name:											
Date of Birth:			Sex: Ma		SS#	<del>!</del> :	Age:		Race	:	
Height:			Hair Col				Injure				
Weight:			Hair Len				Hospi				
Build:			Hair Styl	e:			Hospi				
							Dispo				
Complexion:			Facial Ha	air:				eyed By:			
Eye Color:			AR#:				Injury	Type:			
					CHAI	RGES					
D	RSMO USC				140	G 1			ГА	T/C	
R)	RSMO USC				MO	Code			F/I	M/C	
				<u> </u>	NOWN S	USPECT #3					
Name:				<u> </u>	NOWN S	USFECT #3					
Date of Birth:			Sex:		SS#	<u>.</u>	Age:		Race	.•	
Height:			Hair Col	or:	551	· •	Injure	d·	Race	•	
Weight:			Hair Len				Hospi				
Build:			Hair Styl				Hospi				
							Dispo				
Complexion:			Facial Ha	air:				eyed By:			
Eye Color:			AR#:					Type:			
•					CHAI	RGES		• •			
R	SMC	) USC			MO	Code			F/N	M/C	
					DD O DE	D/DX7					
Owner's	λ,7	//A			PROPE	K1 Y					
Name:	11	/A									
Item #:			Value:			Item #:		V:	alue:		
Quantity: Status:						Quantity:			atus:		
			Owner's	Name:		Property Property			wner's		
Description:						Description:			ame:		
					VEH			1 - ''			
Owner's Name:		N/A									
Vehicle Numbe				Vehicle S	Status:		Co	de:			
Vehicle Make:				Vehicle S			Ye				

#### NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Vehicle Number:

Doors Locked:

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

INCIDENT DATE/TIME													
Date Printed:	07-19	Time	11:55	-	M.R.	S.	1131	Record Number					
		Printed:	AM	PM	Num	ber:				3			
				INC	CIDEN'	T DAT	A						
Incident Type:	Illness – 9	11 call											
Address of	60 Boulde	r Rd.											
Occurrence:		1						1	1				
Originally	Phone in		Weapon			-							
Received As:			Objects			0.00 17	. 77	·	3.7				
How Received:			Reporti Officer	:		Off. Ya	tes, Ken	Domestic:	No				
Type of Premises	Home		Other C Notifie			-		Complaint Status:	Close	d			
Copies To:	Fire Arson Related: No												
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:													
Date Reported	07-19		Call Re	ceived		11:00 2	1 M	Car Number:	N/A				
Time	11:00 AM		Time of			11:15 A		District:		'illage			
Reported:	11.00 1111		Time o	1 / 1111 /	ш.	11.151	11/1	District.	1 ne v	mage			
Officer	No		GEO C	ode:		33		Processed By:	Brown	n, D.			
Assaulted or													
Killed:													
Method of Burglary Type: Point of Entry													
Method of				гу Туре	e:			Point of Entry					
Entry: N/A Visible to Patrol: PEPORTING PARTY													
Name:	Name: Fattoso, Mia												
Home	Same as abo												
Address:	Same as ase	,,,,											
Occupation:	Retired												
Relation:	Victim												
SSN:	678-52-2648	3											
Date of Birth:	05-06	Sex:		F			ce of	CA					
						Birt							
Age:	65	Race:		Cauca	sian	Mai Stat		Widow					
					VICT	ΊM							
Name:	Same as abo	ove											
Home													
Address:													
Occupation:													
Relation: SSN:													
Date of Birth:		Sex:		M	F	Dlag	e of						
				IVI	1	Birt	h:						
Age:		Race:				Mai							
						Stat	us:						
				T77.70	****	ODE O	D //d						
				KNOV	VN SÜ	SPEC	L #1						

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

											E301-2-2
Build:		Hair Styl	e:				Hospital				
							Disposition				
Complexion:		Facial Ha	air:				Conveyed				
Eye Color:		AR#:					Injury Ty	pe:			
				CH	ARGI	ES					
					N/A						
RS	MO USC			MO	O Cod	e			F/N	A/C	
			K	NOWN	SUSI	PECT #2					
Name:		_									
Date of Birth:		Sex: Ma		S	S#:		Age:		Race	:	
Height:		Hair Col					Injured:				
Weight:		Hair Len					Hospital:				
Build:		Hair Styl	e:				Hospital				
G 1 :		- · · · · ·					Dispositio				
Complexion:		Facial Ha	aır:				Conveyed Injury Ty				
Eye Color:		AR#:		CII	A D.C.I						
				CH	ARGI	25					
Da	MO USC		1	1.1/	O Cod				T:/A	A/C	
KS	MO USC		MC	J Coa	e			F/N	/I/C		
				NOWN	CTICT	PECT #3					
Name:			V	NOWN	SUSI	EC1 #3					
Date of Birth:		Sex:		C	S#:		Age:		Race		
Height:		Hair Col	or:	3,	<b>5</b> π.		Injured:		Kace	•	
Weight:		Hair Len					Hospital:				
Build:		Hair Styl					Hospital				
Build.		Train Styl					Disposition	on:			
Complexion:		Facial Ha	air:				Conveyed				
Eye Color:		AR#:					Injury Ty				
	W.	-1		CH	ARGI	ES	<u> </u>		•		
RS	MO USC			MO	O Cod	e			F/N	A/C	
				PROF	PERT	Y					
Owner's	N/A										
Name:											
Item #:		Value:				Item #:			lue:		
Quantity:		Status:				Quantity:			itus:		
Property		Owner's	Name:			Property			vner's		
Description:						Description:		Na	me:		
0 1 11	37/4			VE	HICL	Æ					
Owner's Name:	N/A		X7 1 ' 1 C	74 4			16.1			I	
Vehicle Number	:		Vehicle S				Code:				
Vehicle Make:			Vehicle S				Year:				
Vehicle Number	<u>:</u>		Vehicle S				Code:				
Doors Locked:			Vehicle V	v aiue:			Other:				
				BILT	D 4 77						
011 11	7	C	. 7	NAR			1 1.		•		
911 call – woma	ın complainir	ig of severe	stomach p	ain and f	tever -	- ambulance d	ispatched to	o prem	ises		
Reporting Office	er: O	ff. Yates, Ke	en.								
Supervising Offi		et. Rollins, I									
Reviewing Office		et. Foster, K									

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	02:55	-	M.R	S.	1132	Reco	rd Number			
		Printed:	AM	PM	Nun	nber:					4	
			_	INC	IDEN	T DAT	A					
Incident Type:	Illness – 9	11 call										
Address of	22 Boulde	r Rd., Apt. 31	В									
Occurrence:												
Originally	Phone in		Weapo			-						
Received As:			Objects									
How Received:			Reporti Officer	:		Off. Ro	che, Mar		omestic:	No		
Type of Premises	Home		Other O			-		Co	omplaint Status:	Close	ed .	
Copies To:			Fire Arson Related: No									
Occurred	Date	Time	To:			Date	Time		ficer Injured:	No		
From:	Date	Time	10.			Date	Time		neer injurea.	110		
Date Reported	07-19		Call Re			12:55 1	PM	Ca	ır Number:	N/A		
Time	12:55 PM		Time of	f Arriva	al:	1:05 P	M	Di	strict:	The \	/illage	
Reported: Officer	No		GEO C	'o do.		33		D <sub>m</sub>	agged Dru	Brow	D	
Assaulted or	NO		GEOC	oue:		33		PI	ocessed By:	brow	m, D.	
Killed:												
BURGLARY DATA												
Method of			Burglar					Po	int of Entry			
Entry:			N/A						sible to Patrol:			
REPORTING PARTY												
Name:	Gaultier, Ri											
Home Address:	Same as abo	ve										
Occupation:	Retired											
Relation:	Victim											
SSN:	002-57-2479	)										
Date of Birth:	03-20	Sex:		М		Plac	e of	MA				
						Birt						
Age:	86	Race:		Cauca	sian	Mai Stat		Wia	lower			
<u> </u>						Jun	<b></b>	ı				
					VIC	ГІМ						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:			<u> </u>	M	L	DI	C					
Date of Birth:		Sex:		M	F	Plac Birt	e of h:					
Age:		Race:				Mai						
						Stat	us:					
				KNOV	VN SU	JSPEC 7	Γ#1					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

												E301-2-2
Build:		Hair Styl	e:		Hospital							
							Dispositio					
Complexion:		Facial Ha	air:				Conveyed					
Eye Color:		AR#:					Injury Typ	e:				
				CI	HARG	ES						
					N/A							
RSN	MO USC			N	10 Co	de			F/N	I/C		
			K	NOW	N SUS	PECT #2						
Name:												
Date of Birth:		Sex: Ma	le		SS#:		Age:		Race	:		
Height:		Hair Cole	or:				Injured:					
Weight:		Hair Len	gth:				Hospital:					
Build:		Hair Styl	e:				Hospital					
					Disposition:							
Complexion:		Facial Ha	air:		Conveyed By:							
Eye Color:		AR#:					Injury Typ	e:				
				CI	HARG	ES						
RSN	MO USC			N	10 Co	de			F/N	1/C		
			K	NOW	N SUS	PECT #3						
Name:												
Date of Birth:		Sex:			SS#:		Age:		Race	:		
Height:		Hair Cole	or:				Injured:					
Weight:		Hair Len	gth:				Hospital:					
Build:		Hair Styl	e:				Hospital					
							Dispositio					
Complexion:		Facial Ha	air:				Conveyed					
Eye Color:		AR#:					Injury Typ	e:				
				CI	HARG	ES						
RSN	MO USC			N	10 Co	de			F/N	1/C		
				PRC	PERT	ГҮ						
Owner's	N/A											
Name:		1				1					1	
Item #:		Value:				Item #:		_	lue:			
Quantity:		Status:				Quantity:		_	itus:			
Property		Owner's	Name:			Property			vner's			
Description:						Description:		Na	me:			
0	1,			V]	EHIC	LE						
Owner's Name:	N/A			•	-		~ -			ı		
Vehicle Number:			Vehicle S				Code:					
Vehicle Make:			Vehicle S				Year:					
Vehicle Number:			Status:			Code:						
Doors Locked:			Vehicle V	√alue:			Other:					
					RRAT							
911 call – elderly	man compla	iining of pe	ersistent die	arrhea,	heada	iches, and weak	ness – ambi	ılancı	e dispa	tched	to prem	ises
			_									
Reporting Officer		. Roche, M										
Supervising Office		Henry, J.	<i>K</i> .									
Reviewing Office	er: <u><i>De</i></u>	t. Stills										

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	03:20	)	M.R	.S.	1133	Record	Number			
		Printed:	AM	PM	Num	ber:					5	
				1	'IDEN'	T DAT	A					
Incident Type:	Bone fract	ure – 911 ca	ll	1110	IDLI	1 1/11	11					
Address of	145 Highw											
Occurrence:		·										
Originally	Phone in		Weapo	n or		-						
Received As:			Objects									
How Received:			Reporti Officer			Off. Br Charle		Dom	estic:	No		
Type of	Warehouse	?	Other C			-		Com	plaint Status:	Clos	ed	
Premises			Notifie	d:								
Copies To:			Fire						n Related:	No		
Occurred	Date	Time	To:			Date	Time	Offic	er Injured:	No		
From:												
Date Reported	07-19		Call Re	ceived	:	2:20 P	M	Car N	Number:	N/A		
Time	02:20 PM		Time o			2:35 P		Distr			h Zenith	
Reported:												
Officer	No		GEO C	ode:		55		Proce	essed By:	Brov	vn, D.	
Assaulted or									-			
Killed:												
BURGLARY DATA  Description of Figure 1												
Method of Burglary Type: Point of Entry												
Entry: N/A Visible to Patrol:												
REPORTING PARTY												
Name: Home	Nelson, Will 12 Ashlee D											
Address:	12 Asmee D	r.										
Occupation:	Foreman											
Relation:	Supervisor											
SSN:	383-57-1598	3										
	02-15	Sex:		M		Plac	ce of	МО				
						Birt						
Age:	52	Race:				Ma	rital					
						Stat	us:					
					VICT	TIM						
Name:	Tulane, Ami											
Home	12 Kennedy	Rd.										
Address:												
Occupation:	Fork lift ope	erator										
Relation:	Employee 245, 25, 150	2										
SSN:	345-25-159.			3.6		DI	<u> </u>	14				
Date of Birth:	01-19	Sex:		M	F	Birt		Moroc				
Age:	38	Race: M	lid-			Ma		single				
		east				Stat	us:					
				KNOV	VN SU	SPEC'	Γ#1					

Name:	N/A					
Date of Birth:		Sex:	Age:		Race:	
Height:		Hair Color:	Injured	l:		
Weight:		Hair Length:	Hospita	al:		

Build:		Hair Styl	e:		Hospital Disposition:					
Complexion:		Facial Ha	nir:				Convey			
Eye Color:		AR#:	aii.				Injury '			
Lye Color.		AIX#.		CHA	RGI	FS	Illjury	туре.		
Da	MO LIGO		1		V/A	1			FAMC	
RS.	MO USC			MO	Cod	<u>ie</u>			F/M/C	
			K	NOWN S	TZITZ	PECT #2				
Name:			17	110 1111	JUDI	ECT#2				
Date of Birth:		Sex: Ma	le	SS	<b>S#:</b>		Age:		Race:	
Height:		Hair Col		5.0			•	110001		
Weight:		Hair Len					Injured Hospita			
Build:		Hair Styl					Hospita			
							Disposi			
Complexion:		Facial Ha	air:				Convey			-
Eye Color:							Injury 7			-
•		I.		CHA	RGI	ES	1 3 2	71		
RS	MO USC			MO	Cod	le			F/M/C	
			K	NOWN S	SUSI	PECT #3				
Name:		Sex:								
Date of Birth:			SS	\$#:		Age:		Race:		
Height:		Hair Col					Injured			
Weight:		Hair Len					Hospita			
Build:		Hair Styl	e:				Hospita			
							Disposi			
Complexion:		Facial Ha	air:					ed By:		
Eye Color:		AR#:					Injury 7	Гуре:		
			1	CHA	ARGI	ES	1			
DC	MO LICO			MO		1 -			E/M/C	
KS.	MO USC			MO	Cod	ie			F/M/C	
										_
				DDOD	EDÆ	<b>1</b> 7				
O	NI/A			PROP	<u>EKI</u>	Y				
Owner's Name:	N/A									
Item #:		Value:			- 1	Item #:		Va	ılue:	
Quantity:		Status:				Quantity:			atus:	
Property Property		Owner's	Name:			Property			vner's	
Description:		Owners	ranic.			Description:			ime:	
Description.				VEH	HCI			1110	une.	
Owner's Name:	N/A			, 22						
Vehicle Number				Status:			Code:			
Vehicle Make:							Year			
Vehicle Number	5			_						
	Doors Locked: Vehicle Value:									
	1		,				1 2 3 1 1	-	l	

#### 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

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	06:05		M.R	.S.	1134	Record Number				
		Printed:	AM	PM	Nun	nber:				6		
					IDEN	T DAT	A					
Incident Type:	Illness – 9	11 call		1110		1 2111						
Address of	63 Lee Rd.											
Occurrence:												
Originally	Phone in		Weapor	1 or		-						
Received As:			Objects									
How Received:			Reporti Officer:			Off. Ke	rry, Mark	Domestic:	No			
Type of Premises	Home		Other C Notified			-		Complaint Status:				
Copies To:		Fire Arson Related: No										
Occurred	Date		To:			Date	Time	Officer Injured:	No			
From:					_							
Date Reported	07-19		Call Re	ceived:		4:05 P	M	Car Number:	N/A			
Time	04:05 PM		Time of			4:20 P		District:		/illage		
Reported:	07.05 177		Time of	7 1111 7 0	41.	7.2011	,1	District.	1110	inage		
Officer	No		GEO C	ode:		33		Processed By:	Brow	n, D.		
Assaulted or										Ź		
Killed:												
BURGLARY DATA												
Method of			Burglar	у Туре	:			Point of Entry				
Entry: N/A Visible to Patrol: REPORTING PARTY												
NT.	D 11 14	•		<u> REPO</u>	KTIN	G PAR	TY					
Name:	Brodsky, Mo											
Home Address:	Same as abo	ove										
	Retired											
Relation:	Victim											
SSN:	345-62-9428	8										
	06-08	Sex:		$\overline{F}$		Plac	e of	KS				
						Birt						
Age:	82	Race:				Mai	rital					
						Stat	us:					
					VIC	ГІМ						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN: Date of Birth:		Sex:	1	M	F	Dles	e of					
				1/1	Г	Birt	h:					
Age:		Race:				Mai Stat						
						Stat		1				
			1	ZNION	VAL OT	ICDECT	Г Д1					

Age: Injured: Race:

N/A

Sex:

Hair Color:

Name:

Height:

Date of Birth:

												ESc1-2-2
Weight:		Hair Len	gth:				Hospita	ıl:				
Build:		Hair Styl	e:				Hospita	.1				
							Disposi	tion:				
Complexion:		Facial Ha	air:				Convey	ed By:				
Eye Color:		AR#:					Injury 7	Гуре:				
				СНА	RGE	S						
				N	J/A							
RSN	MO USC				Code	<u> </u>			F/M	/C		
KSN	vio osc			MO			1 / 1 / 1	/C				
			K	NOWN S	SUSPI	ECT #2						
Name:				110 1111 0	7001	201 112						
Date of Birth:		Sex: Ma	le.	SS	\#·		Age:		Race:		T	
Height:		Hair Cole					Injured	<u> </u>	110001			
Weight:		Hair Len					Hospita					
Build:		Hair Styl					Hospita					
Dulla.		Trair Styr	·.				Disposi					
Complexion:		Facial Ha	air:				Convey					
Eye Color:		AR#:										
		1		СНА	RGE	S	Injury 7	JF -				
						~						
RSN	MO USC			MO	Code	<u> </u>			F/M	/C		
					Mo code Time							
			K	NOWN S	SUSPI	ECT #3	I					
Name:												
Date of Birth:		Sex:		SS	<b>5#:</b>		Age:		Race:		T	
Height:		Hair Cole	or:				Injured	:				
Weight:		Hair Len					Hospita					
Build:		Hair Styl					Hospita					
							Disposi	tion:				
Complexion:		Facial Ha	air:				Convey	ed By:				
Eye Color:		AR#:					Гуре:					
					RGE							
RSN	MO USC			MO	Code	2			F/M	/C		
				PROPI	ERTY	<u> </u>						
Owner's	N/A											
Name:		T		ı				<b>.</b>				
Item #:		Value:				Item #:			ılue:		<u> </u>	
Quantity:		Status:				Quantity:			atus:		<u> </u>	
Property		Owner's	Name:			Property			vner's			
Description:						Description:		Na Na	ıme:			
	T ==::			VEH	HICLI	E						
Owner's Name:	N/A				1		1 ~ .		1			
Vehicle Number:			Vehicle S				Code					
Vehicle Make:			Vehicle S				Year					
Vehicle Number:												
Doors Locked:			Vehicle V	√alue:			Othe	er:				
				NARR								
911 call – Elderly	y woman in a	listress; sto	mach pain	s, fever, n	ausea	ı, severe diarr	hea – an	ibulance	dispatc	hed.		

111/319

Reporting Officer: Supervising Officer: Reviewing Officer:

Off. Kerry, M. Off, Henry, J.K. Det. Stills

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	06:50		M.R	.S.	1135	Record Number				
		Printed:	AM	PM	Nun	nber:				7		
				INC	IDEN	T DAT	A					
Incident Type:	Burn – 91	l call		2210	12 21 (							
Address of	23 Bluff R											
Occurrence:												
Originally	Phone in		Weapoi	n or		-						
Received As:			Objects	Used:								
How Received:			Reporti			Off. Mo	cKay,	Domestic:	No			
			Officer			James						
Type of	Home		Other C			-		Complaint Status:	Close	ed		
Premises	Notified:											
Copies To:	_		Fire			_		Arson Related:	No			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No			
From:					_							
Date Reported	07-19		Call Re			4:20 P		Car Number:	N/A			
Time	04:20 PM		Time of	f Arriva	al:	4:30 P	M	District:	The \	Village		
Reported:									1			
Officer	No		GEO C	ode:		33		Processed By:	Brow	vn, D.		
Assaulted or												
Killed:  BURGLARY DATA												
Method of Burglary Type: Point of Entry												
Entry:			N/A	утуре	e:			Visible to Patrol:				
Entry.			L	REPO	RTIN	G PAR	RTY	visible to 1 atrol.				
Name:	Wong, Ellen	ļ										
Home	Same as abo											
Address:												
Occupation:	School teach	her										
Relation:	Mother											
SSN:	526-84-294.											
Date of Birth:	02/17	Sex:		F			ce of	Vietnam				
						Birt						
Age:	38	Race:				Mai		Married				
						Stat	us:					
N	777 Y	•			VICT	ľM						
Name:	Wong, Lorr											
Home Address:	Same as ab	ove										
Occupation:	Student											
Relation:	Daughter											
SSN:	594-29-459		-		1			T				
Date of Birth:	05/26	Sex:		M	F	Plac Birt	ce of h:	TX				
Age:	6	Race:				Mai Stat						
			I			•		•				
				KNOU	MAI CIT	CDEC	Г Д1					

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl									
Complexion:		Facial Ha	ir.				Dispos	yed By:			
Eye Color:		AR#:	111.				Injury				
Eye Color.		AK#.		СНА	RGE	ES	Illjury	Type.	l		
					J/A						
RSI	MO US	C			Code	e			F/M/C		
16.5.				1,10					1,1,2,0		
				NOUNIC	TIOD	DE CIE III					
Name:			K	NOWN S	SUSP	ECT#2					
Date of Birth:		Sex: Ma	ام	SS	!#•		Age:	1	Race:		
Height:		Hair Cole		55	т.		Injured	•	Racc.		
Weight:		Hair Len					Hospita				
Build:		Hair Styl					Hospita				
Duna.	Than Style.						Dispos				
Complexion:		Facial Ha	ir.				yed By:				
Eye Color:		AR#:	ш.				Injury				
Lyc Color.	IOI. AK#.					25	Ilijui y	турс.			
DCI	MO US	C			RGE Code				F/M/C		
KSI	VIO OS	<u> </u>		MO	Cou	<u> </u>	171VI/C				
	KNOWN SUSPECT #3										
Name:											
Date of Birth:											
Height:	Birth: Sex: Hair Color:						Injured	•	ruce.		
Weight:		Hair Len					Hospita				
Build:		Hair Styl					Hospita				
								Disposition:			
Complexion:		Facial Ha	air:					Conveyed By:			
Eye Color:		AR#:					Injury Type:				
				СНА	RGE	ES					
RS	MO US	С		MO	Code	e			F/M/C		
				PROPI	ERT	Y					
Owner's	N/A										
Name:				1			1				
Item #:		Value:				Item #:			ılue:		
Quantity:	uantity: Status:					Quantity:			atus:		
Property						Property			vner's		
Description:	Description:					Description:		Na	ime:		
				VEH	HICL	E					
	Owner's Name: N/A				1						
	hicle Number: Vehicle Sta						Code:				
Vehicle Make:			e Style:		Year:						
Vehicle Number:											
Doors Locked:	Locked: Vehicle V			e 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

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	07:40		M.R.	.S.	1136	Record Number	•			
		Printed:	AM	PM	Num					8		
			1	1	'IDEN'	T DAT	Δ					
Incident Type:	Illness – 91	l 1 call		1110	IDEN	1 Dill	<b>4 L</b>					
Address of	700 Highw											
Occurrence:												
Originally	Phone in		Weapor	n or		-						
Received As:			Objects									
How Received:			Reporti Officer			Off. Sm	ith, Robe	rt Domestic:	No			
Type of	Manufactu	rina	Other C		-	_		Complaint St	tatue: Cla	sed		
Premises	facility	ling	Notifie			_		Complaint St	iaius. Cio	sea		
Copies To:	Jacilly		Fire	<u>u.</u>				Arson Relate	ed: No			
Occurred	Date	Time	To:			Date	Time	Officer Injure				
From:	Bute	Time	10.			Dute	Time		110			
Data Damara 1	07.10		C.11 D.	1		C 10 D	14	C. N. N.	) A7/A			
Date Reported	07-19 06:40 PM		Call Re			6:40 P		Car Number:		Glens		
Time Reported:	00:40 PM		Time o	I AITIV	ar:	0:33 P	WI	District:	1 ne	Giens		
Officer	No		GEO C	ode:	-	22		Processed By	Rrc	wn, D.		
Assaulted or	100		GEO C	ouc.		22		1 Toccssed by	y.   Drc	wn, D.		
Killed:												
BURGLARY DATA												
Method of Burglary Type: Point of Entry												
Method of   Burglary Type:   Point of Entry   Visible to Patrol:												
				REPO	RTIN	G PAR	TY					
Name:	Smith, Ted											
Home	570 Parent I	Rd.										
Address:												
Occupation:	Riveter											
Relation:	Co-worker											
SSN:	348-27-5198							1				
Date of Birth:	06-24	Sex:		M		Plac Birt	e of h:	WI				
Age:	28	Race:		Cauca	sian	Mai		Single				
						Stat	us:					
					VICT	rim						
Name:	Kim, Lenny				VICI	LIIVI						
Home	18 Flint Pl.											
Address:												
Occupation:	Riveter											
Relation:	Co-worker											
SSN:			1					T				
Date of Birth:	UNK	Sex:		M	F	Plac Birt	e of h:	UNK				
Age:	mid-30s	Race:		Asian	•	Mai Stat	rital	UNK				
		•	•			•						
				KNOV	WNI CTI	CDEC	Ր #1					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:		Hospital								
							Dispo	osition:					
Complexion:		Facial Ha	air:				Conv	eyed B	sy:				
Eye Color:		AR#:					Injur	у Туре:	:				
				CHARGES									
				N	/A								
RS	MO USC			MO	Co	de			F/M/C				
N.T.			K	NOWN S	US.	PECT #2							
Name:	<b>I</b>	0 14	1		,,		1 .		- 1 ,	D.		Т	
Date of Birth:		Sex: Ma		SS			Age: Race:						
Height:		Hair Col				Injur							
Weight:		Hair Len					Hosp						
Build:		Hair Styl	e:				Hosp						
								osition:					
Complexion:		Facial Ha	air:				y:						
Eye Color:		AR#:					Injur	у Туре	:				
			1	СНА	RG	ES							
RS	MO USC			MO	Co	de				F/M/	/C		
			T7	NOWN	TIO	DECE #2							
Name:	KNOWN SUSPECT #3												
Date of Birth:	Sex: SS#: Age: Race:										Т		
Height:		041	331	+.		Injur		J	Kace.				
		Hair Col											
Weight: Build:		Hair Len					Hosp						
Bulla:		Hair Styl	e:					Hospital Disposition:					
Complexion:		Facial Ha	air:				Conveyed By:						
Eye Color:		AR#:	411.					Injury Type:					
Lyc color.		THEII.		СНА	RG	ES	Injui	injury rype:					
				CILI	110	25							
RS	MO USC			MO	Co	de				F/M/	/C		
				<u> </u>									
				PROPE	CRI	ΓΥ							
Owner's	N/A												
Name:													
Item #:						Item #:			Valu	ie:			
Quantity:						Quantity:			Statu	ıs:			
Property	· ·					Property			Own	ner's			
Description:						Description:			Nam	ne:			
				VEHICLE									
Owner's Name: N/A			VBINOEE										
Vehicle Number			Vehicle S	Vehicle Status:			Code:						
Vehicle Make:				hicle Style:				Year:					
Vehicle Number				Vehicle Status:				ode:					
Doors Locked:			Vehicle Value:				Other:						
					•					- 1			

#### 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.

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

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	09:50	)	M.R.	.S.	1137	Record Number				
		Printed:	AM	PM	Num	ıber:				9		
				INC	IDEN'	T DAT	A					
Incident Type:	Illness – 9	l 1 call										
Address of	17 Flint Pl	асе										
Occurrence:									1			
Originally Received As:	Phone in		Weapo Objects			-						
How Received:			Report			Off. Do	mon, Joh	n Domestic:	Yes			
110 // 110001/001			Officer			0,5,1,2,0		2 omesie.	100			
Type of	Apartment	building	Other 0			-		Complaint Status:	Take	n to hospital		
Premises			Notifie	d:								
Copies To:	Muni Cour		Fire					Arson Related:	No			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No			
From:					-							
D · D · I	07.10		G II D			00.50	214	G N I				
Date Reported	07-19		Call Re	f Arriva		08:50 1		Car Number:	65	7:11		
Time Reported:	08:50 PM		11me o	of Arriva	ai:	08:54 1	<sup>3</sup> M	District:	The	Village		
Officer	No		GEO C	Code:		33		Processed By:	Brow	vn, D.		
Assaulted or												
Killed:												
						RY DAT	ΓΑ					
Method of Burglary Type: Point of Entry												
Entry:			N/A	DEDO	DTIN	G PAR	<b>T</b>	Visible to Patrol:				
Name:	Peters, Mich	alla		KEFU	NIIN	GFAN	11					
Home	17 Flint Plac											
Address:	1, 1 0000 1 000											
Occupation:	Teacher											
Relation:	Victim											
SSN:	765-56-7680	)										
Date of Birth:	12-23	Sex:		Femal	e		e of	NH				
Acce	59	Race:		Cauca	~: ~··	Birt Mai		Married				
Age:	39	Race:		Cauca	sian	Stat		Marriea				
					VICT	ΓIM						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:		I a	Т	M	Г	Di	C					
Date of Birth:		Sex:		M	F	Plac Birt	e of h:					
Age:		Race:				Mai						
						Stat						
	<u> </u>			KNOV	TAL OF	CDEC	г 44					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:	Hair Sty	le:			Hospital	[		E3C1-2-2				
	Ĭ				Disposit							
Complexion:	Facial H	lair:			Convey							
Eye Color:	AR#:				Injury T	ype:						
			CHARC	SES								
			N/A									
RS	MO USC		MO Co	de			F/M/C					
		KN	NOWN SUS	SPECT #2								
Name:												
Date of Birth:	Sex: M		SS#:		Age:		Race:					
Height:	Hair Co				Injured:							
Weight:	Hair Le				Hospital							
Build:	Hair Sty	le:			Hospital							
					Disposition: Conveyed By:							
Complexion:	Facial H	lair:										
Eye Color:	AR#:		CILL D C		Injury T	Injury Type:						
D.G.	MO HIGG	1	CHARC				FAMC					
RSI	MO USC		MO Co	ode			F/M/C					
		-										
			NOWN SUS	DECT #2								
Name:		KI	NOWN SUS	FECT#3								
Date of Birth:	Sex:		SS#:		Age:		Race:					
Height:	Hair Co	lor	ι ι ι ι ι ι ι ι ι ι ι ι ι ι ι ι ι ι ι		Injured:		Racc.					
Weight:	Hair Le				Hospital							
Build:	Hair Sty				Hospital							
	11411 50)				Disposit							
Complexion:	Facial H	Iair:			Convey							
Eye Color:	AR#:					Injury Type:						
			CHARC	SES								
RSI	MO USC		MO Co	de			F/M/C					
			PROPER	ГҮ								
Owner's Name:	N/A											
Item #:	Value:			Item #:		Va	lue:					
Quantity:	Status:			Quantity:			atus:	-				
Property Status:  Owner's Name:				Property Property			vner's					
	Description:			Description:			me:					
			VEHIC					_				
Owner's Name:	N/A											
Vehicle Number:	ehicle Number: Vehicle St				Code	:						
Vehicle Make:	ehicle Make: Vehicle St					Year:						
Vehicle Number:					Code	:						
Doors Locked: Vehicle Value												
			•				•					
			NARRAT	TIVE								

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.

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

INCIDENT DATE/TIME													
Date Printed:	07-19	Time	11:15	•	M.R	a.s.	1138	Record Number					
		Printed:	AM	PM	Nun	nber:				10			
			11111		IDEN	T DAT	A						
Incident Type:	Illness – 91	l 1 call		INC	IDEN	I DAI	<b>A</b>						
Address of	56 Webb R												
Occurrence:													
Originally	Phone in		Weapor	n or		-							
Received As:			Objects										
How Received:			Reporti Officer			Off. Le	e, Nancy	Domestic:	Yes				
Type of Premises	Residence		Other C Notifie			-		Complaint Status:	close	d			
Copies To:			Fire	<u></u>				Arson Related:	No				
Occurred	Date	Time	To:			Date	Time		No				
From:													
Date Reported	07-19		Call Re	ceived		9:15 Pi	M	Car Number:	66				
Time	09:15 PM		Time of			9:20 Pi		District:		Village			
Reported:	05/12/11/1		11110			y. <b>_</b> 011		2134100	1				
Officer	No		GEO C	ode:		33		Processed By:	Brow	rn, D.			
Assaulted or													
Killed:													
BURGLARY DATA													
Method of Burglary Type: Point of Entry													
Entry: N/A Visible to Patrol:  REPORTING PARTY													
Name:	Lindorr, Lisa	7		KEI	KIII	IGIAN	. 1 1						
Home	56 Webb Roc												
Address:													
Occupation:	Chef												
Relation:	Mother												
SSN:	374-56-0937												
Date of Birth:	05-17	Sex:		Female	e		e of	FL					
<u> </u>	26	- D		DI I		Birt		34 . 1					
Age:	36	Race:		Black		Mar Stat		Married					
					VIC	ГІМ							
Name:	Lindorr, Ch	•	e										
Home	Same as abo	ove											
Address: Occupation:	N/A												
Relation:	Son and day	ighter											
SSN: 123-658-8924; 123-85-4627													
Date of Birth:	02-15	Sex:		M	F		e of	FL					
A	09-23	D	-	י ומ		Birt		27/4					
Age:	7 9	Race:		Black		Mar Stat		N/A					
				KNOV	VN SU	JSPECT	Γ# <b>1</b>						

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:		1								
						Disposi	tion:						
Complexion:		Facial Ha	ir:			Convey	ed By:						
Eye Color:		AR#:				Injury 7	Гуре:						
•	•	•		CHAR	RGES								
				N/.	٨								
DC	MO USC			MO				F/N	I/C				
N.S.	WIO USC			177470									
			K	KNOWN SUSPECT #2									
Name:				110 1111 00	001201 112								
Date of Birth:		Sex: Ma	le	SS#	:	Age:		Race	•				
Height:		Hair Cole			·			·	<u>-L</u>				
Weight:		Hair Len				1:							
Build:		Hair Styl				1							
2 4114.		11411 50)1	•			tion:							
Complexion:		Facial Ha	nir:			ed By:							
	Eye Color: AR#:												
,	I.	·	CHAR	RGES	J J	Injury Type:							
RS	MO USC			MO				F/N	A/C				
										-			
	KNOWN SUSPECT #3												
Name:	INTO THE DESILECT HE												
Date of Birth:		Sex:		SS#	:	Age:		Race	:				
Height:		Hair Cole	or:			Injured:							
Weight:		Hair Len	gth:			Hospita							
Build:		Hair Styl	e:			Hospita	1						
		Ţ				Disposi							
Complexion:		Facial Ha	ir:			Conveyed By:							
Eye Color:		AR#:				Injury Type:							
				CHAR	RGES								
RS	MO USC			MO (	Code			F/N	Л/С				
PROPERTY													
Owner's	N/A												
Name:		_				_							
Item #:		Value:			Item #:			alue:					
Quantity:					Quantity:			atus:					
Property			Property			wner's							
							Na	ame:					
				VEHI	CLE								
Owner's Name:	N/A			T					1				
Vehicle Number	:		Vehicle S			Code							
Vehicle Make:			Vehicle Style:				:			ļ			

#### NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Vehicle Number:

Doors Locked:

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.

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

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

INCIDENT DATE/TIME													
Date Printed:	07-19	Time	02:20		M.R	R.S.	1129	Record Number					
		Printed:	AM	PM	Nun	nber:				1			
				INC	IDEN	T DAT	A						
Incident Type:	Seizure – 9	911 call		1110			••						
Address of	9 Highland												
Occurrence:													
Originally	Phone in		Weapor	n or		-							
Received As:			Objects										
How Received:			Reporti Officer			Off. Da	mon, Joh	n Domestic:	No				
Type of	Home		Other C	Offices		-		Complaint Statu	s:				
Premises			Notifie	d:									
Copies To:			Fire					Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:					-								
Date Reported	07-19		Call Re	ceived		1:20 A	M	Car Number:	N/A				
Time	01:20 AM		Time of			1:28 A		District:		est Hills			
Reported:	0112011111		111110			112011			10.0				
Officer	No		GEO C	ode:		44		Processed By:	Bro	wn, D.			
Assaulted or										Ź			
Killed:													
BURGLARY DATA													
Method of Burglary Type: Point of Entry													
Entry:			N/A					Visible to Patrol	:				
				REPO	RTIN	NG PAR	TY						
Name:	Gaultier, Me												
Home	Same as abo	ove											
Address:													
Occupation:	Retired												
Relation:	Wife												
SSN:	229-52-5659												
Date of Birth:	04-27	Sex:		F		I	e of	AZ					
				~		Birt							
Age:	75	Race:		Cauca	sian	Mai		Married					
						Stat	us:						
					**** OF	TY3 #							
NT	G 1.1: 6	7			VIC	IIM							
Name:	Gaulthier, S												
Home Address:	Same as abo	ove 											
Occupation:	Retired												
Relation:	Husband	4											
SSN:	227-56-782							1					
Date of Birth:	05-02	Sex:		M	F	Birt		AZ					
Age:	83	Race:				Mar Stat		Married					
				KNOV	X/NT CIT	ICDECT	Г #1						

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:	Build: Hair Style: Hospital Disposition:												
Complexion:		Facial Ha	ar:				Conveyed						
Eye Color:		AR#:				-~	Injury Ty	pe:					
				CHA		ES							
			T		V/A								
RSM	IO USC			MO	Cod	e			F/N	1/C			
			T/	NOWN 6	TICT	DECT #3							
Name:			<u> </u>	NOWN S	SUSP	EC1 #2							
Date of Birth:		Sex: Ma	ام	SS	!#•		Age:		Race		$\overline{}$		
Height:		Hair Cole		33	σ.		Injured:		Nacc	•			
Weight:		Hair Len					Hospital:						
Build:		Hair Styl					Hospital						
Duna.		11411 50)1	••				Dispositio	on:					
Complexion:		Facial Ha	air:				Conveyed						
Eye Color:		AR#:					Injury Ty						
				CHA	RGE	ES			•				
RSM	IO USC			MO	Cod	e			F/N	1/C			
			K	NOWN S	SUSF	PECT #3							
Name:									T _				
Date of Birth:Sex:SS#:Age:Race:Height:Hair Color:Injured:													
Weight:		Hair Len			Hospital:								
Build: Hair Style: Hospital Disposition:													
Complexion: Disposition: Conveyed By:													
Eye Color:		AR#:	411.				Injury Ty						
Lyc color.		1111		CHA	RGF	ES	mgary ry	pe.					
RSM	IO USC			MO	Cod	e			F/N	1/C			
PROPERTY													
Owner's N/A													
Name:													
Item #:		Value:				Item #:		_	lue:				
Quantity:		Status:				Quantity:			itus:				
Property		Owner's	Name:			Property			vner's				
Description:				T/17/1	HICL	Description:		Na	me:				
Owner's Name:	N/A			VEF	IICL	ıL							
Vehicle Number:	IV/A		Vehicle S	Statue			Code:						
Vehicle Make:			Vehicle S		+		Year:						
Vehicle Number:			Vehicle S	•			Code:						
Doors Locked:			Vehicle V				Other:						
	1		,		1		2 3221.			1			
				NARE	RATI	IVE							
NARRATIVE  911 call – wife says her husband is having an epileptic seizure she can't control – ambulance dispatched													
711 can rige says her museum is narring an epinephe seizure she can reconnect amountained disputence													
	Reporting Officer: Off. Damon, J.												
Supervising Office		Henry, J.	<i>K</i> .										
Reviewing Officer	:: <u>Det</u>	t. Stills											

INCIDENT DATE/TIME													
Date Printed:	07-19	Time	11:55	ī	M.R.	.S.	1131	Record Number					
		Printed:	AM	PM	Num	ber:				3			
				INC	CIDEN'	T DAT	A						
Incident Type:	Illness – 9	11 call											
Address of	60 Boulde	r Rd.											
Occurrence:								1					
Originally	Phone in		Weapo			-							
Received As:			Objects			0.00 17	. 77	D .:	3.7				
How Received:			Reporti Officer	:		Off. Ya	tes, Ken	Domestic:	No				
Type of Premises	Home		Other O			-		Complaint Status:	Close	ed			
Copies To:			Fire					Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:													
Date Reported	07-19		Call Re	ceived		11:00 2	AM	Car Number:	N/A				
Time	11:00 AM		Time o			11:15		District:		Village			
Reported:	11.00111/1		Time o			11.101	11/1	Bistrict.	1770	illage			
Officer	No		GEO C	ode:		33		Processed By:	Brow	vn, D.			
Assaulted or													
Killed:													
BURGLARY DATA  Method of Purglary Type: Point of Entry													
Method of Burglary Type: Point of Entry													
Entry:			N/A	REPO	RTIN	G PAR	TV	Visible to Patrol:					
Name:	Fattoso, Mic	7.		KLIU	/11 11 1	UIAN	111						
Home	Same as abo												
Address:													
Occupation:	Retired												
Relation:	Victim												
SSN:	678-52-2648												
Date of Birth:	05-06	Sex:		$\boldsymbol{F}$			e of	CA					
		- D		<u> </u>		Birt		XXX 1					
Age:	65	Race:		Саиса	isian	Mai Stat		Widow					
					VICT	TIM							
Name:	Same as abo	ove											
Home													
Address:													
Occupation:													
Relation: SSN:													
Date of Birth:		Sex:		M	F	Plac	e of						
				171	1	Birt	h:						
Age:		Race:				Mai							
						Stat	us:						
				TZBIOT	IN OF	ODE	Г #1						
				KNOV	VIN SU	SPEC.	L #1						

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

ESc1-2-3

											<u> </u>
Build:		Hair Style:				Hospital					
G 1 :		- · · · · ·				Disposition					
Complexion:		Facial Hair	:			Conveyed					
Eye Color:		AR#:				Injury Ty	e:				
				СНА	RGES						
					7/A						
RSN	4O USC			MO	Code			F/N	A/C		
Ţ			KN	NOWN S	USPECT #2						
Name:				1 ~~		1.					
Date of Birth:		Sex: Male		SSŧ	<del>‡</del> :	Age:		Race	:		
Height:		Hair Color:				Injured:					
Weight:		Hair Length	1:			Hospital:					
Build:		Hair Style:				Hospital Disposition					
Complexion:		Facial Hair				Conveyed					
Eye Color:		AR#:	•			Injury Ty					
Lye Color.		AIN#.		CHA	RGES	Injury ry	Je.				
				CHA	KOLD						
RSN	40 USC			MO	Code			F/N	A/C		
TON	10 050			1010	Code			1/1	11/ C		
			KN	JOWN S	USPECT #3						
Name:				10 11110	0512010						
Date of Birth:		Sex:		SSŧ	<b>#</b> :	Age:		Race	:	1	
Height:		Hair Color:			•	Injured:			<u> </u>	_ !	
Weight:		Hair Lengtl				Hospital:					
Build:		Hair Style:				Hospital					
		•				Dispositio	n:				
Complexion:		Facial Hair				Conveyed					
Eye Color:		AR#:				Injury Ty	e:				
				CHA	RGES						
RSN	40 USC			MO	Code			F/N	A/C		
				PROPE	CRTY						
	N/A										
Name:		37.1			T. 11		1 7 7	1			
Item #:		Value: Status:			Item #:		_	lue: atus:		+	
Quantity: Property		Owner's Na	oma:		Quantity: Property			vner's		+	
Description:		Owner s Na	anne.		Description:			me:			
Description.				VEH	ICLE		110	iiic.			
Owner's Name:	N/A			4 1511							
Vehicle Number:	11/11	7	Vehicle St	atus:		Code:					
Vehicle Make:			Vehicle St			Year:					
Vehicle Number:			Vehicle St			Code:					
Doors Locked:			Vehicle V			Other:					
				NARR	ATIVE						
911 call – woman	complaining	of severe st	omach pa			lispatched to	prem	ises			
,		, .,		J			P				
Reporting Officer		Yates, Ken									
Supervising Offic		. Rollins, Mi									
Reviewing Office	r: <u>De</u> t	. Foster, Kri	sten								

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	02:55		M.R	.S.	1132	Reco	ord Number			
		Printed:	AM	PM	Nun	nber:					4	
				INC	IDEN	T DAT	A	<u> </u>				
Incident Type:	Illness – 9	11 call										
Address of	22 Boulde	r Rd., Apt. 31	В									
Occurrence:					-			-		ı		
Originally	Phone in		Weapor			-						
Received As:			Objects			O.CC. D	1 14	. 5		3.7		
How Received:			Reporti Officer	:		Off. Ro	che, Mar		omestic:	No		
Type of Premises	Home		Other C Notified			-		C	omplaint Status:	Close	ed	
Copies To:			Fire					A	rson Related:	No		
Occurred	Date	Time	To:			Date	Time	О	fficer Injured:	No		
From:					_							
Date Reported	07-19		Call Re	ceived		12:55	DM		ar Number:	N/A		
Time	12:55 PM		Time of			1:05 P			istrict:		Village	
Reported:	12.55 1 17		Time of			1.001	.,1		154164.	1110	, ,,,,,,	
Officer	No		GEO C	ode:		33		P	rocessed By:	Brow	vn, D.	
Assaulted or									•			
Killed:												
	T					RY DAT	ГА			1		
Method of Burglary Type: Point of Entry												
Entry:			N/A	DEDO	DTIN	IG PAR	TV		isible to Patrol:			
Name:	Gaultier, Ri	chard		KEI	/K1IIV	GIAN	11					
Home	Same as abo											
Address:												
Occupation:	Retired											
Relation:	Victim											
	002-57-2479											
Date of Birth:	03-20	Sex:		M		l l	e of	MA	4			
	26			~		Birt			. •			
Age:	86	Race:		Cauca	sian	Mai Stat		Wi	dower			
					VICT	ГІМ						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation: SSN:												
Date of Birth:		Sex:		M	F	Plac	e of					
Date of Birtin.				IVI	1	Birt	h:					
Age:		Race:				Mai						
						Stat	us:					
				17370	*/** ~=	IGDE O	D //d					
				KNOV	VN SU	JSPEC <sup>T</sup>	L #1					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

ESc1-2-3

	1											.001-Z-C
Build:		Hair Styl	e:				Hospital	_				
					Disposition:							
Complexion:		Facial Ha	air:				Conveyed					
Eye Color:		AR#:				T.C.	Injury Typ	e:				
				Cl	HARG	ES						
			1		N/A							
RSI	MO USC			N	AO Co	de			F/N	1/C		
			T/	NOW	NI OTICI	DECT #3						
Name:				NUWI	N SUS	PECT #2						
Date of Birth:		Sex: Ma	le		SS#:		Age:		Race	:		
Height:		Hair Col					Injured:			-		
Weight:		Hair Len					Hospital:					
Build:		Hair Styl					Hospital					
z unu.		Timi Sty					Disposition	1:				
Complexion:		Facial Ha	air:				Conveyed					
Eye Color:		AR#:					Injury Typ					
	·			Cl	HARG	ES						
RSI	MO USC			N	ЛО Со	de			F/N	/I/C		
			K	NOW	N SUS	PECT #3						
Name:	ī	Ι α		1								
Date of Birth:		Sex:			SS#:		Age:		Race	:		
Height:		Hair Col					Injured:					
Weight:		Hair Len				Hospital:						
Build:		Hair Styl	e:				Hospital Disposition	٠.				
Complexion:		Facial Ha	air <sup>.</sup>				Conveyed					
Eye Color:		AR#:					Injury Typ					
Lyc color.	I .	1 11 11 11		Cl	HARG	ES	11.july 1 jp	<u>.                                    </u>				
RSI	MO USC			N	ЛО Со	de			F/N	I/C		
0 1	37/4			PRC	)PERT	$\Gamma \mathbf{Y}$						
Owner's Name:	N/A											
Item #:		Value:				Item #:		Va	lue:			
Quantity:		Status:				Quantity:		_	itus:			
Property		Owner's	Name:			Property			vner's		1	
Description:						Description:			me:			
•		<b>'</b>		V	EHIC							
Owner's Name:	N/A											
Vehicle Number:	:		Vehicle S				Code:					
Vehicle Make:			Vehicle S	_			Year:					
Vehicle Number:	:		Vehicle S				Code:					
Doors Locked:			Vehicle V	Value:			Other:					
					RRAT							
911 call – elderly	y man compla	aining of pe	ersistent die	arrhea,	heada	ches, and weak	ness – ambi	ılancı	e dispa	tched i	to premi	ses
Reporting Office	r Off	f. Roche, M	ſ									
Supervising Office		f, Henry, J.										-
Reviewing Office		t. Stills										
	<u>De</u>	~										

INCIDENT DATE/TIME											
Date Printed:	07-19	Time	03:20	)	M.F	R.S.	1133	Record Number			
		Printed:	AM	PM	Nur	nber:				5	
			1	<u> </u>	IDEN	NT DAT	'Δ				
Incident Type:	Bone fracti	ıre – 911 ca	11	1110.		<u> </u>	11				
Address of	145 Highw										
Occurrence:		,									
Originally	Phone in		Weapo	n or		-					
Received As:			Objects	Used:							
How Received:			Reporti			Off. Br	own,	Domestic:	No		
			Officer			Charle	S				
Type of	Warehouse		Other C			-		Complaint Status:	Close	ed .	
Premises			Notifie	d:					1		
Copies To:	-	m:	Fire					Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:											
Date Reported	07-19		Call Re			2:20 P		Car Number:	N/A		
Time	02:20 PM		Time o	f Arriva	al:	2:35 P	M	District:	South	ı Zenith	
Reported:	37		CEO C			5.5		D 1D	D		
Officer Assaulted or	No		GEO C	ode:		55		Processed By:	Brow	n, D.	
Killed:											
Killeu.				RIIR	CI A	RY DA	ΓΛ				
Method of			Burgla			KI DA	IA	Point of Entry			
Entry:			N/A	ту турс	•			Visible to Patrol:			
		L		REPO	RTI	NG PAR	RTY				
Name:	Nelson, Willi	iam									
Home	12 Ashlee Di	<i>·</i> .									
Address:											
Occupation:	Foreman										
Relation:	Supervisor										
SSN:	383-57-1598							T = = =			
Date of Birth:	02-15	Sex:		M			ce of	MO			
A	52	D				Birt					
Age:	52	Race:				Mar					
						Stat	.us.				
					VIC'	TIM					
Name:	Tulane, Ami	r			VIC	1 11/1					
Home	12 Kennedy										
Address:	12 Kenneuy	Ku.									
Occupation:	Fork lift ope	rator									
Relation:	Employee										
SSN:	345-25-1592	?									
Date of Birth:	01-19	Sex:		M	F	Plac Birt	ce of	Morocco			
Age:	38	Race: M	lid-		<u> </u>		rital	single			
		east				Sidi	us.				
				KNOW	VN CI	USPEC	Г #1				

		IZHUV	VIV SUSI ECT #1				
Name:	N/A						
Date of Birth:		Sex:		Age:		Race:	
Height:		Hair Color:		Injured	•		
Weight:		Hair Length:		Hospita	վ:		
weight.		Haii Leiigiii.		поѕриа	и.		

Build:		Hair Styl	e:				Hospita					
					Disposition:  Conveyed By:							
Complexion:		Facial Ha	air:									
Eye Color:		AR#:					Injury 7	Гуре:				
				CHA	ARGI	ES						
					\/A							
RS	MO USC			MO	Coc	le			F/N	I/C		
<b>.</b>			K	NOWN S	SUSI	PECT #2						
Name:		C 14	1	0.0	111				l D			
Date of Birth:		Sex: Ma		SS	<b>#</b> :		Age:		Race:			
Height:		Hair Col					Injured					
Weight: Build:		Hair Len					Hospita					
Build:		Hair Styl	e:				Hospita Disposi					
Complexion:		Facial Ha	nir:				Convey					
Eye Color:		AR#:	aii.				Injury 7					
Lye Color.		AIX#.		CHA	RGI	FS	Ilijui y	туре.				
R.S.	MO USC				Cod				F/N	1/C		
NO.	WO CBC			IVIO					1 / 14	1/ C		
			K	NOWN S	SUSI	PECT #3						
Name:												
Date of Birth:		Sex:		SS	<b>5</b> #:		Age:		Race:		T	
Height:		Hair Cole	or:				Injured	:				
Weight:					Hospital:							
Build:		Hair Len Hair Styl					Hospita					
							Disposi					
Complexion:		Facial Ha	air:				Convey					
Eye Color:		AR#:					Injury 7	Гуре:				
			1	CHA	ARGI	ES						
					~							
RS.	MO USC			MO	Coc	le			F/N	I/C		
				PROP	ERT	Y						
Owner's	N/A											
Name: Item #:		Value:			1	Item #:		1/	alue:		<del></del>	
		Status:				Quantity:			atus:		+	
Quantity: Property		Owner's	Nama:			Property			wner's		+	
Description:		Owners	ivanic.			Description:			ame:			
Description.				VEH	HCI			1110	arric.		_	
Owner's Name:	N/A			V 101		_						
Vehicle Number			Vehicle S	Status:			Code	e:				
Vehicle Make:			Vehicle S				Year					
Vehicle Number	:		Vehicle S				Code					
Doors Locked:			Vehicle V				Othe	er:				
	•		•		•		•					
				NARE	RAT	IVE						
911 call – Mr. N	lelson called	to report a	workplace				"really b	ad" bro	ken leg	; bone	is show	ing –
ambulance dispa												
Reporting Office	er: <u>Off</u>	f. Brown, C	Charles									

Supervising Officer:

Reviewing Officer:

Det. Connelly, Daniel
Det. McCarthy, Pamela

128/319

INCIDENT DATE/TIME											
Date Printed:	07-19	Time	06:05		M.R	.S.	1134	Record Number			
		Printed:	AM	PM	Nun	nber:				6	
					IDEN	T DAT	A				
Incident Type:	Illness – 9	11 call		1110		1 2111					
Address of	63 Lee Rd.										
Occurrence:											
Originally	Phone in		Weapor	n or		-					
Received As:			Objects								
How Received:			Reporti Officer:			Off. Ke	rry, Mark	Domestic:	No		
Type of	Ноте		Other C			-		Complaint Status:			
Premises			Notified	1:				A D 1 . 1	3.7		
Copies To:	Data		Fire			Data	T	Arson Related:	No		
Occurred From:	Date	Time	To:		_	Date	Time	Officer Injured:	No		
Date Reported	07-19		Call Re			4:05 P		Car Number:	N/A		
Time Reported:	04:05 PM		Time of	Arriva	al:	4:20 P	М	District:	The V	<sup>7</sup> illage	
Officer	No		GEO C	ode:		33		Processed By:	Brow	n D	
Assaulted or	110		GLO C	ouc.		33		Trocessed by.	Diow	п, Б.	
Killed:											
				BUR	GLAI	RY DA	ΓΑ				
Method of			Burglar	у Туре	:			Point of Entry			
Entry:			N/A					Visible to Patrol:			
				REPO	RTIN	IG PAR	TY				
	Brodsky, Mo										
Home Address:	Same as abo	ove									
	Retired										
	Victim										
SSN:	345-62-9428	3									
Date of Birth:	06-08	Sex:		F		Plac Birt	e of h:	KS			
Age:	82	Race:				Mai	rital				
						Stat	us.				
					VIC	гтм					
Name:	Same as abo	nve			VIC	T 11A1					
Home	Sume as as	, , , , , , , , , , , , , , , , , , ,									
Address:											
Occupation:											
Relation:											
SSN:					T						
Date of Birth:		Sex:		M	F	Plac Birt	e of h:				
Age:		Race:				Mar Stat					
						Bial	<b>u</b> 0.				
			,	ZNOV	UNI OT	ICDECT	Г 41				

Age: Injured: Race:

N/A

Sex:

Hair Color:

Name:

Height:

Date of Birth:

											ESc1-2-
Weight:		Hair Len	gth:				Hospita				
Build:		Hair Styl	le:				Hospita	ıl			
							Disposi	tion:			
Complexion:		Facial Ha	air:				Convey				
Eye Color:		AR#:					Injury 7	Гуре:			
				CH	IARGI	ES					
					N/A						
RS	MO USC			M	O Cod	le			F/M/C		
			K	NOWN	SUSI	PECT #2					
Name:											
Date of Birth:		Sex: Ma	le	S	SS#:		Age:		Race:		
Height:		Hair Col	or:				Injured	:			
Weight:		Hair Len	gth:				Hospita	ıl:			
Build:		Hair Styl	le:				Hospita				
							Disposi				
Complexion:		Facial Ha	air:				Convey				
Eye Color:		AR#:					Injury 7	Гуре:			
				CH	IARGI	ES					
RS	MO USC			M	O Cod	le			F/M/C		
			K	NOWN	SUSI	PECT #3					
Name:		ı					T		T		
Date of Birth:		Sex:			SS#:		Age:		Race:		
Height:		Hair Col					Injured				
Weight:		Hair Len					Hospita				
Build:		Hair Styl	le:				Hospita				
Camplanian		Facial Ha					Disposi				
Complexion: Eye Color:		AR#:	air:				Convey Injury				
Eye Color:		AK#.		CH	IARGI	<b>⊒C</b>	Injury .	ype:			
DC	MO USC				O Cod				F/M/C		
KS	MO USC			1V1	O Cou	ie .			17/WI/C		
			l.								
				DDO	PERT	V					
Owner's	N/A			1 KO	ILKI	1					
Name:	14/11										
Item #:		Value:				Item #:		Va	alue:		
Quantity:		Status:				Quantity:			atus:		
Property		Owner's	Name:			Property			wner's		
Description:			- ,			Description:			ame:		
				VE	EHICI						
Owner's Name:	N/A										
Vehicle Number	:		Vehicle S	Status:			Cod	e:			
Vehicle Make:			Vehicle S	Style:			Year	r:			
Vehicle Number	:		Vehicle S	Status:			Cod	e:			
Doors Locked:			Vehicle '	Value:			Othe	er:			
				NAF	RRAT	IVE					
911 call – Elderi	ly woman in	distress; sto	omach pain	ıs, fever,	nause	a, severe diarr	hea – an	ıbulance	dispatched	<i>d</i> .	
1											

130/319

Reporting Officer: Supervising Officer: Reviewing Officer:

Off. Kerry, M. Off, Henry, J.K. Det. Stills

INCIDENT DATE/TIME											
Date Printed:	07-19	Time	06:50	)	M.R.	S.	1135	Record Number			
		Printed:	AM	PM	Num	ber:				7	
				INC	IDEN'	T DAT	A			L	
Incident Type:	Burn – 91.	l call									
Address of	23 Bluff R	d.									
Occurrence:											
Originally	Phone in		Weapo			-					
Received As:			Objects						l		
How Received:			Report			Off. Mc	Kay,	Domestic:	No		
Trung of	Home		Officer Other (			James		Complaint Status	Close	. d	
Type of Premises	поте		Notifie			-		Complaint Status:	Ciose	ea	
Copies To:			Fire	u.				Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	Bute	111110	10.			Duic	111110		1,0		
Date Reported	07-19		Coll Da	eceived:		4:20 Pl	M	Car Number:	N/A		
Time	04:20 PM			f Arriva		4:30 Pl		District:		Village	
Reported:	04.201111		Time o	1 / 1111 / 0		4.50 I I	,,	District.	The	riiage	
Officer	No		GEO C	ode:		33		Processed By:	Brow	rn, D.	
Assaulted or											
Killed:											
				BUR	GLAR	Y DAT	ΓΑ				
Method of				ry Type	<b>:</b>			Point of Entry			
Entry:			N/A	DEDO	DELL	C D A D	/ENX 7	Visible to Patrol:			
No.	W Ell			KEPO	KIIN	G PAR	TY				
Name: Home	Wong, Ellen Same as abo										
Address:	same as abo	rve									
Occupation:	School teach	her									
Relation:	Mother	ici									
SSN:	526-84-2943	5									
Date of Birth:	02/17	Sex:		$\overline{F}$		Plac	e of	Vietnam			
						Birt					
Age:	38	Race:				Mar		Married			
						Stat	us:				
	T				VICT	<u>'IM</u>					
Name:	Wong, Lorr										
Home	Same as abo	ove									
Address:	Student										
Occupation:											
Relation: SSN:	Daughter 594-29-459	7									
Date of Birth:	05/26	Sex:		M	F	Plac	re of	TX			
Date of Birth.	05/20	BCA.		171		Birt		111			
Age:	6	Race:			1	Mar					
						Stat					
				KNOU	ONI OTI	CDEC	т Д1				

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:								
Complexion:		Facial H	air:					yed By:			
Eye Color:		AR#:		CITA	D.C.	E.C.	Injury '	Type:			
				СНА		ES					
			1		I/A						
RS	MO USC			MO	Coo	de			F/M/C		
			K	NOWN S	SUSI	PECT #2					
Name:											
Date of Birth:		Sex: Ma	le	SS	#:		Age:		Race:		
Height:		Hair Col	or:				Injured	:			
Weight:		Hair Len	gth:				Hospita	al:			
Build:		Hair Styl	e:				Hospita				
							Dispos				
Complexion:		Facial H	air:					yed By:			
Eye Color:		AR#:					Injury '	Гуре:			
				CHA							
RS	MO USC			MO	Coo	de			F/M/C		
KNOWN SUSPECT #3											
Name:		1 ~		1 00			1.	1	Τ_		
Date of Birth:		Sex:		SS	#:		Age:		Race:		
Height:		Hair Col					Injured				
Weight:		Hair Len					Hospita				
Build:		Hair Styl	e:				Hospita Dispos				
Complexion:		Facial H	air.								
Eye Color:		AR#:						Conveyed By: Injury Type:			
Lyc color.	1	1111111		СНА	RG	ES	mjarj	турс.	ı		
				CILI	110						
RS	MO USC			МО	Coc	de			F/M/C		
									· · · ·		
							<u> </u>				
				PROPI	ERT	ſΥ					
Owner's	N/A										
Name:											
Item #:		Value:				Item #:		Va	alue:		
Quantity:		Status:				Quantity:		Sta	atus:		
Property		Owner's	Name:			Property			wner's		
Description:						Description:		Na	ame:		
	T 1 27/1					LE					
Owner's Name:											
Vehicle Number											
Vehicle Make:											
Vehicle Number: Vehicle Status:											
Doors Locked: Vehicle Value:							Oth	er:			

#### 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

INCIDENT DATE/TIME												
Date Printed:	07-19	Time	07:40		M.R.	.S.	1136	Record Number	•			
		Printed:	AM	PM	Num					8		
			1	1	'IDEN'	T DAT	Δ					
Incident Type:	Illness – 91	l 1 call		1110	IDEN	1 Dill	<b>4 L</b>					
Address of	700 Highw											
Occurrence:												
Originally	Phone in		Weapor	n or		-						
Received As:			Objects									
How Received:			Reporti Officer			Off. Sm	ith, Robe	rt Domestic:	No			
Type of	Manufactu	rina	Other C		-	_		Complaint St	tatue: Cla	sed		
Premises	facility	ling	Notifie			_		Complaint St	iaius. Cio	sea		
Copies To:	Jacilly		Fire	<u>u.</u>				Arson Relate	ed: No			
Occurred	Date	Time	To:			Date	Time	Officer Injure				
From:	Bute	Time	10.			Dute	Time		110			
Data Damara 1	07.10		C.11 D.	1		C 10 D	14	C. N. N.	) A7/A			
Date Reported	07-19 06:40 PM		Call Re			6:40 P		Car Number:		Glens		
Time Reported:	00:40 PM		Time o	I AITIV	ar:	0:33 P	WI	District:	1 ne	Giens		
Officer	No		GEO C	ode:	-	22		Processed By	Rrc	wn, D.		
Assaulted or	100		GEO C	ouc.		22		1 Toccssed by	y.   Drc	wn, D.		
Killed:												
Timed.		1		BUR	GLAR	RY DAT	ΓΑ					
Method of			Burglar					Point of Entr	v			
Method of Burglary Type: Point of Entry Entry: N/A Visible to Patrol:												
				REPO	RTIN	G PAR	TY					
Name:	Smith, Ted											
Home	570 Parent I	Rd.										
Address:												
Occupation:	Riveter											
Relation:	Co-worker											
SSN:	348-27-5198							1				
Date of Birth:	06-24	Sex:		M		Plac Birt	e of h:	WI				
Age:	28	Race:		Cauca	sian	Mai		Single				
						Stat	us:					
					VICT	rim						
Name:	Kim, Lenny				VICI	LIIVI						
Home	18 Flint Pl.											
Address:												
Occupation:	Riveter											
Relation:	Co-worker											
SSN:			1					T				
Date of Birth:	UNK	Sex:		M	F	Plac Birt	e of h:	UNK				
Age:	mid-30s	Race:		Asian	•	Mai Stat	rital	UNK				
		•				•						
				KNOV	WNI CTI	CDEC	Ր #1					

Age:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Build:	Hair Style:					Hospital							
				Disposition:  Conveyed By:									
Complexion:		Facial Ha	air:										
Eye Color:		AR#:											
	CHARGES												
N/A													
RSI	MO USC			Mo	O Co	de				F/M/C			
			K	<u>NOWN</u>	SUS	PECT #2							
Name:		T 0 3.4		1 a	G. II			1		T.			
Date of Birth:		Sex: Ma		S	S#:		Age:			Race:			
Height:		Hair Cole						jured:					
Weight:		Hair Len						ospital:					
Build:		Hair Styl	e:					ospital					
Camalanian		Facial II.						ispositio					
Complexion:		Facial Ha	air:					onveyed					
Eye Color:		AK#:		CII	ARG	EC	III	jury Typ	e:				
				Сп	AKU	ES							
DCI	MOTISC			M	O Coo	do				F/M/C			
RSMO USC				IVI	O CO	ue		r/M/C					
			K	NOWN	SUS	PECT #3							
Name:			17	110 1111	DCD.	I ECT #3							
Date of Birth:			S		Α	ge:		Race:					
Height:	Sex: Hair Color:				5			jured:		rtace.			
Weight:	Hair Length:							ospital:					
Build:	Hair Style:							ospital					
								ispositio	n:				
Complexion:		Facial Ha	air:				C	onveyed	By:				
Eye Color:		AR#:					In	jury Typ	e:				
				CH	ARG	ES							
RSMO USC			MO Code							F/M/C			
				PROI	PERT	Γ <b>Y</b>							
Owner's	N/A												
Name:		Value:		1		I	-						
Item #:				Item #:				llue:					
Quantity:		Status:				Quantity:				tatus:			
Property	Owner's Name:				Property					vner's			
Description:				7/10	Description: VEHICLE				Name:				
Own on's Mass	λ7/4			VE	HIC	LE							
Owner's Name: Vehicle Number:	N/A		Voh: -1- C	Ytatus:			1	Code:		1			
Vehicle Make:			Vehicle S Vehicle S										
Vehicle Number:	,		Vehicle S					Year: Code:					
Doors Locked:			Vehicle V		+			Other:					
Doors Locked.			venicle \	v arut.				omer.					

#### 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

INCIDENT DATE/TIME												
Date Printed:												
	0, 1,	Printed:	AM	PM	Numl				9			
	INCIDENT DATA											
Incident Type:	Illness – 91	'1 call		1110	IDEN	DIXI	4.1					
Address of	17 Flint Pla											
Occurrence:												
Originally	Phone in Weapon or -											
Received As:	Objects Used:											
How Received:			Reporti Officer		•	Off. Da	ımon, Joh	n Domestic:	Domestic: Yes			
Type of	Apartment	building	Other C	Offices	-	-		Complaint Status:	Taker	n to hospital		
Premises			Notifie	d:								
Copies To:	Muni Cour		Fire					Arson Related:	No			
Occurred	Date	Time	To:		]	Date	Time	Officer Injured:	Officer Injured: No			
From:					H			<del>-</del>				
Date Reported	07-19		Call Re	ceived:	: (	08:50 I	PM	Car Number:	65			
Time Reported:	08:50 PM		Time of	f Arriva	al: 08:54 PM			District:	The V	<sup>7</sup> illage		
Officer	No		GEO C	ode:		33		Processed By:	Brow	n, D.		
Assaulted or												
Killed:												
					GLAR	Y DA'	ГА		1			
Method of	Burglary Type: Point of Entry											
Entry:			N/A	REPO	DTIN	CDAD	TV	Visible to Patrol:				
Name:	Peters, Mich	alla		KEFU	KIIN	JIAN	11					
Home	17 Flint Plac											
Address:	1, 1 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	, C										
Occupation:	Teacher											
Relation:	Victim											
SSN:	765-56-7680											
Date of Birth:	12-23	Sex:		Female	e	Plac	ce of	NH				
						Birt	h:					
Age:	59 Race: Caucasian						rital us:	Married				
<u> </u>		1	•					•				
					VICT	IM						
Name:	Same as abo	ve										
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:					
Age:		Race:			•	Mai Stat	rital					
<u> </u>		1	I			1 .5		<u> </u>				
				KNOV	VNI CTIO	SDECT	Г #1					

Name:	N/A					
Date of Birth:		Sex:	Age:		Race:	
Height:		Hair Color:	Injured:			
Weight:		Hair Length:	Hospita	1:		

Build:	Hair Sty	le:		Hospital Disposition:							
Complexion:	Facial H										
Eye Color:	AR#:	a11.									
Eye Color.	AN#.		Injury Type:   CHARGES								
			N/A								
RSN	MO USC		MO Co				F/M/C				
1101	.10 020		1,10 00				1,1,1,0				
		KNO	OWN SUS	SPECT #2							
Name:											
Date of Birth:	Sex: Ma		SS#:		Age:		Race:				
Height:	Hair Col				Injured:						
Weight:	Hair Ler				Hospita						
Build:	Hair Sty	le:			Hospita Disposi						
Complexion:	Facial H	air:			Convey						
Eye Color:	AR#:				Injury 7						
			CHARC								
RSN	MO USC		MO Co	ode			F/M/C				
NT		KNO	OWN SUS	SPECT #3							
Name: Date of Birth:	Sex:		SS#:		Age:		D				
	Hair Col		35#:	35#:			Race:				
Height: Weight:	Hair Col				Injured: Hospita						
Build:	Hair Sty				Hospita						
	Train Sty	ю.			Disposi						
Complexion:	Facial H	air:			Convey						
Eye Color:	AR#:				Injury 7	Гуре:					
			CHARC	BES							
D.C.	10 Hgg		) (O, C	1			EA (/C				
RSN	MO USC		MO Co	ode		F/M/C					
			PROPER	TV							
Owner's	N/A	-	I NOI LIK								
Name:											
Item #:	Value:			Item #:		Va	lue:				
Quantity:	Status:			Quantity:		Sta	atus:				
Property	Owner's	Name:		Property		Ov					
Description:				Description:		Na	me:				
	T		VEHIC	LE							
Owner's Name:	N/A	T	<u> </u>		1 ~ .						
Vehicle Number:		Vehicle Sta				Code:					
Vehicle Make:		Vehicle Sty			Year						
Vehicle Number:		Vehicle Sta			Code						
Doors Locked:		Vehicle Val	iue:		Othe	T.					
			NIADDAG								
01111	f. f1:		NARRAT		1. 1	1:	4				
	ains of feeling very sidelt so sick: ambulance			iotiet; naving ti	ouvie sta	maing s	ıraıgnt up w	zunoui pain in			

Reporting Officer:

Supervising Officer:

Reviewing Officer:

Off. Damon, J.

Det. Manly

Off. Craig, Steven

			I	NCIDE	ENT I	DATE/T	ГІМЕ						
Date Printed:	07-19	Time	11:15		M.R	R.S.	1138	R	ecord Number				
		Printed:	AM	PM	Nun	nber:					10		
INCIDENT DATA													
Incident Type:	Illness – 9	11 call											
Address of	56 Webb R												
Occurrence:													
Originally	Phone in Weapon or -												
Received As:	Objects Used:												
How Received	:		Reporti Officer:			Off. Lee, Nancy			Domestic:	Yes			
Type of	Residence		Other C			-			Complaint Status:	close	d		
Premises			Notified	d:									
Copies To:			Fire						Arson Related:	No No			
Occurred From:	Date	Time	To:			Date Time		e	Officer Injured:				
Date Reported	07-19		Call Received:			9:15 PM			Car Number:	66			
Time Reported:	09:15 PM		Time of		al:	9:20 PM			District:	Village			
Officer Assaulted or	No		GEO C	ode:		33			Processed By:	Brow	vn, D.		
Killed:													
				BUR	GLA	RY DA'	ΓA						
Method of	Burglary Type: Point of Entry												
Entry:	N/A Visible to Patrol:												
				REPO	RTIN	NG PAF	RTY						
Name:	Lindorr, Lis												
Home Address:	56 Webb Ro	ad											
Occupation:	Chef												
Relation:	Mother												
SSN:	374-56-0937	7											
Date of Birth:	05-17	Sex:		Female	e	Pla Bir	ce of th:		FL				
Age:	36	Race:		Black		Marital Status:			Married				
	1					2.00							
					VIC'	TIM							
Name:	Lindorr, Ch	ris and Kylid	$\overline{e}$		, 10								
Home	Same as abo												
Address: Occupation:	N/A												
Relation:	N/A Son and daughter												
SSN:	123-658-89.	0	1627										
Date of Birth:	02-15	Sex:		M	F	Dla	ce of		$\overline{FL}$				
Date of Birth:	02-13	Sex.		T <b>VI</b>	l r	Bir			T L				
Age:	7	Race:		Black	I		rital	_	N/A				
1.50.	9	Tucc.				Star			- // - *				

Age:

Injured:

Hospital:

Race:

**KNOWN SUSPECT #1** 

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:		Hospital							
					Disposition:							
Complexion:		Facial Ha	ir:				Conveyed	Conveyed By:				
Eye Color:		AR#:	Injury Type									
				CHAI	RGES							
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RS	MO USC			MO					F/N	I/C		
			K	NOWN ST	USPECT	#2						
Name:												
Date of Birth:		Sex: Ma	le	SS#	<u>!:</u>		Age:					
Height:		Hair Colo	or:				Injured:					
Weight:		Hair Len	gth:				Hospital:					
Build:		Hair Styl	e:		Hospital							
							Disposition	n:				
Complexion:		Facial Ha	ir:				Conveyed					
Eye Color:		AR#:					Injury Typ	e:				
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RS	MO USC			MO (	Code				F/N	1/C		
	ı		K	NOWN SI	USPECT	#3						
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Date of Birth:		Sex:	SS#:				Age:		Race	:		
Height:		Hair Cole					Injured:					
Weight:		Hair Len				Hospital:						
Build:		Hair Styl	e:			Hospital						
Complexion:		Facial Ha	· · · ·			Disposition Conveyed				_		
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Owner's	N/A			IKOIL								
Name:	14/21											
Item #:		Value:			Item	#:		Va	lue:			
Quantity:		Value: Status:						Status:				
Property		Owner's	Name:			Quantity: Property			Owner's			
Description:					Desc			me:				
•				VEHI								
Owner's Name:	N/A											
Vehicle Number			Vehicle S	Status:			Code:					
Vehicle Make:			Vehicle S				Year:					
Vehicle Number	:		Vehicle Status:				Code:					

#### NARRATIVE

Other:

Vehicle Value:

Doors Locked:

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.

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

## **Direct Phone Call to Fire Department**

Date: July 19

Message: A fire has broken out on the 4<sup>th</sup> floor of a 7-story apartment

building at 39 Gravel Rd. Fire is spreading fast.

# To the opressors:

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 opressed. 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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