SCENARIO 6

Control (Facilitator's) Table

You will need to create the following folders for the control table:

Control Materials

Spare Forms

Event Day 1 Materials Event Day 2 Materials

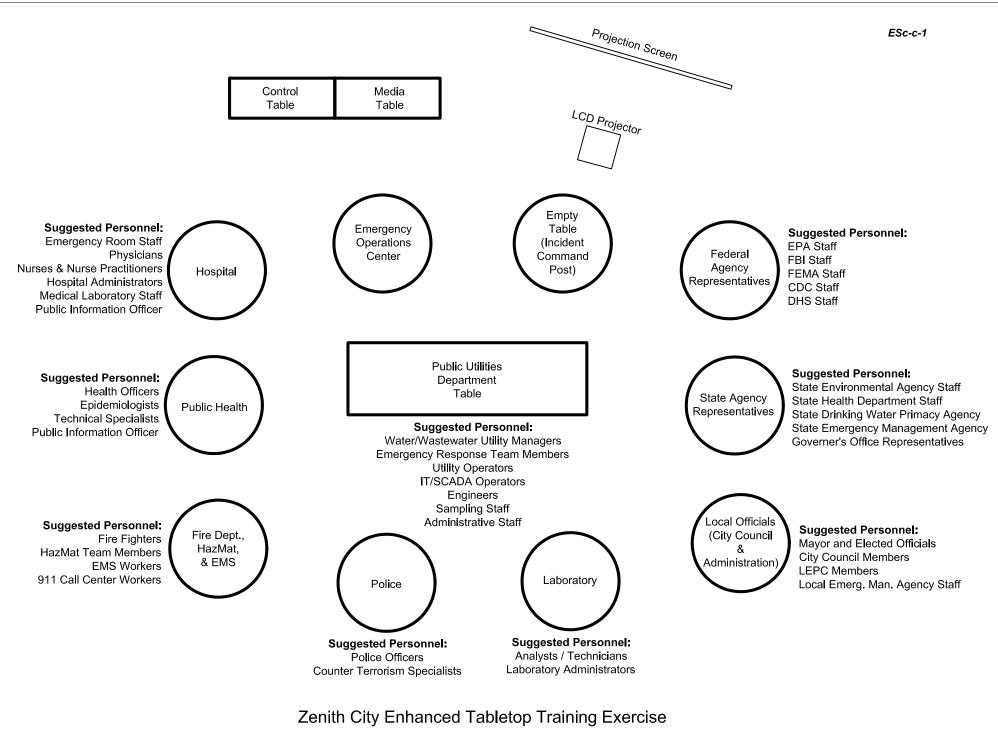
Some of the materials to be contained within each of these folders have been provided on the following pages. Other materials have not been provided as they have special printing instructions. These other materials are to be printed in steps 3 and 4 of the Printing Instructions. The contents of each folder above are listed on cover pages that act as dividers throughout this document.

You will also need to create several folders for the participant tables. These folders are indicated on the "Participant Tables" page of this document (located after the control materials).

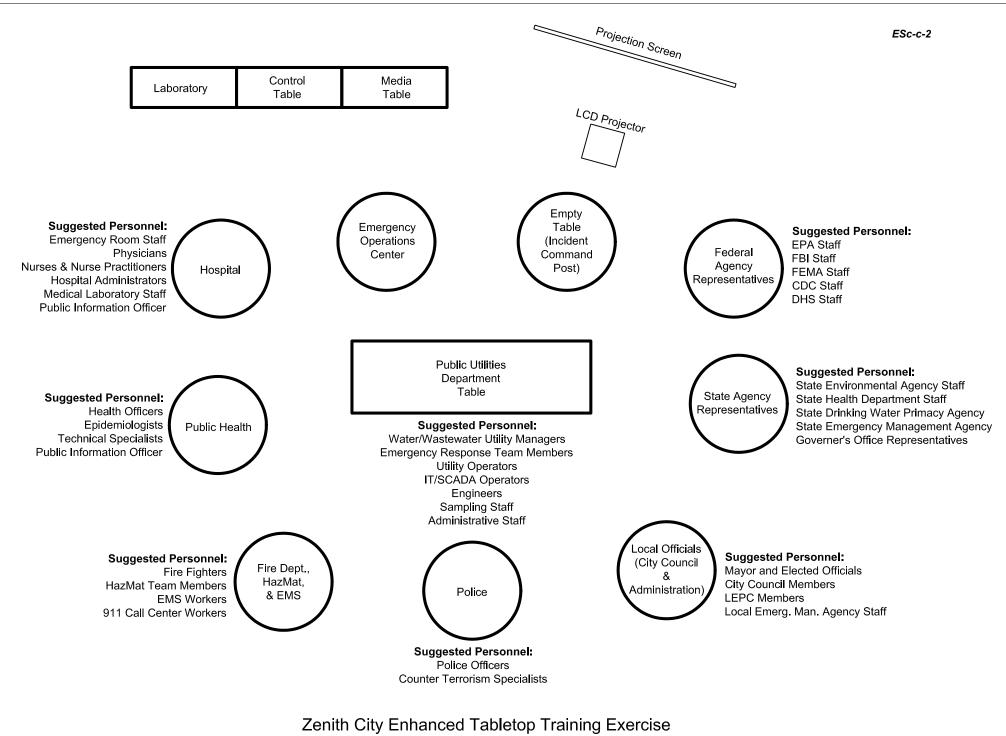
CONTROL MATERIALS

The Control Materials folder must contain the following files:

 MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)									
ESc-c-1	ROOM CONFIGURATION DIAGRAM WITH PARTICIPANT LAB ROLE									
ESc-c-2	ROOM CONFIGURATION DIAGRAM WITHOUT PARTICIPANT LAB ROLE									
ESc6-c-3	SCENARIO 6 EXERCISE TIMETABLE									
ESc6-c-4	SCENARIO 6 DESCRIPTION									
	D TABLE SIGNS (AFTER PRINTING, PLACE MATCHING PAGES BACK-TO- SHEET OF HEAVY PAPER IN-BETWEEN AND LAMINATE)									



Zenith City Enhanced Tabletop Training Exercise Room Configuration (With Lab Role)



Zenith City Enhanced Tabletop Training Exercise Room Configuration (With Lab Role)

Instructions for the Controllers/Facilitators:

The control table, as shown on the room layout diagrams (material codes Esc-c-1 and Esc-c-2), can seat three roles:

- Control;
- Laboratory; and
- Media.

It is recommended that at least one controller/facilitator fill each role. The control individual's role is to follow the exercise timeline to determine when to distribute injects and to receive communication cards from the participants prior to their delivery to the appropriate role table. He/she needs to separate the original/duplicate from one another, give the original back to the participant for delivery to its intended role table, and then read the duplicate. The duplicate communication card must be read so that the controllers/facilitators will know where participants are (in terms of their actions and reactions) in the exercise. The media individual's role is to read media alerts and to deliver injects to the appropriate role tables at the request of control. The media role will also accept and read any "press releases" from exercise participants. The laboratory individual's role is to accept requests for analyses from the participants. If there is a laboratory represented by participants (see ESc-c-1), then participants requesting analyses will bring their requests to the laboratory table; the laboratory players will then go to the laboratory role at the control table for the results. He/she playing the laboratory role at the control table will determine, based on how long it typically takes to have the requested analyses performed, when to fill out a lab results form to return to the requesting role table. The laboratory individual should also assist the control in managing communication cards and tracking progress in the exercise.

If the exercise is being conducted with a participant laboratory role table (see room layout diagram Esc-c-1), exercise participants will submit their analyses requests directly to this participant role table. However, analytical "results" will be given to the participant laboratory by the control individual. The participant laboratory table will then, in turn, give the results to the requesting role table. One of the primary functions of having a participant laboratory role table is to have a discussion, during the after action review, to determine what a laboratory would need from a water supplier to begin performing analyses for unknowns, what the expected turnaround times are, how much advance notice is needed, and the extent of the lab's capabilities to analyze for certain contaminants.

As you read the following exercise timetable, please note that injects are distributed to exercise participants at separate and distinct times throughout the exercise. Some injects are distributed concurrently, and others are distributed individually after some key event or communication occurs in the exercise. Although there is flexibility within any exercise to distribute the injects at times different from those shown in the timetable based on the knowledge and speed of the participants, the grouping and ordering of the injects should not be changed. Otherwise, the exercise may not develop as intended.

Zenith City Tabletop Exercise Timetable

(For Controllers and Simulators Only) Scenario 6

EVENT DAY / TIME ACTION DATE

PRE-EVENT

- Present Zenith City background, discuss rules, and familiarize tables with exercise materials.
- ☐ It is Election Day, and the National Threat Advisory Level has been elevated to orange due to the approaching national elections.
- □ A U.S. governor, originally from Zenith City, is running for president, and residents are very
- ☐ The weather forecast for November 2 in Zenith City consists of temperatures in the low 50's, a 20% chance of precipitation, and mild westerly winds.

EVENT DAY 1 November 2 : ST (START TIME)

- □ Announce it is Event Day 1.
- □ **Inject ESc6-1-1** to "Zenith City Hospitals" table, 3 copies: emergency room logs noting no unusual activity – event day 1, part 1
- □ Inject ESc6-1-2 to "Zenith City Police Department" table, 1 copy: police incident reports noting no unusual activity – event day 1, part 1
- □ Inject ESc6-1-3 to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy: 911 incident reports noting no unusual activity – event day 1, part 1
- : (ST + 0 hr.15 min.)
 - □ **Inject ESc6-1-4** to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy, and "Zenith City Police Department" table, 1 copy: direct call to 911 by gate guard at water treatment plant reporting an accident at the plant.
 - □ **Inject ESc6-1-5** to "Zenith City Water Dept./Public Utilities" table, 1 copy: radio call by gate guard to water utility manager to inform him of the accident at the plant.
- : (ST + 0 hr. 20 min.)
 - □ Inject ESc6-1-6 to all participant tables, 1 copy: News Alert #1 accident at the Zenith City Water Treatment Plant.
- : (ST + 0 hr. 30 min.)
 - □ **Inject ESc6-1-7** to "Zenith City Water Dept./Public Utilities" table, 1 copy: radio call from gate guard to water utility concerning explosion
 - □ **Inject ESc6-1-8** to "Zenith City Police Department" table, 1 copy: radio call from police officer on site to police station concerning explosion
 - □ Inject ESc6-1-9 to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy: radio call from fireman on site to fire department headquarters concerning explosion
 - ☐ Fire department should notify the public health department of the cloud of yellow/green gas moving westward.
 - □ Water utility should immediately notify the National Response Center (1-800-424-8802) of the chemical release, as mandated by CERCLA.

- □ The Local Emergency Planning Committee (LEPC) should also be notified, as required by SARA Title III. The LEPC is responsible for assuring that communities are ready to respond to chemical emergencies.
- ☐ The health department or HazMat should test the cloud to verify that it is chlorine, to determine where the plume is concentrated, and to measure what the concentrations are.
 - (ST + 0 hr. 38 min.)
- □ **Inject ESc6-1-10** to "Zenith City Hospitals" table, 3 copies: emergency room logs with injuries due to the accident and explosion event day 1, part 2
- □ **Inject ESc6-1-11** to "Zenith City Police Department" table, 1 copy: police incident reports with activity due to the accident and explosion event day 1, part 2
- □ **Inject ESc6-1-12** to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy: 911 incident reports with activity due to the accident and explosion event day 1, part 2
- (ST + 0 hr. 45 min.)
 - ☐ At this point, Fire, police, and/or utility should be contacting the media to deliver a message to the public regarding evacuations, roadblocks, etc. Mutual aid agreements should be activated.
 - □ **Inject ESc6-1-13** to "Zenith City Fire Dept., HazMat & EMS" table *if requested*, 1 copy *and/or* "Zenith City Health Dept." table *if requested*, 1 copy: field results verifying that the cloud is chlorine and showing the concentrations of chlorine in specified areas.
 - □ **Injects ESc6-1-14** *and* **ESc6-1-15** to all participant tables, 1 copy of each: News Alert #2 explosion at the water treatment plant *and* a map showing the chlorine plume, indicating concentrations in specified areas.

EVENT DAY 2 November 3

- (ST + 1 hr. 00 min.)
 - □ **Inject ESc6-2-1** to "Zenith City Hospitals" table, 3 copies: emergency room logs noting some activity due to the explosion event day 2
 - □ **Inject ESc6-2-2** to "Zenith City Police Department" table, 1 copy: police incident reports noting some activity due to the explosion event day2
 - □ **Inject ESc6-2-3** to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy: 911 incident reports noting some activity due to the explosion event day 2
 - : (ST + 1 hr. 15 min.)
 - □ Inject ESc6-2-4 to "Zenith City Officials" table, 3 copies: terrorist threat letter
 - □ Local officials should forward the letter to police and FBI (federal officials).
 - ☐ The police and FBI should know by now that the explosion was an act of terrorism and should take control of the situation, if they haven't already.
- ____: (*ST* + 1 hr. 30 min.)
 - □ **Inject ESc6-2-5** to all participant tables, 1 copy: News Alert #3 update on the situation including all information delivered to the media by the tables. The event is now a credible act of terror.
- ____: (*ST* + 1 hr. 45 min.)
 - News Alert #4: An on-the-fly news alert prepared by the exercise facilitators that summarizes the actions taken by the exercise participants to contain the situation, to protect the public, and to initiate remedial actions. This news alert also ends the exercise.

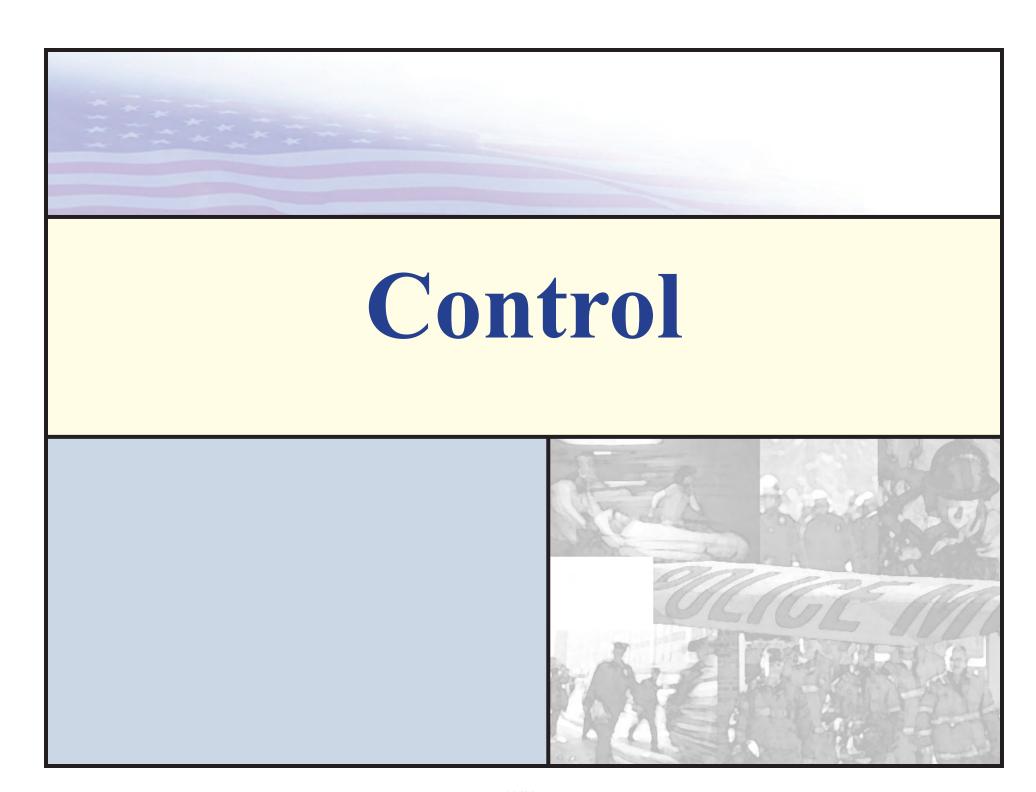
* An "Evaluator Checklist" and an "Exercise Critique Form" have been included in the "Useful Water Security Documents" section of this CD. You may wish to use these documents to assist you in evaluating the exercise.

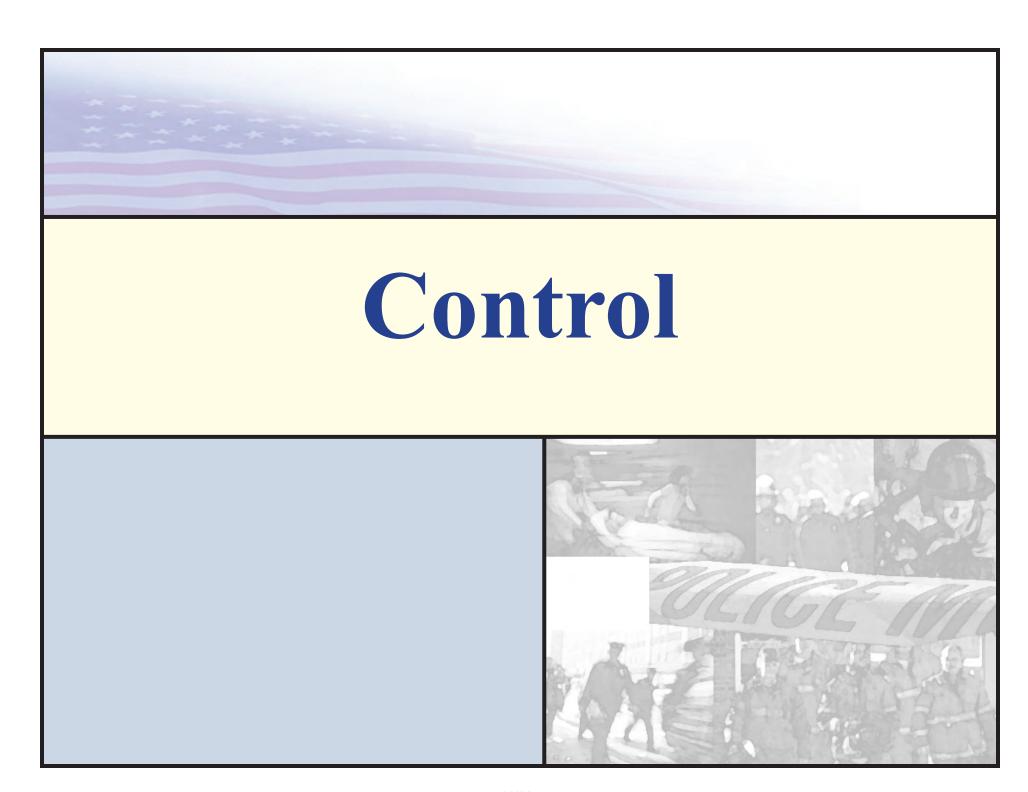
Enhanced Tabletop Exercise, Security Breach, Notification by Perpetrator Scenario Scenario #6

Background: It is fall during an election year and Governor Bryant, a Zenith City native, is a presidential candidate. Excitement is running high in the city in anticipation that a former resident may become the next president of the United States. Based on the high profile of the presidential election and the level of "chatter" being intercepted by the intelligence community, the National Threat Advisory Level was recently raised to orange, indicating a high risk for potential terrorist attacks. Polling places in most major cities around the country are instituting extra security precautions in light of the orange alert.

The Event: On Election Day, November 2, a "Speedy-ship" delivery truck arrives at the Zenith City water treatment plant. Recognizing the driver as Jeff, who started 3 months ago, the security guard allows the truck to pass. The truck suddenly races down the plant's driveway, veers off the main roadway and crashes into the side of the building where chlorine gas canisters are stored. The truck does not go through the exterior wall into the building, but it does significantly damage the wall's integrity. A small fire begins in the delivery truck's engine compartment. The security guard calls 911 for an ambulance and a fire truck, and notifies the plant manager of the incident. EMS, fire, and police personnel arrive on-scene. The EMS personnel administer immediate life support to Jeff, place him in the ambulance, and depart for Zenith City hospital. Shortly thereafter, a large explosion rocks the water treatment plant.

The Results: Fire and police personnel still on-scene are injured in the blast. A plume of yellow-green gas begins to emit from the plant's chlorine storage facility and travels down-wind. The water treatment plant is immediately evacuated. The following day, on November 3, state officials receive a threat letter indicating that the accident that occurred on November 2 at the Zenith City Water Treatment Plant was in fact an intentional terrorist attack.





State Agency Representatives

State Agency Representatives

Zenith City Police Department

Zenith City Police Department

Zenith City Officials

City Council & Administration



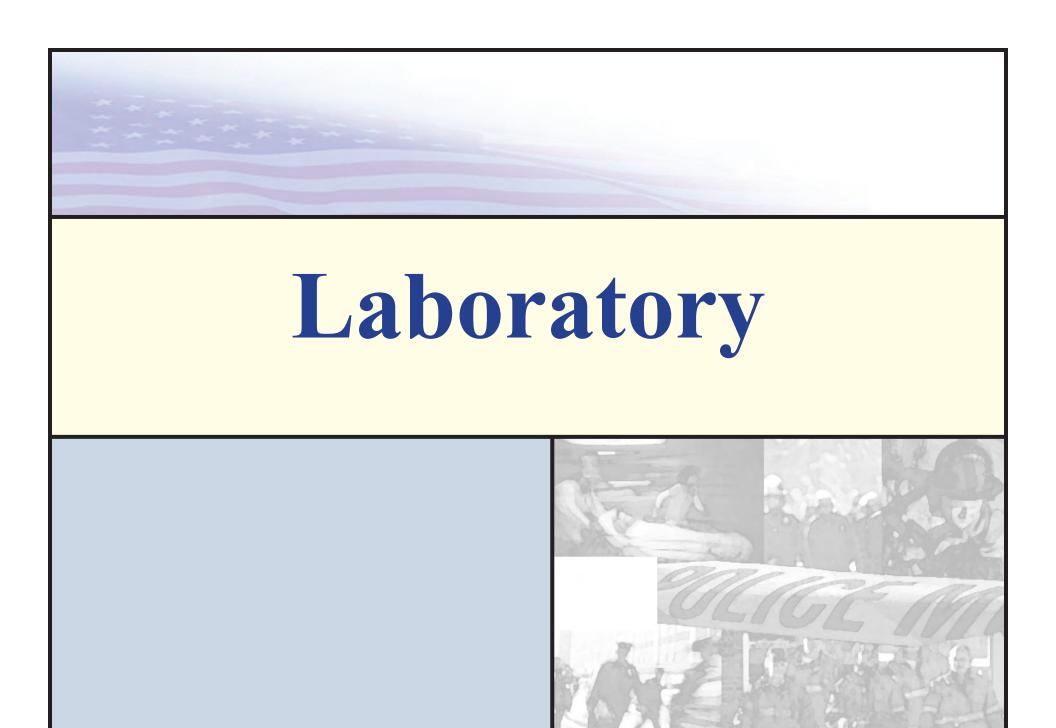
Zenith City Officials

City Council & Administration









KWSD Media

KWSD Media

Zenith City Hospitals

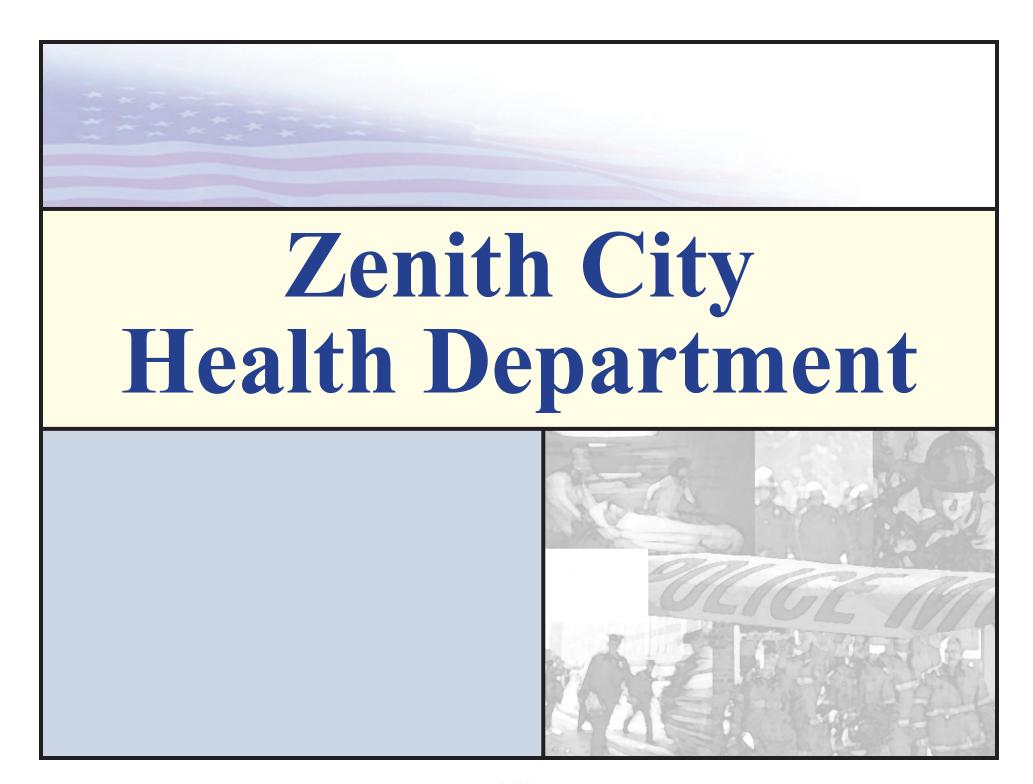
St. Michael's
Zenith City
Sacred Heart
North End



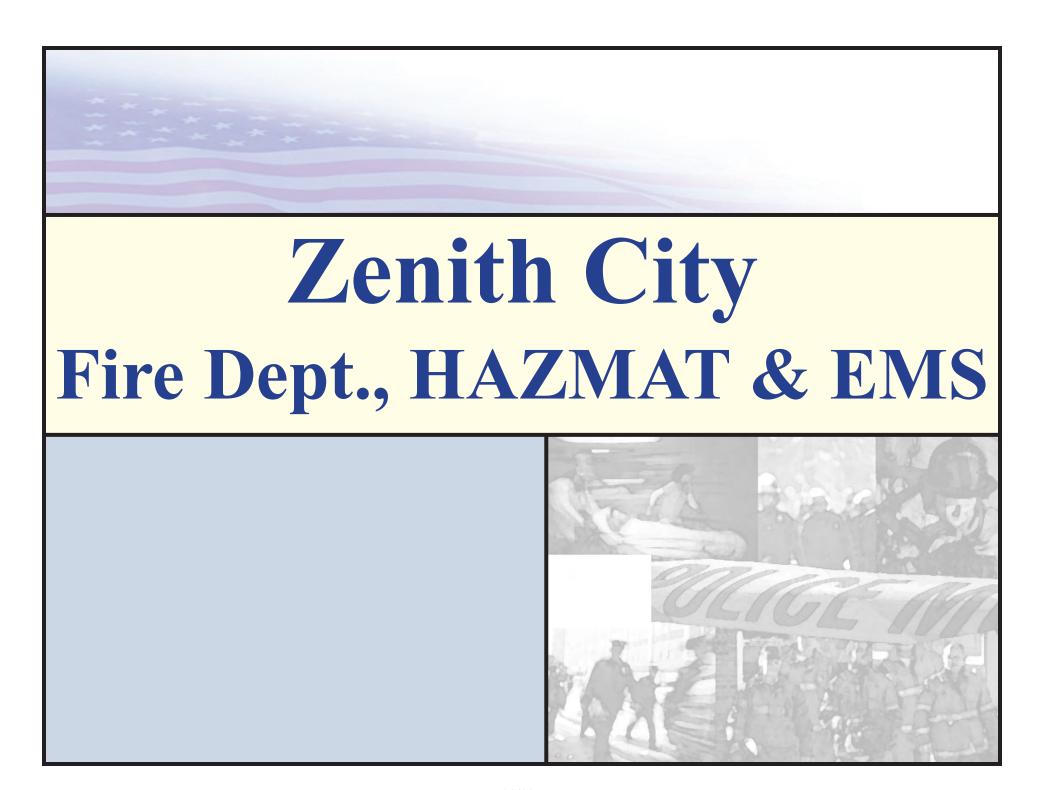
Zenith City Hospitals

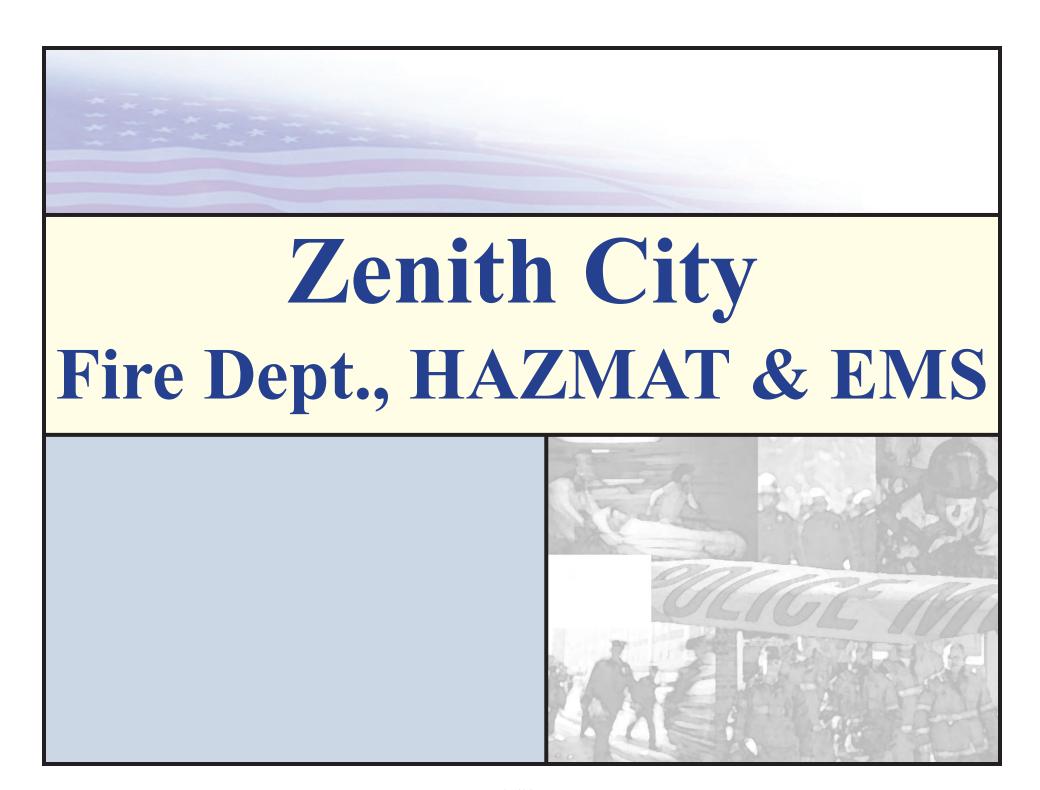
St. Michael's
Zenith City
Sacred Heart
North End





Zenith City Health Department



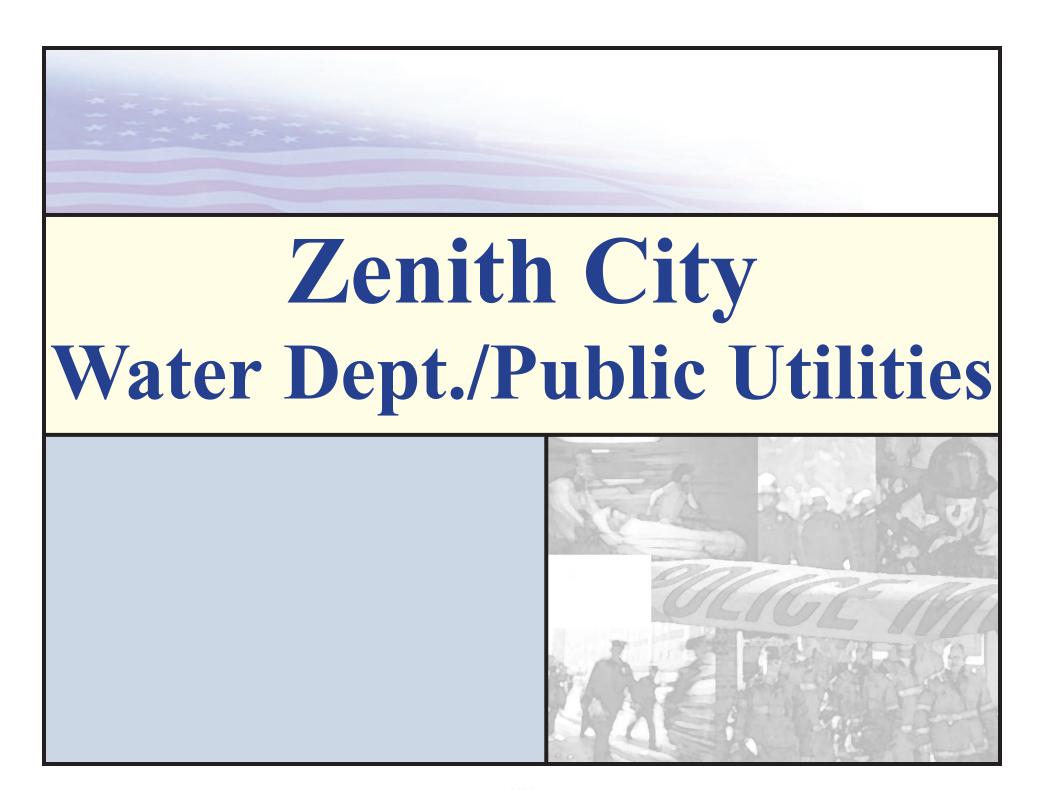


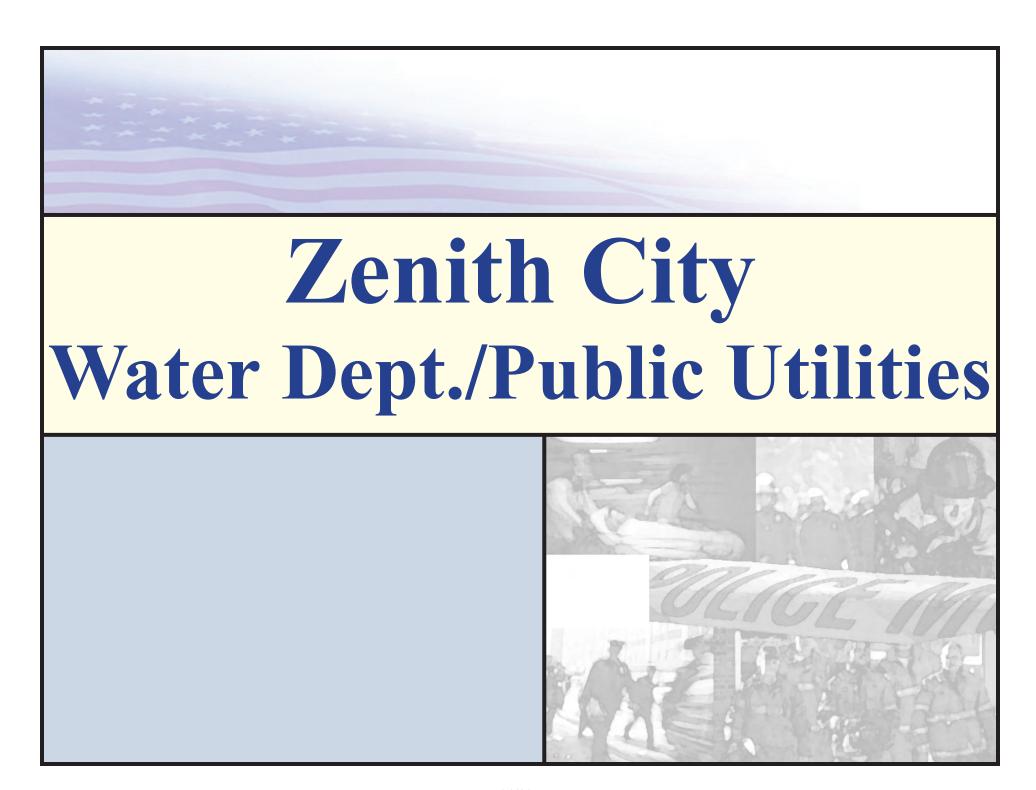
Federal Agency Representatives



Federal Agency Representatives







EVENT DAY 1 MATERIALS

The Event Day 1 Materials folder must contain the following files:

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc6-1-1	EMERGENCY ROOM LOG (PART 1) (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TABLE TO DISTRIBUTE IF THEY CHOOSE)
ESc6-1-2	POLICE LOGS (PART 1) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc6-1-3	911 LOGS (PART 1) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc6-1-4	911/POLICE/FIRE - 911 CALL FROM GATE GUARD AT UTILITY CONCERNING ACCIDENT (2 COPIES, 1 FO 911/FIRE AND 1 FOR POLICE)
ESc6-1-5	WATER UTILITY - RADIO CALL FROM GATE GUARD TO UTILITY MANAGER CONCERNING ACCIDENT
ESc6-1-6	NEWS ALERT #1 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
ESc6-1-7	WATER UTILITY - RADIO CALL FROM GATE GUARD TO UTILITY MANAGER CONCERNING EXPLOSION
ESc6-1-8	POLICE - RADIO CALL FROM OFFICER ON-SCENE TO HEADQUARTERS ABOUT EXPLOSION
ESc6-1-9	FIRE - RADIO CALL FROM LIEUTENANT ON-SCENE TO HEADQUARTERS ABOUT EXPLOSION
ESc6-1-10	EMERGENCY ROOM LOG (PART 2) (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TABLE TO DISTRIBUTE IF THEY CHOOSE)
ESc6-1-11	POLICE LOGS (PART 2) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc6-1-12	911 LOGS (PART 2) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc6-1-13	HAZMAT/HEALTH DEPT FIELD RESULTS FOR CHLORINE GAS LEVELS (2 COPIES PROVIDED TO HAZMAND/OR THE HEALTH DEPT. UPON REQUEST)
ESc6-1-14	NEWS ALERT #2 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
ESc6-1-15	ZENITH CITY CHLORINE PLUME MAP (NOT INCLUDED, 3 COPIES WILL BE PROVIDED IN STEP 4)

Zenith City Hospitals – Emergency Room Log (Sacred Heart, North End, Zenith City, Saint Michael's) Event Day 1, part 1 November 2

Zenith City Hospitals - 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	11/02	12:03 AM	Peters	Sheryl	F	52	4 Highland Ave	FH	78 Independence Blvd.	FH	HMO Blue	No	lacerated hand, heavy bleeding
2	11/02	12:35 AM	Harrison	Tobin	М	86	10 Mark Rd.	TV	N/A	N/A	Medicare	No	diabetic seizure
3	11/02	1:19 AM	Donaldson	Stephen	М	21	126 Iroquois Ave.	SZ	N/A	N/A	HMO Blue	No	fractured ankle, lacerations on foot
4	11/02	2:27 AM	Christianson	Ryder	М	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
5	11/02	2:28 AM	Christianson	Philip	М	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
6	11/02	2:42 AM	Patterson	Joe	М	27	5 Sandy Ridge Circle	TV	26 Cobble Street	TG	N/A	Yes	unconscious, head trauma
7	11/02	4:13 AM	Andrews	Bridget	F	33	29 Meter Road	LD	20 Capen Hill Road	FH	Kaiser P.	No	fractured wrist
8	11/02	4:36 AM	Craig	Kyle	F	2	1 Peacock Hill	FH	N/A	N/A	HMO Blue	No	diarrhea, dehydration
9	11/02	6:02 AM	Brewster	Thomas	М	23	59 Revolution Road	TV	42 Cobble Street	TG	N/A	No	whip-lash, dizziness
10	11/02	6:18 AM	Snider	Grace	F	75	2 Forsynthia Cir.	FH	N/A	N/A	Medicare	No	nausea, dizziness
11	11/02	6:32 AM	Blake	Gladys	F	92	4 Meadow Lark Lane	FH	N/A	N/A	Medicare	Yes	fractured forearm
12	11/02	7:47 AM	Stetson	William	М	16	42 Gavins Pond Road	TG	497 Industrial Park Dr.	SZ	Aetna	No	fever, pain in lower abdomen

Zenith City Hospitals - 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				
13	11/02	9:12 AM	Banks	Kendra	F	23	462 Main Street	TV	97 Albert Road	FH	HMO Blue	No	rash, fever, fatigue	
14	11/02	11:29 AM	King	Margaret	F	14	15 Sand Piper Hill	FH	69 Riverdale Pkwy	TV	PPO Blue	No	puncture wound on left foot, excessive bleeding	
15	11/02	11:33 AM	Wong	Robert	М	7	7 Lush Lane	TV	N/A	N/A	Kaiser P.	No	stomach pain, fever	
16	11/02	12:14 PM	Morris	Ken	М	35	36 Cottage St.	TV	148 Aragon Road	LD	N/A	No	severe headache	
17	11/02	12:49 PM	Childs	Kathy	F	5	17 Main Street	FH	N/A	N/A	Aetna	No	nausea, fever	
18	11/02	1:42 PM	McDonald	Susan	F	62	17 Chestnut Street	TV	43 Adams Rd.	TV	PPO Blue	No	nausea, fever, headache	

Zenith City Hospitals – Emergency Room Log (Sacred Heart, North End, Zenith City, Saint Michael's) Event Day 1, part 1 November 2

	Zenith City Hospitals - Emergency Room Log													
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1	11/02	12:03 AM	Peters	Sheryl	F	52	4 Highland Ave	FH	78 Independence Blvd.	FH	HMO Blue	No	lacerated hand, heavy bleeding	
2	11/02	12:35 AM	Harrison	Tobin	М	86	10 Mark Rd.	TV	N/A	N/A	Medicare	No	diabetic seizure	
3	11/02	1:19 AM	Donaldson	Stephen	М	21	126 Iroquois Ave.	SZ	N/A	N/A	HMO Blue	No	fractured ankle, lacerations on foot	
4	11/02	2:27 AM	Christianson	Ryder	М	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms	
5	11/02	2:28 AM	Christianson	Philip	М	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms	
6	11/02	2:42 AM	Patterson	Joe	М	27	5 Sandy Ridge Circle	TV	26 Cobble Street	TG	N/A	Yes	unconscious, head trauma	
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9	11/02	6:02 AM	Brewster	Thomas	М	23	59 Revolution Road	TV	42 Cobble Street	TG	N/A	No	whip-lash, dizziness	
10	11/02	6:18 AM	Snider	Grace	F	75	2 Forsynthia Cir.	FH	N/A	N/A	Medicare	No	nausea, dizziness	
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Zenith City Police Department Incident Reports Event Day 1, part 1 November 2

	INCIDENT DATE/TIME ate Printed: 11-02 Time 1:07 M.R.S. 1111 Record Number:											
Date Printed:	11-02	Time	1:07		M.	R.S.	1111	Record Number:				
		Printed:	AM	PM	Nu	mber:				1		
					IDE	NT DAT	'A					
Incident Type:	Noise com	plaint		1110	101	T DIII						
Address of	7 Blueberr											
Occurrence:		,										
Originally	Phone in		Weapoi	n or		N/A						
Received As:			Objects									
How Received:			Reporti Officer:			Off. Te	rry, Bill	Domestic:				
Type of	Residence		Other C					Complaint Status:	Clear	ed with visit		
Premises	restactice		Notified					Complaint Status.	Cicar	ca well vest		
Copies To:								Arson Related:	No			
Occurred From:	Date	Time	To:			Date	Time		No			
110III.	11-02	12:07 A										
Date Reported	11-02		Call Re	ceived:	:	12:07	AM	Car Number:	15			
Time Reported:	12:07 AM		Time of	f Arriva	al:	12:15	AM	District:	South	Zenith		
Officer	No		GEO C	ode:		55		Processed By:	Trace	v. <i>D</i> .		
Assaulted or								J.		,,		
Killed:												
				BUR	GLA	RY DA	ГА					
Method of			Burglar	у Туре	: :			Point of Entry				
Entry:								Visible to Patrol:				
				REPO	RTI	NG PAR	RTY					
Name:	Miller, Step											
Home	5 Blueberry	Court										
Address:	37/4											
Occupation:	N/A N/A											
Relation: SSN:	N/A 123-12-1212	າ										
Date of Birth:	04-23	Sex:		M	F	Dla	ce of	CA				
						Birt	h:					
Age:	18	Race:		Cauca	sian	Ma: Stat		Single				
		•				•		•				
					VIC	CTIM						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F		ce of					
						Birt						
Age:		Race:				Mar Stat	rital					
						Siai	us.	<u> </u>				

		KNOV	VN SUSPECT #1				
Name:	Kidd, Willia	ım					
Date of Birth:	12-06	Sex: Male	SS#: 876-98-7654	Age:	24	Race:	Caucasian
Height:	6'0"	Hair Color:	Black	Injured	:	No	

Weight:	182	Hair Len	gth:	Long	Hosp	oital:	No		
Build:	Medium	Hair Sty	le:	Curly	Hosp		N/A		
						osition:			
Complexion:	Tan	Facial H	air:	No	Conv	veyed By:	N/A		
Eye Color:	Blue	AR#:			Injur	у Туре:	N/A		
			(CHARGES					
				CHARGES					
RS	MO USC			MO Code			F/N	A/C	
			KNOW	N SUSPECT #2					
Name:	ļ	1			1		1		
Date of Birth:		Sex:		SS#:	Age:		Race	:	
Height:		Hair Col			Injur				
Weight:		Hair Len			Hosp				
Build:		Hair Sty	le:		Hosp				
						osition:			
Complexion:		Facial H	air:			veyed By:			
Eye Color:		AR#:			Injur	y Type:			
				CHARGES	1				
RS	MO USC			MO Code			F/N	A/C	
			KNOW	N SUSPECT #3					
Name:							1		
Date of Birth:		Sex:		SS#:	Age:		Race	<u>: </u>	
Height:		Hair Col			Injur				
Weight:		Hair Len			Hosp				
Build:		Hair Sty	le:		Hosp				
G 1 :		F : 177				osition:			
Complexion:		Facial H	aır:			veyed By:			
Eye Color:		AR#:		NI A D C E C	Injur	у Туре:			
D.C.	MOTIGO			CHARGES	1		ГА	I/O	
RS	MO USC			MO Code			F/N	A/C	
			PR	OPERTY					
Owner's									
Name:									
Item Number:	1								-
Property Code:				Value:					
Quantity:				Status:					
Property				Owner's Name:					
Description:									
0				VEHICLE					
Owner's Name:			1		1			1	
Vehicle Number	:		Vehicle Status:	:		ode:			
Vehicle Make:			Vehicle Style:			ear:			
Vehicle Number	:		Vehicle Status:	•		ode:			
Doors Locked:			Vehicle Value:	:	O	ther:		Ī	

NARRATIVE

Police cruiser drove by address of noise complaint. 18-year-old Stephanie Miller came out to complain to officer. No noise was heard from outside the house. Police cruiser drove by the address a second time and no noise was heard. Received higher priority call. No further complaints.

Reporting Officer: Off. Terry, Bill
Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Off. Smith, Karen

	ate Printed: 11-02 Time 2:30 M.R.S. 1112 Record Number:											
Date Printed:	D: 1 D:											
		Printed:	AM	PM	Nu	mber:				2		
				INC	CIDE	NT DAT	4					
Incident Type:	Breaking a	and entering	, burgla	ry								
Address of		iel Gould R		_ ·								
Occurrence:												
Originally	Phone in		Weapo	on or		Hamme	r					
Received As:				ts Used:								
How Received:			Repor	ting		Off. Fri	ck, Rober	t Domestic:	Yes			
			Office									
Type of	Residence			Offices				Complaint Status:	Clea	red by arrest		
Premises			Notifie	ed:								
Copies To:	Zenith Cou	-						Arson Related:	No			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No			
From:	11-02	1:30 AM										
	11-02	1.30 AM										
Date Reported	11-02		Call R	eceived	:	1:30 AN	И	Car Number:	15			
Time	1:31 AM		Time o	of Arriv	al:	1:45 AN	И	District:	The C	Glens		
Reported:												
Officer	No		GEO (Code:	22		Processed By:	Trac	ey, D.			
Assaulted or												
Killed:												
			1			RY DAT						
Method of	Unlawful I	Entry	Burgla	ary Type	e:	-	6PM-6	Point of Entry	No			
Entry:				DEDC	DAT	AM)	/ENX 7	Visible to Patrol:				
Name	C-lanarate M	I		KEPC	KII	NG PAR	TY					
Name: Home	Schwartz, M Same as Abo											
Address:	Same as Abo	ove										
Occupation:	Waitress											
Relation:	N/A											
SSN:	562-45-8912	2										
Date of Birth:	04-29	Sex:		M	F	Plac	e of	OK				
Date of Birtin.	04 2)	BCA.		141		Birtl		OK				
Age:	39	Race:		Саиса	sian	Mar		Married				
8						Stati						
•		· ·										
					VIC	TIM						
Name:	Same as Ab	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac Birtl						
Age:		Race:				Mar	ital					
						Stati	us:					
				KNOV	VN S	USPECT	`#1					

SS#: 123-78-4567

Age:

Injured:

29

Race:

Yes, lacerations

Caucasian

Powell, Harrison

Sex: male

Hair Color:

05-23

6'4"

Name:
Date of Birth:

Height:

					ESc6-1-
Weight:	205	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Crew	Hospital	N/A
				Disposition	1:
Complexion:	Tan	Facial Hair:	No	Conveyed 1	By: Police Cruiser
Eye Color:	Brown	AR#:	45	Injury Type	e:
			CHARGES		
		UNLAV	VFUL ENTRY, SIMPLE BU	RGLARY	
	MO USC		MO Code		F/M/C
(603, 62		1462		M
			KNOWN SUSPECT #2		
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 1	
Eye Color:		AR#:		Injury Type	e:
			CHARGES		
RS	MO USC		MO Code		F/M/C
	T		KNOWN SUSPECT #3		
Name:		1			
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital	
				Disposition	
Complexion:		Facial Hair:		Conveyed 1	· ·
Eye Color:		AR#:		Injury Type	e:
		1	CHARGES	1	
RS	MO USC		MO Code		F/M/C

			PR	OPERTY			
Owner's	Same as abo	ove					
Name:							
Item Number: 1							
Property Code:				Value:	\$1000		
Quantity:	1			Status:	lost		
Property	Stereo			Owner's Name:	Same as		
Description:					above		
			7	VEHICLE			
Owner's Name:							
Vehicle Number	:		Vehicle Status	:	Code:		
Vehicle Make:			Vehicle Style:		Year:		
Vehicle Number	:		Vehicle Status	:	Code:		
Doors Locked:			Vehicle Value:	:	Other:		

NARRATIVE

Single suspect apprehended at local pub with stolen stereo in his vehicle; prior arrest for B & E and Burglary; suspect did not resist.

Reporting Officer: Off. Frick, Robert Supervising Officer: Det. McCarthy, Henry Det. Smith, Peter Reviewing Officer:

				INCIDI	FILI	DATE/	LIME					
Date Printed:	Printed: AM PM Number: 3								3			
			1		IDEN	NT DA	Γ A					
Incident Type:	Injury – 9	l 1 call		22.10		12 212						
Address of		eet Bar and	Grill, 2	6 Cobbl	le Stre	eet						
Occurrence:												
Originally	Phone in		Weapo									
Received As:				ts Used:								
How Received:			Report Office	r:		Off. To	erry, Bil	l	Domestic:	No		
Type of Premises	Restauran	t	Other Notifie	Offices ed:					Complaint Status:			
Copies To:			Fire D	ept.					Arson Related:	No		
Occurred	Date	Time	To:			Date	Tim	ie	Officer Injured:	No		
From:	11-02	2:10 AM	-						_			
Date Reported	11-02		Call R	eceived	:	2:15 A	M		Car Number:	N/A		
Time	2:15 AM			of Arriva		2:27 A			District:		Glens	
Reported:												
Officer Assaulted or Killed:	No		GEO (Code:		22			Processed By:	Trac	ey, D.	
BURGLARY DATA												
Method of N/A Burglary Type: N/A Point of Entry Visible to Patrol:												
Ž				REPO	RTI	NG PA	RTY					
Name:	Wheaton, Co	arissa										
Home	17 Rosewoo	d Street										
Address:												
Occupation:	Restaurant i	nanager										
Relation:	Employer											
SSN:	123-12-123			3.6	T =	DI			107			
Date of Birth:	10-14	Sex:		M	F	Bi			MN			
Age:	31	Race:		Black			ırital ıtus:		Single			
NT.	D	7			VIC	TIM						
Name:	Patterson, J											
Home Address:	5 Sandy Ria	lge Circle										
Occupation:	Bartender											
Relation:	Employee											
SSN:	223-56-785											
Date of Birth:	12-15	Sex:		M	F	Pla Bir	ce of th:	_	GA			
Age:	27	Race:		Cauca	sian		rital tus:		Single			
		<u> </u>				,						
				KNOV	VN S	USPEC	T #1					

Race:

Age:

Injured:

SS#:

Sex:

Hair Color:

Name:
Date of Birth:

Height:

							E300-1-2
Weight:	Hair Len	gth:		Hospita	al:		
Build:	Hair Styl	e:		Hospita	al		
				Dispos			
Complexion:	Facial Ha	air:			ed By:		
Eye Color:	AR#:			Injury '	Гуре:		
			CHARGES				
			CHARGES				
RS	MO USC]	MO Code			F/M/C	
		KNOW	N SUSPECT #2				
Name:	T -			T .	1		
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col			Injured			
Weight:	Hair Len			Hospita			
Build:	Hair Styl	e:		Hospita			
G 1 :	D : 111			Dispos			
Complexion:	Facial Ha	ar:			ed By:		
Eye Color:	AR#:		TIAD CEC	Injury '	Type:		
DC	MOTIGO		CHARGES			EAL/C	
KS	MO USC		MO Code			F/M/C	
		KNOW	N SUSPECT #3				
Name:		KNOW	N SUSPECT #3				
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:	33π.	Injured	•	Kace.	
Weight:	Hair Len			Hospita			
Build:	Hair Styl			Hospita			
Bulla.	Tiun Styl	c.		Dispos			
Complexion:	Facial Ha	nir:			ed By:		
Eye Color:	AR#:			Injury '			-
	1	Ċ	CHARGES		-71	·	
RS	MO USC		MO Code			F/M/C	
		PR	OPERTY				
Owner's							
Name:							
Item Number:							
Property Code:			Value:				
Quantity:			Status:				
Property			Owner's Name:				
Description:							
			EHICLE				
Owner's Name:							
Vehicle Number:		Vehicle Status:		Cod			
Vehicle Make:		Vehicle Style:		Yea			
Vehicle Number:		Vehicle Status:		Cod			
Doors Locked:		Vehicle Value:		Othe	er:		
			RRATIVE				
Ma Whater was	soute that I Dattones -	all down the stai	ing to the basement of	t the west		d bit bic b	and laund on the

Ms. Wheaton reports that J. Patterson fell down the stairs to the basement of the restaurant and hit his head hard on the wall. Patterson keeps going in and out of consciousness. Ambulance dispatched.

Reporting Officer: Off. Terry, Bill
Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Det. Smith, Peter

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	5:27		M.	R.S.	1114	Re	cord Number:			
		Printed:	AM	PM	Nu	mber:					4	
					TDE	NT DAT	Δ					
Incident Type:	Arson/fire	– 911 call		1110		111 1211	11					
Address of	64 Donova											
Occurrence:	0.20.00	,,										
Originally			Weapoi	n or								
Received As:			Objects									
How Received:			Reporti Officer:	ng		Off. Te	rry, Bill		Domestic:	No		
Type of	Unfinished	l residence	Other C	Offices					Complaint Status:			
Premises	v		Notified	d:					•			
Copies To:	Zenith Cou	ınty Court							Arson Related:	Yes		
Occurred From:	Date	Time	To:			Date	Time	;	Officer Injured:	No		
	11-02	4:27 AM										
Date Reported	11-02		Call Re	ceived	:	4:27 A	M		Car Number:	9		
Time Reported:	4:27 AM								District:	The \	Village	
Officer	No		GEO C	ode.		33			Processed By:	Trac	ey, D.	
Assaulted or	110		GLO C	ouc.					Trocessed by.	Truc	су, Б.	
Killed:												
				BUR	GLA	RY DAT	ГА			<u> </u>		
Method of	od of Unlawful Entry Burglary Type: Night (6 PM – 6 Point of Entry No											
Entry:			8	J - JF -		AM)			Visible to Patrol:			
	•			REPO	RTI	NG PAR	RTY	·				
Name:	Johnson, Gr	egory										
Home Address:	66 Donovan											
Occupation:	Builder											
Relation:	neighbor											
SSN:	987-98-9874	4										
Date of Birth:	01-11	Sex:		M	F	Plac Birt	ce of	Λ	NH			
Age:	54	Race:		Black	I	Mai		I	Divorced			
						Stat	us:					
					VIC	CTIM						
Name:												
Home												
Address:												
Occupation:												
Relation:	-											
SSN:	-											
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:					
Age:		Race:			•	Mai	rital					
						Stat	us:					

KNOWN SUSPECT #1										
Name:	UNK									
Date of Birth:	UNK	Sex: Male	SS#: UNK	Age:	UNK	Race:	Caucasian			
Height:	6'0"	Hair Color:	Brown	Injured	:	UNK				
Weight:	180	Hair Length:	Short	Hospita	ıl:	No				

Build:	Medium	Hair Sty	le:	Crew	Disposi		UNK	
Complexions	liale	Facial H	oim.	Beard	Convey			
Complexion:	light		air.	Беага				
Eye Color:	N/A	AR#:		HADOEC	Injury 7	ype:		
				HARGES				
	G) to tigg			NLAWFUL ENTRY	1		EA (/C	
R	SMO USC		1	MO Code			F/M/C	
	52,603			4288			M	
			KNOW	N SUSPECT #2				
Name:			1					
Date of Birth:		Sex:		SS#:	Age:		Race:	
Height:		Hair Col			Injured			
Weight:		Hair Ler	ngth:		Hospita			
Build:		Hair Sty	le:		Hospita			
					Disposi	tion:		
Complexion:		Facial H	air:		Convey	ed By:		
Eye Color:		AR#:			Injury 7	Гуре:		
-		•	C	HARGES		-	•	
R	SMO USC			MO Code			F/M/C	
			KNOW	N SUSPECT #3	·			
Name:			1111011	11 Best Let #e				
Date of Birth:		Sex:		SS#:	Age:		Race:	
Height:		Hair Col	or.	DDII.	Injured		Racc.	
Weight:		Hair Ler			Hospita			
Build:		Hair Sty			Hospita			
Dullu.		Trail Sty	ic.		Disposi			
Complexion:		Facial H	air		Convey			
Eye Color:		AR#:	aii.		Injury 7			
Eye Color.		AN#.		HARGES	Illjury	ype.		
D	CMOTICC			MO Code			F/M/C	
K	SMO USC		ľ	vio code			r/M/C	
			PRO	OPERTY				
Owner's								
Name:								
Item Number:								
Property Code:				Value:				
Quantity:				Status:				
Property				Owner's Name:				
Description:								
	•		V	EHICLE				
Owner's Name	:							
Vehicle Number			Vehicle Status:		Code	e:		
Vehicle Make:	-		Vehicle Style:		Year			
Vehicle Number	er:		Vehicle Status:		Code			
Doors Locked:			Vehicle Value:		Othe			
POOLS LOCKCU.	ı		vernere varue.		Unit		I	

NARRATIVE

Witness observed middle aged caucasian male running from a partially constructed residence on Donovan Way. Source of fire is still unknown; Investigation is ongoing. Suspect remains at large.

Reporting Officer: Off. Terry, Bill
Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Det. Smith, Peter

Date Printed: 11-02		INCIDENT DATE/TIME										
Note	Date Printed:	11-02	Time	7:05		M.l	R.S.	1115	F	Record Number:		
Incident Type:			Printed:	AM	PM	Nu	mber:					5
Address of Occurrence: Occurrence: Occurrence: Occurrence: Originally Received As:					INC	IDE	NT DAT	A	<u> </u>			L
Occupation: Originally Originally Received As: Objects Used: Officer: Officer Of	Incident Type:	Injury – 9	l1 call									
Originally Received Note Note		4 Meadow	Lark Lane									
Received As:				Weano	n or							
How Received: Reporting Officer: Offic												
Premises				Reporti	ing		Off. Fr	ick, Rob	ert	Domestic:	No	
Copies To:		Residence								Complaint Status:		
Date Time From: Date Time From: Date Time Date Time Date Time Date Time Date Time Date Date				Ttotille	<u>u.</u>					Arson Related:	No	
Date Reported 11-02		Date	Time	To:			Date	Time	•			
Date Reported 11-02	From:	11.00	6.05.414									
Time Reported: 6:05 AM Time of Arrival: 6:15 AM District: Forest Hills Officer Assaulted or Killed: No GEO Code: 44 Processed By: Tracey, D. BURGLARY DATA Method of Entry: N/A Burglary Type: N/A Point of Entry Visible to Patrol: No REPORTING PARTY Name: Blake, Gladys Home Same as above Address: Same as above Relation: Victim SSN: 113-11-1244 KS Date of Birth: 03-03 Sex: M F Place of Birth: Widow Age: 92 Race: Caucasian Marital Status: Widow VICTIM Name: Same as above Home Address: Occupation: Relation: Sex: M F Place of Birth: Marital Status: Sex: M F Place of Birth: Marital Status: Status: Marital Status: Sex: Marital Status: Sex: </td <td></td> <td>11-02</td> <td>6:05 AM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		11-02	6:05 AM									
Reported:	Date Reported			Call Re	eceived	:	6:05 A	M		Car Number:	N/A	
Officer Assaulted or Assaulted or Assaulted or Related or Entry: No GEO Code: 44 Processed By: Tracey, D. BURGLARY DATA Method of Entry: N/A Burglary Type: N/A Point of Entry Visible to Patrol: No REPORTING PARTY Name: Blake, Gladys Blake, Gladys Same as above Address: Occupation: Retired School Teacher Relation: Victim SSN: 113-11-1244 Date of Birth: 03-03 Sex: M F Place of Birth: Widow Age: 92 Race: Caucasian Marital Status: Widow VICTIM Name: Same as above Home Address: Occupation: Relation: SSN: Increase of Birth: Increase of Birth: Age: Race: M F Place of Birth: Age: Race: Marital Status:		6:05 AM		Time of Arrival: 6:15 AM				М		District:	Fore	st Hills
Killed: BURGLARY DATA Method of Entry: N/A Point of Entry Visible to Patrol: No Entry: N/A Point of Entry Visible to Patrol: No Entry: Visible to Patrol: No Same as above Address: Occupation: Relation: Sex: M F Place of Birth: KS Age: Caucasian Marital Status: Widow Name: Same as above Home Address: Occupation: SSN: Sex: M F Place of Birth: Age: Birth: Age: Marital Status: Marital Status:		No		GEO C	ode:		44			Processed By:	Trace	ey, D.
Method of Entry Burglary Type: N/A Point of Entry No Visible to Patrol: No Visib												
Method of Entry No												
Name: Blake, Gladys Home Same as above	26.1.1.6	37/4		D 1				l' A		D: CF:	3.7	
Name: Blake, Gladys		N/A		Burgla	ry Type	e:	N/A				No	
Name: Blake, Gladys	√											
Home Address: Occupation: Retired School Teacher	Name:	Blake, Glad	ys				10 1111					
Occupation: Retired School Teacher Relation: Victim SSN: 113-11-1244 Date of Birth: 03-03 Sex: M F Place of Birth: KS Age: 92 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: Status:	Home											
Relation: Victim SSN: 113-11-1244 Date of Birth: 03-03 Sex: M F Place of Birth: Marital Status: Widow												
SSN: 113-11-1244 Date of Birth: 03-03	-		ool Teacher									
Date of Birth: 03-03 Sex: M F Place of Birth: KS Age: 92 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: Status:												
Age: 92 Race: Caucasian Marital Status: Widow					M	TC.	Dlas	f		VC		
Age: 92 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:	Date of Birth:	03-03	Sex:		IVI	r	l l			KS		
Name: Same as above	Age:	92	Race:		Саиса	sian				Widow		
Name: Same as above Home Address: Occupation: Relation: SSN: Date of Birth: Age: Race: M F Place of Birth: Age: Race: Marital Status:												
Name: Same as above Home Address: Occupation: Relation: SSN: Date of Birth: Age: Race: M F Place of Birth: Age: Race: Marital Status:						¥7¥ C	TENER F					
Home Address: Occupation: Relation: SSN: Date of Birth: Age: Race: Race: M F Place of Birth: Marital Status:	Nama	Samo as al-	ou <i>a</i>			VIC	IIVI					
Address: Occupation: Relation: SSN: Date of Birth: Age: Race: Race: M F Place of Birth: Marital Status:		Same as abo	ove									
Occupation: Relation: SSN: Date of Birth: Age: Race: Race: M F Place of Birth: Marital Status:												
SSN: Date of Birth: Sex: M F Place of Birth: Age: Marital Status:												
Date of Birth: Sex: M F Place of Birth: Age: Marital Status:	Relation:											
Age: Race: Marital Status:												
Age: Race: Marital Status:	Date of Birth:		Sex:		M	F					_	
	Age:		Race:				Mar	ital				
KNOWN SUSDECT #1		1					Stat	us.				
					KNOV	VN C	HSPECT	Ր #1				

Age:

Injured:

Hospital:

Race:

SS#:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

						ESc6-			
Build:	Hair Sty	le:		Hospital					
C 1 :	Е : 111			Disposition					
Complexion:	Facial H	air:		Conveyed E					
Eye Color:	AR#:		CHARGES	Injury Type	»:				
			CHARGES						
DC	MO USC		MO Code	<u> </u>	F/M/C	1			
KS	WIO USC	-	WIO Code		r/WI/C	<u></u>			
		KNOW	N SUSPECT #2						
Name:		III (O) (TOODI ECT III						
Date of Birth:	Sex:		SS#:	Age:	Race:				
Height:	Hair Col	or:		Injured:					
Weight:	Hair Len			Hospital:					
Build:	Hair Sty			Hospital		-			
				Disposition	:				
Complexion:	Facial H	air:		Conveyed E					
Eye Color:	AR#:			Injury Type					
		(CHARGES						
RS	MO USC	-	MO Code		F/M/C				
		KNOW	N SUSPECT #3						
Name:									
Date of Birth:	Sex:		SS#:	Age:	Race:				
Height:	Hair Col			Injured:					
Weight:	Hair Len			Hospital:					
Build:	Hair Sty	e:		Hospital Disposition:	:				
Complexion:	Facial H	air:		Conveyed E					
Eye Color:	AR#:			Injury Type					
		(CHARGES						
RS	MO USC		MO Code F/M/C						
		PR	OPERTY						
Owner's Name:									
Item Number:	<u> </u>								
Property Code:			Value:						
Quantity:			Status:						
Property			Owner's Name:						
Description:									
		7	/EHICLE						
Owner's Name:									
Vehicle Number	:	Vehicle Status:		Code:					
Vehicle Make:		Vehicle Style:		Year:					
Vehicle Number	:	Vehicle Status:		Code:					
Doors Locked:		Vehicle Value:		Other:					
			ARRATIVE						
	she fell off her bicycle	in her driveway.	She is in great pa	in and thinks s	she may have	broken her arn			
Ambulance dispo	atched								

Reporting Officer: Off. Frick, Robert
Det. McCarthy, Henry Supervising Officer: Reviewing Officer: Det. Smith, Peter

INCIDENT DATE/TIME											
Date Printed:	11-02	Time	1:28		M.1	R.S.	1116	Record Number:		6	
		Printed:	AM	PM	Nu	mber:					
					IDE	NT DAT	'Δ				
Incident Type:	Grand the	ft auto		1110		II DIII	11				
Address of		's Liquors po	arking lo	t. 747 l	Main	Street					
Occurrence:	Thompson	s ziquers pe		., , , , .		21.001					
Originally	Phone in		Weapor	1 or		N/A					
Received As:			Objects								
How Received:			Reporti	ng		Off. An	derson,	Domestic:	No		
			Officer:			Richar	d				
Type of	Residence		Other C					Complaint Status:	Clear	red with	
Premises			Notified	d:					arres	t	
Copies To:								Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	11-02	10:28 A									
	11 02	10.2011									
Date Reported	11-02		Call Re			10:48		Car Number:	7		
Time	10:48 AM		Time of	f Arriva	al:	11:00 /	AM	District:	The V	⁷ illage	
Reported:	1								<u> </u>		
Officer	No		GEO C	ode:		33		Processed By:	Trace	ey, D.	
Assaulted or											
Killed:	<u> </u>			DIID	OT A	DVDA	T 4				
Method of	I Indan of A		Dumalan			RY DAT		Doint of Enter	N/A		
Entry:	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$										
Liftiy.	<u> </u>			REPO	RTI	NG PAR	PTV	visible to I attor.			
Name:	Roper, Paul			KEI O	/IX I I.	IOIAN	111				
Home	2 Fisher Roc										
Address:	_ 1 10.10.1 110.										
Occupation:	Software En	gineer									
Relation:	N/A										
SSN:	456-45-456	1									
Date of Birth:	08-11	Sex:		M	F	Plac	ce of	IL			
						Birt	th:				
Age:	33	Race:		Cauca.	sian	Mai		Single			
						Stat	tus:				
					VIC	TIM					
Name:	Same as abo	ove									
Home											
Address:											
Occupation: Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Dlag	ce of				
Date of Birtin.		SCA.		141	1.	Birt					
Age:		Race:			I		rital				
5						Stat					

KNOWN SUSPECT #1										
Name:	Michelle S	impson								
Date of Birth:	03-03	Sex: female	SS#: 173-72-1734	Age:	23	Race:	Caucasian			
Height:	4'11"	Hair Color:	Blond	Injured	1:	No				
Weight: 95 Hair Length: Long Hospital: No										

								ESc6-1			
Build:	Small	Hair Styl	e:	Wavy	Hospit		No				
					Dispos						
Complexion:	Tan	Facial Ha	air:	N/A		yed By:	Police cruiser N/A				
Eye Color:	Blue	AR#:		76							
				CHARGES							
		AUT	O THEFT	, SPEEDING, RECKLESS	DRIVING						
	SMO USC			MO Code			F/M/C				
50	3, 505, 510			2463 F							
			K	KNOWN SUSPECT #2							
Name:	Preston, I	Brittany									
Date of Birth:	06-17	Sex: Fen	nale	SS#: 111-11-1111	Age:	22	Race:	Caucasian			
Height:	5'6"	Hair Col	or:	Red	Injured	l:	No				
Weight:	125	Hair Len	gth:	Medium	Hospit	al:	No				
Build:	Small	Hair Styl	e:	Curly	Hospit		No	No			
					Dispos						
Complexion:	Light	Facial Ha	air:	N/A	Conve	yed By:	Police cr	uiser			
Eye Color:	Blue	AR#:		80	Injury	Туре:	N/A				
				CHARGES							
				AUTO THEFT							
R	SMO USC			MO Code			F/M/C				
	503			2463			F				
			K	KNOWN SUSPECT #3							
Name:											
Date of Birth:		Sex:		SS#:	Age:		Race:				
Height:		Hair Col			Injured						
Weight:		Hair Len	gth:		Hospit						
Build:		Hair Styl	e:		Hospit						
					Dispos						
Complexion:		Facial Ha	air:		Conveyed By:						
Eye Color:		AR#:			Injury	Type:					
				CHARGES							
R	SMO USC			MO Code			F/M/C				

PROPERTY										
Owner's										
Name:										
Item Number:										
Property Code:			Value:							
Quantity:			Status:							
Property			Owner's Name:							
Description:										
		V	EHICLE							
Owner's Name:	Same as Above									
Vehicle Number:	1414TOB	Vehicle Status:	Recovered	Code:	GTA1					
Vehicle Make:	Lexus	Vehicle Style:	Sedan	Year:	2000					
Vehicle Number:	1432567jh8kd902	Vehicle Status:		Code:	13h					
Doors Locked:	Yes	Vehicle Value:	\$30,000	Other:						

NARRATIVE

Both suspects apprehended after lengthy chase across town; suspects abandoned car and ran through abandoned trailor park; backup called in to surround park; apprehended without resistance; both suspects have prior GTA arrests.

Reporting Officer: Off. Anderson, Richard
Supervising Officer: Off. Shephard, Theresa
Reviewing Officer: Det. Smith, Peter

Zenith City 911 Incident Reports Event Day 1, part 1 November 2

	INCIDENT DATE/TIME										
Date Printed:	11-02	Time	3:10		M.F	R.S.	1113	Record Number:			
		Printed:	AM	PM	Nur	mber:				3	
				INC	IDEN	NT DAT	A				
Incident Type:	Injury – 91	1 call		22,10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Address of		eet Bar and	Grill, 26	6 Cobbl	le Stre	eet					
Occurrence:											
Originally	Phone in		Weapon								
Received As:			Objects								
How Received:			Reporti Officer	:		Off. Te	rry, Bill	Domestic:	No		
Type of Premises	Restaurant		Other C Notified					Complaint Status:			
Copies To:			Fire De	ept.				Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	11-02	2:10 AM									
Date Reported	11-02		Call Received: 2:15 AM Car Number: N/A								
Time	2:15 AM		Time of			2:27 A		District:		Glens	
Reported:											
Officer	No		GEO C	ode:		22		Processed By:	Trace	ey, D.	
Assaulted or Killed:											
	BURGLARY DATA										
Method of Entry:	N/A		Burglar	ry Type	: :	N/A		Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY											
Name:	Wheaton, Co										
Home Address:	17 Rosewood	d Street									
Occupation:	Restaurant n	nanager									
Relation:	Employer										
SSN:	123-12-1234							T			
Date of Birth:	10-14	Sex:		M	F	Plac Birt	ce of h:	MN			
Age:	31	Race:		Black		Mar Stat		Single			
					VIC	TIM					
Name:	Patterson, J										
Home Address:	5 Sandy Rid	ge Circle									
Occupation:	Bartender										
Relation:	Employee										
SSN:	223-56-785										
Date of Birth:	12-15	Sex:		M	F	Plac Birt	ce of h:	GA			
Age:	27	Race:		Cauca	sian	Mar Stat		Single			
[1					Diai		1			
	KNOWN SUSPECT #1										

SS#:

Age:

Race:

Sex:

Name:

Date of Birth:

Height:	Hair Col			Injured			
Weight:	Hair Len			Hospita	1:		
Build:	Hair Styl	e:		Hospita	1		
				Disposi			
Complexion:	Facial Ha	air:		Convey			
Eye Color:	AR#:			Injury 7	Гуре:		
			HARGES				
			HARGES				
RS	MO USC	N.	IO Code			F/M/C	·
		KNOWN	N SUSPECT #2				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col			Injured			
Weight:	Hair Len			Hospita			
Build:	Hair Styl	e:		Hospita			
				Disposi			
Complexion:	Facial Ha	air:		Convey			
Eye Color:	AR#:			Injury 7	Гуре:		
			HARGES				
RS	MO USC	N.	IO Code			F/M/C	
		KNOWN	N SUSPECT #3				
Name:	<u> </u>						
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col			Injured			
Weight:	Hair Len			Hospita			
Build:	Hair Styl	e:		Hospita			
C 1 :	Б : 111			Disposi			
Complexion:	Facial Ha	air:		Convey			
Eye Color:	AR#:	CI	HARGES	Injury 7	ype:		
D.C.	MOTICC					E/M/C	
KS.	MO USC	IV.	IO Code			F/M/C	<u>, </u>
		77.0					
0 1		PRO	PERTY				
Owner's							
Name:							
Item Number:	<u> </u>	Ι,	T 7 1				
Property Code:			Value:				
Quantity:			Status:				
Property		•	Owner's Name:				
Description:		X71	EIIICI E				
Orange and a Nices		V	EHICLE				
Owner's Name:		Waliala Cont		0.1			
Vehicle Number		Vehicle Status:		Code			
Vehicle Make:		Vehicle Style:					
Vehicle Number	:	Vehicle Status:					
Doors Locked:		Vehicle Value:		Othe	T.		

NARRATIVE

Ms. Wheaton reports that J. Patterson fell down the stairs to the basement of the restaurant and hit his head hard on the wall. Patterson keeps going in and out of consciousness. Ambulance dispatched.

Reporting Officer: Off. Terry, Bill
Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Det. Smith, Peter

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	5:27		M.l	R.S.	1114	Re	ecord Number:			
		Printed:	AM	PM	Nu	mber:					4	
				INC	IDE	NT DAT	A					
Incident Type:	Arson/fire	– 911 call										
Address of	64 Donove	an Way										
Occurrence:												
Originally			Weapo									
Received As:			Objects				*****					
How Received:			Reporti Officer			Off. Te	rry, Bill		Domestic:	No		
Type of Premises	Unfinished	A residence Other Offices Comp. Notified:							Complaint Status:			
Copies To:	Zenith Cor	unty Court	TTOTITIE	u.					Arson Related:	Yes		
Occurred	Date	Time	To:			Date	Time	9	Officer Injured:	No		
From:	11-02	4:27 AM										
Date Reported	11-02	l	Call Re	ceived:		4:27 A	M		Car Number:	9		
Time	4:27 AM		Time o			4:37 A			District:		Village	
Reported:											O	
Officer	No		GEO C	ode:		33			Processed By:	Trac	ey, D.	
Assaulted or Killed:												
BURGLARY DATA												
Method of	Unlawful Entry Burglary Type: Night (6 PM – 6 Point of Entry No											
Entry:	(AM) Visible to Patrol:											
REPORTING PARTY												
Name:	Johnson, Gi											
Home Address:	66 Donovan	ı Way										
Occupation:	Builder											
Relation:	neighbor											
SSN:	987-98-987	4										
Date of Birth:	01-11	Sex:		M	F		e of	1	NH			
						Birt						
Age:	54	Race:		Black		Mai Stat			Divorced			
		•	<u>'</u>			•						
					VIC	TIM						
Name:												
Home												
Address:												
Occupation:												
Relation:												
SSN:		I a	Т	1.6	г	- D1	<u> </u>	ı				
Date of Birth:		Sex:		M	F	Plac Birt	e of h:					
Age:		Race:				Mar	rital					
						Stat	us:					
				1731071	78 T C	LIGHTON	D //4					
				KNOW	VN S	USPEC7	L'# 1					

vame:	UNK						
Date of Birth:	UNK	Sex: Male	SS#: UNK	Age:	UNK	Race:	Caucasian
Height:	6'0"	Hair Color:	Brown	Injured:		UNK	

Build: Medium	Weight:	180	Hair Len	gth:	Short	Hospita	վ։	No		
Complexion:										
Eye Color: Iight Facial Hair: Beard Conveyed By: Eye Color: N/A AR#: Injury Type:										
Eye Color: N/A AR#:	Complexion:	light	Facial H	air:	Beard					
CHARGES ARSON, UNLAWFULENTY										
RSMO USC		· ·	<u> </u>	(CHARGES	<u> </u>	71	l.		
RSMO USC										
S2,603	RS	SMO USC						F/M/C		
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Hospital: Hospital: Build: Hair Style: Hospital: Hospital: Disposition: Complexion: Facial Hair: Conveyed By: Eye Color: AR#: Injury Type: Race: F/M/C F/M/C F/M/C F/M/C F/M/C F/M/C F/M/C F/M/C		52,603			4288					
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Hospital: Hospital: Build: Hair Style: Hospital: Hospital: Disposition: Complexion: Facial Hair: Conveyed By: Eye Color: AR#: Injury Type: Race: F/M/C F/M/C F/M/C F/M/C F/M/C F/M/C F/M/C F/M/C										
Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Hospital: Build: Hair Style: Hospital: Disposition: Eye Color: AR#: Injury Type:				KNOW	N SUSPECT #2					
Height:	Name:									
Weight:	Date of Birth:		Sex:		SS#:	Age:		Race:		
Build:			Hair Col	or:			:			
Complexion: Facial Hair: Conveyed By:	Weight:		Hair Len	gth:		Hospita	վ:			
Eye Color:			Hair Sty	le:		Hospita	ા			
CHARGES										
CHARGES	Complexion:		Facial H	air:		Convey	ed By:			
RSMO USC	Eye Color:		AR#:							
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				(CHARGES					
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Hospital: Disposition: Complexion: Facial Hair: Conveyed By: Eye Color: AR#: Injury Type: CHARGES	RS	SMO USC			MO Code			F/M/C		
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Hospital: Disposition: Complexion: Facial Hair: Conveyed By: Eye Color: AR#: Injury Type: CHARGES										
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Hospital: Disposition: Complexion: Facial Hair: Conveyed By: Eye Color: AR#: Injury Type: CHARGES										
Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured:				KNOW	N SUSPECT #3					
Height: Hair Color: Injured: Weight: Hair Length: Hospital: Hospital: Hospital: Hospital: Disposition: Complexion: Facial Hair: Conveyed By: Eye Color: AR#: Injury Type: CHARGES RSMO USC MO Code F/M/C	Name:									
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: Item Number: Property Code: Value: Quantity: Status: Owner's Name: Description: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Status	Date of Birth:		Sex:		SS#:	Age:		Race:		
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: Item Number: Property Code: Value: Quantity: Status: Code: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Vehicle Status: Code: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Statu			Hair Col	or:						
Complexion: Complexion: Facial Hair: Conveyed By: Injury Type: CHARGES RSMO USC MO Code F/M/C PROPERTY Owner's Name: Item Number: Property Code: Quantity: Property Description: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code:										
Complexion: Facial Hair: Conveyed By:	Build:		Hair Sty	le:						
Eye Color:										
CHARGES				Hair:						
PROPERTY	Eye Color:		AR#:			Injury 7	Гуре:			
PROPERTY										
Owner's Name: Item Number: Property Code: Quantity: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code:	RS	SMO USC			MO Code			F/M/C		
Owner's Name: Item Number: Property Code: Quantity: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code:										
Owner's Name: Item Number: Property Code: Quantity: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code:										
Owner's Name: Item Number: Property Code: Quantity: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code:										
Name: Item Number: Property Code: Quantity: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Status: Code: Vehicle Status: Code: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code:		1		PR	OPERTY					
Item Number: Property Code: Quantity: Status: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Status: Vehicle Status: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code:										
Property Code: Quantity: Status: Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Status: Vehicle Status: Vehicle Status: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code:										
Quantity: Status: Property Owner's Name: Description: VEHICLE Owner's Name: Vehicle Status: Vehicle Number: Vehicle Status: Vehicle Make: Vehicle Style: Vehicle Number: Vehicle Status:			1							
Property Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Status: Vehicle Make: Vehicle Style: Vehicle Number: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code:										
Description: VEHICLE Owner's Name: Vehicle Number: Vehicle Status: Vehicle Make: Vehicle Style: Vehicle Number: Vehicle Style: Vehicle Status: Code: Vehicle Number: Vehicle Status: Code:	_ ` .									
VEHICLE Owner's Name: Vehicle Status: Code: Vehicle Number: Vehicle Style: Year: Vehicle Number: Vehicle Status: Code:					Owner's Name:					
Owner's Name: Vehicle Status: Code: Vehicle Make: Vehicle Style: Year: Vehicle Number: Vehicle Status: Code:	Description:									
Vehicle Number:Vehicle Status:Code:Vehicle Make:Vehicle Style:Year:Vehicle Number:Vehicle Status:Code:	0 11				VEHICLE					
Vehicle Make:Vehicle Style:Year:Vehicle Number:Vehicle Status:Code:				37 1 1 2		Ια.		ı		
Vehicle Number: Vehicle Status: Code:										
Doors Locked: Vehicle Value: Other:							- 			
	Doors Locked:			venicle Value:		Othe	er:			

NARRATIVE

Witness observed middle aged caucasian male running from a partially constructed residence on Donovan Way. Source of fire is still unknown; Investigation is ongoing. Suspect remains at large.

Reporting Officer: Off. Terry, Bill
Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Det. Smith, Peter

INCIDENT DATE/TIME													
Date Printed:	ed: 11-02 Time 7:05 M.R.S. 1115 Record Number:												
		Printed:	AM	PM	Nu	mber:					5		
	INCIDENT DATA												
Incident Type: Injury – 911 call													
Address of	4 Meadow Lark Lane												
Occurrence:													
Originally	Weapon or												
Received As:	Objects Used:												
How Received:	Officer:												
Type of Premises				ther Offices otified:			Complaint Status:						
Copies To:									Arson Related:	No			
Occurred From:	Date	Time	To:			Date	Tim	e	Officer Injured:	No			
110m.	11-02	6:05 AM											
Date Reported	11-02		Call Re	ceived	:	6:05 A	M		Car Number:	N/A			
Time Reported:	6:05 AM		Time o	f Arriv	al:	6:15 A	M		District:	Fore	st Hills		
Officer	No		GEO C	ode:		44			Processed By:	Trac	ey, D.		
Assaulted or													
Killed:													
	T					RY DA	ГА		T				
Method of Entry:	N/A		Burglar	гу Тур	e:	N/A			Point of Entry Visible to Patrol:	No			
REPORTING PARTY													
Name:	Blake, Glad												
Home Address:	Same as abo	ove											
Occupation:	Retired Scho	ool Teacher											
Relation:	Victim												
SSN:	113-11-1244												
Date of Birth:	03-03	Sex:		M	F	Plac Bir	ce of h:		KS				
Age:	92	Race:		Cauca	sian		rital		Widow				
						Sta	.us.						
					VIC	CTIM							
Name:	Same as abo	ove											
Home													
Address:													
Occupation:													
Relation:													
SSN:		l a		3.6	T-F	DI	C	ı					
Date of Birth:		Sex:		M	F	Birt	ce of h:						
Age:		Race:				Ma: Stat	rital us:						
L L		1	<u> </u>			2.56		I					
KNOWN SUSPECT #1													

Age:

Race:

SS#:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

							ESc6-1-
Build:	Hair Sty	le:		Hospita			
Complexion:	Facial H	oi»		Disposi			
Eye Color:	AR#:			Conveyed By: Injury Type:			
Lyc Color.	ΑΙΧΠ.		CHARGES	Injury	гурс.		
			CHARGES				
RSMO U	ISC		MO Code			F/M/C	
TABINIO C	50					171717	
		KNOW	N SUSPECT #2				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:		Injured			
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		KNOW	N SUSPECT #3				
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Quantity:			Status:				
Property			Owner's Name:				
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Owner's Name:							
Vehicle Number:		Vehicle Status:		Code			
Vehicle Make:		Vehicle Style:		Year			
Vehicle Number: Vehicle Status: Code:							
Doors Locked:		Vehicle Value:		Othe	er:		
	77 aa 7		ARRATIVE				
Ms. Blake says she fe Ambulance dispatched		ın her driveway.	She is in great pa	un and thir	iks she i	may have b	roken her arm.
тыпонинсе ингриненей	•						

Off. Frick, Robert
Det. McCarthy, Henry
Det. Smith, Peter Reporting Officer: Supervising Officer: Reviewing Officer:

ESc6-1-4

Direct Phone Call to 911 (Routed to ZCPD, ZCFD)

Date: November 2

Time: 1:38 PM

Message: This is the gate guard at the Zenith City Water Treatment Plant on

217 Rugged Road. I want to report an accident involving a Speedy-ship

driver. After I let him through, the driver lost control of his vehicle, veered

off of the driveway, and crashed into the wall of the chemical storage

building. I think he's unconscious and in need of immediate medical

assistance. A small fire has also broken out in the truck's engine

compartment. The vehicle and the wall he hit look pretty banged up.

Action: Phone call directed to Zenith City Police Dept. and Zenith City Fire

Dept.

ESc6-1-4

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Date: November 2

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compartment. The vehicle and the wall he hit look pretty banged up.

Action: Phone call directed to Zenith City Police Dept. and Zenith City Fire

Dept.

ESc6-1-5

Radio call from Gate Guard to Water Utility Manager

Date: November 2

Time: 1:40 PM

Gate Guard: Jeff, the Speedy-ship driver was just pulling in to make a routine delivery, and swerved off the driveway on his way to shipping/receiving. He crashed into the chemical storage building's wall. I think he may have had a heart attack or something. I went right over to check, and he's unconscious. There's a small fire in the engine compartment of his truck and significant damage to the wall of the building he hit. I've called 911; fire, rescue, and police are on the way.

News Alert #1

KWSD interrupts your regularly scheduled programming to bring you this breaking news story. There appears to have been an accident involving a speedy-ship delivery truck at the Zenith City Water Treatment Plant. The driver of that truck, whose identity remains unknown at this time, was on a routine delivery and apparently lost control of his vehicle, swerving off of the driveway and crashing into one of the facility's buildings. We are told that the driver is unconscious and is being taken to Zenith City Hospital. There was a small engine fire in the vehicle, and the wall of the building he hit suffered structural damages, but fire and police authorities report that they have both situations under control at this time. KWSD news now returs you to our "Election Extravaganza" coverage.

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Radio Call from Gate Guard to Water Utility Manager

Date: November 2

Time: 1:47 PM

Gate Guard: The Speedy-ship truck just blew up. They got the delivery guy out of there just in time. There's a huge chemical leak. Everyone's gotta get out of here!

Radio call from Off. Anderson, Richard to Zenith City Police Department Headquarters

Date: November 2

Time: 1:49 PM

Off. Anderson, Richard: H-32 to 702...(pause)... We've had an explosion at the Water Treatment Plant...217 Rugged Road. We have one officer down. Send back up right away.

ESc6-1-9

Radio call from Lt. Hendrickson to Zenith City Fire Department **Headquarters**

Date: November 2

Time: 1:50 PM

HAZMAT response.

Lt. Hendrickson, James: H19 Reporting an explosion at the Zenith City Water Treatment Plant...217 Rugged Road. Repeat, explosion at the Zenith City Water Treatment Plant, located at 217 Rugged Road. We have two firemen down. Requesting back-up fire and rescue. There's a green cloud, a chemical leak, possibly chlorine, and its headed northwest. Prepare for a full Zenith City Hospitals – Emergency Room Log (Sacred Heart, North End, Zenith City, Saint Michael's) Event Day 1, part 2 November 2

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31	11/02	3:29 PM	Jackson	Chris	М	49	5 Francis Road	TV	5 Francis Road	TV	Kaiser P.	No	severe lower back pain
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37	11/02	3:52 PM	Hukami	Shuji	М	56	527 Iroquois Ave.	SZ	527 Iroquois Ave.	SZ	Kaiser P.	Yes	chemical exposure: nausea, burning sensation in nose, throat, and eyes
38	11/02	4:00 PM	Adams	Diane	F	24	5 Bay Road	FH	980 Industrial Park Dr.	SZ	N/A	No	chemical exposure: difficulaty breathing, chest pain
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41	11/02	4:07 PM	Smart	Betty	F	45	3 Pheasant Wood Road	SZ	3 Pheasant Wood Road	SZ	HMO Blue	Yes	chemcal exposure: coughing, chest tightness, burning sensation in the nose and throat
42	11/02	4:10 PM	Coughlin	Gavin	М	65	16 Pheasant Wood Rd.	SZ	16 Pheasant Wood Rd.	SZ	Aetna	No	chemical exposure: burning sensation in the nose throat and eyes
43	11/02	4:16 PM	Bolton	Matt	М	27	192 Main Street	SZ	515 Industrial Park Dr.	SZ	N/A	No	chemical exposure: difficulaty breathing, chest pain
45	11/02	4:45 PM	Bankowski	Benjamin	М	16	5 Blueberry Court	SZ	N/A	N/A	HMO Blue	No	chemical exposure: nausea, vomiting, watery eyes, blurred vision
46	11/02	4:51 PM	Damon	Louise	F	47	32 Trout Brook Road	SZ	902 Iroquois Ave.	SZ	Kaiser P.	Yes	chemical exposure: difficulty breathing and shortness of breath
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49	11/02	6:36 PM	Markofsky	Darla	F	7	13 Parent Road	SZ	N/A	N/A	HMO Blue	No	chemical exposure: nausea, vomitting, burning sensation in eyes and nose
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54	11/02	8:35 PM	Hardy	Trevor	М	2	36 Ashlee Drive	SZ	N/A	N/A	Kaiser P.	No	chemical exposure: watery eyes, blurred vision, burning sensation in nose, throat, eyes

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21	11/02	2:39 PM	Rogers	Tyler	М	25	3 Polk Ave.	TV	217 Rugged Road	SZ	HMO Blue	Yes	chemical exposure: burning in nose, throat, and eyes, blurred vision
22	11/02	2:45 PM	Bradley	Tad	М	10	3 Pheasant Wood Rd.	SZ	N/A	N/A	Aetna	No	chemical exposure: coughing, tightness in chest
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39	11/02	4:05 PM	Poppish	Taylor	F	5	3 Polk Ave.	TV	N/A	N/A	PPO Blue	Yes	asthma attack, watery eyes	

	Zenith City Hospitals - 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	e District TG = The C	Blens	TV = The Village	SZ = Sou	uth Zenith		
40	11/02	4:06 PM	Lewis	Michaela	F	3	4 Manns Hill Road	FH	N/A	N/A	Aetna		chemical exposure: nausea, vomiting
41	11/02	4:07 PM	Smart	Betty	F	45	3 Pheasant Wood Road	SZ	3 Pheasant Wood Road	SZ	HMO Blue	Yes	chemcal exposure: coughing, chest tightness, burning sensation in the nose and throat
42	11/02	4:10 PM	Coughlin	Gavin	М	65	16 Pheasant Wood Rd.	SZ	16 Pheasant Wood Rd.	SZ	Aetna	No	chemical exposure: burning sensation in the nose throat and eyes
43	11/02	4:16 PM	Bolton	Matt	М	27	192 Main Street	SZ	515 Industrial Park Dr.	SZ	N/A	No	chemical exposure: difficulaty breathing, chest pain
45	11/02	4:45 PM	Bankowski	Benjamin	М	16	5 Blueberry Court	SZ	N/A	N/A	HMO Blue	No	chemical exposure: nausea, vomiting, watery eyes, blurred vision
46	11/02	4:51 PM	Damon	Louise	F	47	32 Trout Brook Road	SZ	902 Iroquois Ave.	SZ	Kaiser P.	Yes	chemical exposure: difficulty breathing and shortness of breath
47	11/02	5:21 PM	MacMurray	Judy	F	56	12 Beach Street	TG	39 Beach Street	TG	Aetna	No	severe pain in lower abdomen

	Zenith City Hospitals - 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	e District TG = The G	Blens	TV = The Village	SZ = Sou	uth Zenith			
48	11/02	6:01 PM	Stanton	Timothy	М	27	12 Wood Drive	LD	N/A	N/A	HMO Blue	Yes	chemical exposure: shortness of breath, difficulty breathing, and severe chest pain	
49	11/02	6:36 PM	Markofsky	Darla	F	7	13 Parent Road	SZ	N/A	N/A	HMO Blue	No	chemical exposure: nausea, vomitting, burning sensation in eyes and nose	
50	11/02	6:59 PM	Weaver	Bart	М	64	12 Leach Ave.	SZ	45 Revolution Road	TV	Aetna	No	chemical exposure: shortness of breath and difficulty breathing	
53	11/02	8:19 PM	Hardy	Jennifer	F	75	4 Just Lane	SZ	N/A	N/A	Medicare	No	chemical exposure: difficulty breathing, shortness of breath	
54	11/02	8:35 PM	Hardy	Trevor	М	2	36 Ashlee Drive	SZ	N/A	N/A	Kaiser P.	No	chemical exposure: watery eyes, blurred vision, burning sensation in nose, throat, eyes	

Zenith City Police Department Incident Reports Event Day 1, part 2 November 2

	INCIDENT DATE/TIME											
Date Printed:	11-02	Time	2:37		M.R	R.S.	1117	Record Number:	7			
		Printed:	AM	PM	Nun	nber:						
				INC	IDEN	T DAT	Α					
Incident Type:	Vehicular	Accident – 9	11 Call									
Address of	Zenith City	Water Trea	itment Pi	lant, 21	7 Rug	ged Roo	ıd					
Occurrence:												
Originally	Phone in		Weapor	n or		N/A						
Received As:			Objects									
How Received:			Reporti				derson,	Domestic:	No			
			Officer			Richar	<u>d</u>					
Type of	Water Tree	atment	Other C					Complaint Status:				
Premises	Plant		Notifie	d:				A D 1 . 1	17			
Copies To:	Dete	T.:	T			Ditti	Tr:	Arson Related:	No			
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No			
FIOIII:	11-02	1:37 PM			Ī							
Date Reported 11-02 Call Received: 1:39 PM Car Number: 7												
Date Reported	11-02					1:39 P		Car Number:	7			
Time 1:40 PM Time of Arrival: 1:46 PM District: South Zenith												
Reported: GEO Code: 55 Processed By: Tracey, D.												
Assaulted or SEO Code: 33 Processed By: Tracey, D.												
Assaulted or Killed:												
BURGLARY DATA												
Method of N/A Burglary Type: N/A Point of Entry N/A												
Entry:			υ	J J1				Visible to Patrol:				
•				REPO	RTIN	NG PAR	RTY					
Name:	Matthews, C	Christopher										
Home	27 Washing	ton Street										
Address:												
Occupation:	Gate guard											
Relation:	Treatment p		ee									
SSN:	246-85-9135		1	3.7	-	DI	С.	LITE				
Date of Birth:	02-16	Sex:		M	F	Plac Birt	ce of	VT				
A go:	42	Race:		Caucas	sian	Mai		Married				
Age:	42	Race.		Caucas	siari	Stat		Минеи				
						Stat	.us.					
					VIC	TIM						
Name:	Saunders, J	effrev			V1	11111						
Home	42 Congress	*										
Address:												
Occupation:	Speedy-ship	delivery dri	iver									
Relation:	Treatment p	lant delivery	y service									
SSN:	468-92-134	5										
Date of Birth:	06-25	Sex:		M	F	Plac Birt	ce of h:	OK				
Age:	36	Race:		Caucas	sian	Mar Stat	rital	Single				
<u> </u>			ı.					•				
				KNOW	VNI CI	ISPEC	Г #1					

SS#:

Age: Injured:

Race:

Name:

Height:

Date of Birth:

Sex:

Hair Color:

Weight:	Hair Len			Hospital:					
Build:	Hair Styl	e:		Hospital					
				Dispositi					
Complexion:	Facial Ha	air:		Conveye	d By:				
Eye Color:	AR#:			Injury Ty	ype:				
		CH	ARGES						
		CH	ARGES						
RSI	MO USC	MO	O Code		F/M/C				
		KNOWN	SUSPECT #2						
Name:									
Date of Birth:	Sex:	S	S#:	Age:		Race:			
Height:	Hair Col	or:		Injured:					
Weight:	Hair Len	gth:		Hospital:					
Build:	Hair Styl	e:		Hospital					
				Dispositi	on:				
Complexion:	Facial Ha	air:		Conveye	d By:				
Eye Color:	AR#:			Injury Ty	ype:				
		CH	ARGES						
RSI	MO USC	MO	O Code			F/M/C	3		
		KNOWN	SUSPECT #3						
Name:									
Date of Birth:	Sex:	S	S#:	Age:		Race:			
Height:	Hair Col	or:		Injured:					
Weight:	Hair Len	gth:		Hospital:					
Build:	Hair Styl	e:		Hospital					
				Disposition:					
Complexion:	Facial Ha	air:		Conveyed By:					
Eye Color:	AR#:			Injury Type:					
		CH	ARGES						
RSI	MO USC	MO	O Code			F/M/C	3		
	<u> </u>								
		PROF	PERTY						
Owner's			·						
Name:									
Item Number:									
Property Code:		V	alue:						
Quantity:			tatus:						
Property			wner's Name:						
Description:									
		VE	HICLE						
Owner's Name:									
Vehicle Number: Vehicle Sta			Status: Code:						
Vehicle Make: Vehicle Style									
Vehicle Number:		Vehicle Status:							
Doors Locked:		Vehicle Value:		Other:					

NARRATIVE

Mr. Matthews, gate guard at the water plant, reported a Speedy-ship truck on a routine delivery has just veered off the driveway and crashed into the side of the chemical building at the plant. The driver, a Mr. Jeffrey Saunders, appears to be seriously injured, and a small fire has broken out at the scene. Ambulance and ladder truck dispatched.

Reporting Officer: Off. Anderson, Richard
Supervising Officer: Off. Shephard, Theresa
Reviewing Officer: Det. Smith, Peter

INCIDENT DATE/TIME											
Date Printed:	11-02	Time	2:49		M.R	a.S.	1118	Record Number:			
		Printed:	AM	PM	Nun	nber:				8	
				INC	IDEN	T DAT	A				
Incident Type:	Noise com	plaint – 911	call								
Address of	Zenith City	Water Trea	tment Pl	lant, 21	7 Rug	ged Roa	d				
Occurrence:								T-	_		
Originally	Phone in		Weapor			N/A					
Received As:			Objects			0.66 75	D:11		1 27		
How Received:			Reporti Officer	ng :		Off. Ter	rry, Bill	Domestic:	No		
Type of	WTP		Other C					Complaint Status:			
Premises			Notifie	d:				•			
Copies To:								Arson Related:	No		
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:			
Tiom.	11-02	1:50 PM									
Date Reported	11-02		Call Re	ceived:	:	1:52 PI	М	Car Number:	11		
Time	1:53 PM		Time of	f Arriva	al:	1:59 Pl		District:	South	ı Zenith	
Reported:											
Officer	No		GEO C	ode:		55		Processed By:	Trace	ey, D.	
Assaulted or											
Killed:				DIID	QT 43	DT/ D / I	7.4				
Method of	N//A		Danalan			RYDAT	.'A	Daint of Enter	A7/A		
Entry:	N/A		Burglar	y Type): 	N/A		Point of Entry Visible to Patrol:	N/A		
Entry.				REPO	RTIN	NG PAR	TV	visible to ration.			
Name:	Willis, Justin	1 _P		KLI O	1 1 1 1	10 1 1111					
Home	1 Beaver Br										
Address:											
Occupation:	Housewife										
	resident										
	246-85-6493				1						
Date of Birth:	09-27	Sex:		M	F	Plac		WI			
	10			D1 1		Birt		14			
Age:	49	Race:		Black		Mar Stat		Married			
						Stat	us.				
					VIC	TIM					
Name:					VIC.	1 11/1					
Home											
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Plac Birtl					
Age:		Race:			1	Mar					
						Stati					
				KNOW	VN SI	JSPECT	` #1				

SS#:

Age: Injured:

Race:

Name:

Height:

Date of Birth:

Sex:

Hair Color:

							<u> </u>
Weight:	Hair Len			Hospita			
Build:	Hair Styl	e:		Hospital	l		
				Disposit	tion:		
Complexion:	Facial Ha	air:		Convey	ed Bv:		
Eye Color:	AR#:			Injury T			
	1		CHARGES	1 3 3	JF	1	
			CHARGES				
RS	MO USC		MO Code			F/M/C	
KD	WO OBC	-	WO COUC			1/1/1/	
		KNOW	N SUSPECT #2				
Name:		KNOW	IN SUSIECT #2				
Date of Birth:	l a		CC.II.			D	
	Sex:		SS#:	Age:		Race:	
Height:	Hair Col			Injured:			
Weight:	Hair Len			Hospita			
Build:	Hair Styl	e:		Hospita			
				Disposit			
Complexion:	Facial Ha	air:		Convey			
Eye Color:	AR#:			Injury T	ype:		
			CHARGES				
RS	MO USC	-	MO Code			F/M/C	
		KNOW	N SUSPECT #3				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:		Injured:			
Weight:	Hair Len			Hospita			
Build:	Hair Styl			Hospita			
Build.				Disposit			
Complexion:	Facial Ha	air.		Convey			
Eye Color:	AR#:			Injury T			
Lyc color.	THUIT		CHARGES	injury 1	Jpc.	<u> </u>	
RS	MO USC		MO Code			F/M/C	-
Ko	WIO CBC	-	110 Couc			1/1/1/	
		DD.	ODED TY				
O		PK	OPERTY				
Owner's							
Name:							
Item Number:		1	T 7 1				
Property Code:			Value:				
Quantity:			Status:				
Property			Owner's Name:				
Description:							
			EHICLE				
Owner's Name:		T					
Vehicle Number:		Vehicle Status:		Code			
Vehicle Make:		Vehicle Style:		Year			
Vehicle Number:		Vehicle Status:		Code			
Doors Locked:		Vehicle Value:		Othe	r:		
		N/A	RRATIVE				
Ms. Willis report	s a loud "booming nois			vater treatm	ient plai	nt. She thir	nks it mav be an
	n see a cloud of green s						,

Reporting Officer: Off. Terry, Bill
Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Det. Tobey, Dennis

	INCIDENT DATE/TIME												
Date Printed:	11-02	Time	2:53		M.I	R.S.	1119	Record Number:		9			
		Printed:	AM	PM	Nui	mber:							
				INC	IDEN	NT DAT	'A			l			
Incident Type:	Injury – 91	1 call											
Address of	Zenith City	Water Trea	tment Pl	lant, 21	7 Rug	gged Roo	ad						
Occurrence:						•							
Originally	Phone in		Weapoi			N/A							
Received As:			Objects			0.00.3.5							
How Received:			Reporti Officer:	:		Off. Mo Daniel		Domestic:	No				
Type of	Water Tree	ıtment	Other C					Complaint Status:					
Premises	Plant		Notified	d:									
Copies To:	ļ							Arson Related:	No				
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No				
Troin.	11-02	1:49 PM											
Date Reported 11-02 Call Received: 1:53 PM Car Number: 13													
Time 1:54 PM Time of Arrival: 2:00 PM District: South Zenith													
Reported: Officer No GEO Code: 55 Processed By: Tracey D													
Officer No GEO Code: 55 Processed By: Tracey, D.													
Assaulted or Killed:													
Killed:													
BURGLARY DATA													
Method of Entry:	Method of N/A Burglary Type: N/A Point of Entry N/A Entry: Visible to Patrol:												
				REPO	RTI	NG PAR	RTY						
Name:	Nickerson, S												
Home Address:	2 Birchwood	l Circle											
Occupation:	Secretary												
Relation:	Employee at	treatment n	lant										
	411-58-8663		cirii										
	05-30	Sex:		M	F	Plac	ce of	MO					
Date of Brian		20.11			_	Birt							
Age:	27	Race:		Саиса	sian	Mai	rital	Married					
						Stat	tus:						
					VIC	TIM							
Name:	Drake, Pam	ela											
Home	13 Klein Str												
Address:													
Occupation:	Lab Tech												
Relation:		t treatment p	lant										
SSN:	SSN: 456-89-1234												
Date of Birth:	06-17	Sex:		M	F	Plac Birt	ce of th:	MO					
Age:	36	Race:		Black		Mar Stat	rital	Married					
		<u> </u>						·					
				KNOV	VN S	USPEC'	Γ#1						

i tuille.					
Date of Birth:	Sex:	SS#:	Age:	Race:	
Height:	Hair Color:		Injured:		
Weight:	Hair Length:		Hospital:		

Name:

Vehicle Make: Vehicle Number: Doors Locked:		Vehicle Style: Vehicle Status: Vehicle Value:		Yea Coo Oth	le:		
Vehicle Number:		Vehicle Status:		Cod			
Owner's Name:			1	1 ~		1	
			EHICLE				
Description:							
Property			Owner's Name:				
Quantity:			Status:	1			
Property Code:			Value:				
Name: Item Number:							
Owner's							
		PR	OPERTY				
				l			
KSMO			1110 COUC			1 / 1VI/ C	
RSMO	USC		MO Code			F/M/C	
Lyc Color.	AK#.		CHARGES	Injury	rype.	<u>I</u>	
Eye Color:	AR#:	a11.		Injury			
Complexion:	Facial Ha	air:		Dispos	yed By:		
Build:	Hair Styl	le:		Hospit			
Weight:	Hair Len			Hospit			
Height:	Hair Col			Injured			
Date of Birth:	Sex:		SS#:	Age:		Race:	
Name:		1	9911		T	l n	<u> </u>
		KNOW	N SUSPECT #3				
RSMO	USC		MO Code			F/M/C	
			CHARGES	<u> </u>			
Eye Color:	AR#:			Injury	Type:		
Complexion:	Facial Ha	air:			yed By:		-
				Dispos	ition:		
Build:	Hair Styl			Hospit			
Weight:	Hair Len			Hospit			
Height:	Hair Col	or:	~~	Injured	l:	11400.	l
Date of Birth:	Sex:		SS#:	Age:		Race:	
Name:		KNOW	'N SUSPECT #2				
		LNON	N SUSPECT #2				
RSMO	USC		MO Code			F/M/C	
			CHARGES				
			CHARGES				
Eye Color:	AR#:			Injury	Type:		
Complexion:	Facial Ha	air:			yed By:		
Buna.	Tian Styl			Dispos			
Build:	Hair Styl	e·		Hospit	al		2000-1-1

Supervising Officer: Det. Andrews, Brian
Reviewing Officer: Det. Reynolds, Tracy

Off. Madison, Daniel

Reporting Officer:

	INCIDENT DATE/TIME											
Date Printed:	11-02	Time	3:13		M.l	R.S.	1120	Re	ecord Number:			
		Printed:	AM	PM	Nu	mber:					10	
				INC	IDE	NT DAT	'A					
Incident Type:	Injury – 9.	11 call		1110		VI DIII	11					
Address of		y Water Tred	atment P	lant, 21	17 Ru	gged Ro	ad					
Occurrence:		,		,		30						
Originally	Phone In		Weapo	n or		N/A						
Received As:			Objects	Used:								
How Received:			Reporti			Off. Al	exander,	,	Domestic:	No		
			Officer			Michae	el					
Type of	Water Tre	atment	Other C						Complaint Status:			
Premises	Plant		Notifie	d:								
Copies To:		T				_	T		Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	e	Officer Injured:	No		
From:	11-02	2:03 PM										
		2.00 1 1/1										
Date Reported	11-02		Call Re			2:13 P			Car Number:	5		
Time	2:13 PM		Time of	f Arriva	al:	2:19 P	M		District:	South	ı Zenith	
Reported:												
Officer	No		GEO C	ode:		55			Processed By:	Trac	ey, D.	
Assaulted or												
Killed:				DIID	OT A	RY DA	r A					
Method of	1		Burglar			KYDA	IA		Point of Entry			
Entry:			Durgiai	ly Type	·.				Visible to Patrol:			
Entry.				REPO	RTI	NG PAF	RTY		Visible to I dirot.			
Name:	Rogers, Tyle	er		TILL O	71111	101111						
Home	3 Polk Ave.	-										
Address:												
Occupation:	Lab tech											
Relation:	Employee a	t WTP										
SSN:	<i>747-56-789</i> .	3										
Date of Birth:	06-19	Sex:		M	F		ce of	1	UT			
						Bir						
Age:	25	Race:		Cauca	sian		rital	2	Single			
						Sta	tus:					
					TITO	(TOTA #						
Name:	Same as ab	0110			VIC	TIM						
Home	same as ab	ove										
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac	ce of					
						Birt						
Age:		Race:			•		rital					
						Stat	us:					
				KNOV	VN S	USPEC'	Γ#1					
Name:												

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:	Hair Styl	e:		Hospita	ıl					
				Disposi						
Complexion:	Facial Ha	air:		Convey	ed By:					
Eye Color:	AR#:			Injury '						
•		CH	HARGES							
		CH	HARGES							
RS	MO USC	M	IO Code			F/M/	/C			
		KNOWN	N SUSPECT #2	<u> </u>						
Name:										
Date of Birth:	Sex:	S	SS#:	Age:		Race:		1		
Height:	Hair Col			Injured	:					
Weight:	Hair Len			Hospita						
Build:	Hair Styl			Hospita						
				Disposi						
Complexion:	Facial Ha	air:		ed By:						
Eye Color:	AR#:			Injury 7						
Lyc color.	THE!	CH	. jpc.	l						
RS	MO USC		IO Code			F/M/	/C			
Tto		1112	10 0000			1 / 11/1/				
	KNOWN SUSPECT #3									
Name:		IRIOVI	(Besider #8							
Date of Birth:	Sex:		SS#:	Age:		Race:				
Height:	Hair Cole		3511.	Injured	•	race.				
Weight:	Hair Len			Hospita						
Build:	Hair Styl			Hospita						
Build.	Tian Styl	· .		Disposi	ition.					
Complexion:	Facial Ha	air:		Convey						
Eye Color:	AR#:			Injury 7						
Lyc color.	THE!	CF	HARGES	mjury	rype.	<u> </u>				
RS	MO USC		IO Code			F/M/	/C			
105		111	10 0040			1/1/1/				
		DDA	DEDTY							
Owner's		PRU	PERTY							
Name:										
Item Number:	<u> </u>	1	K7-1							
Property Code:		Value:								
Quantity:			Status:	1			\longrightarrow			
Property		(Owner's Name:							
Description:		777								
0 1 11		VI	EHICLE							
Owner's Name:										
Vehicle Number		atus: Code:								
Vehicle Make:		Vehicle Style:		Yea						
Vehicle Number	:	Vehicle Status:								
Doors Locked:		Vehicle Value:			Other:					

NARRATIVE

Mr. Rogers reports there has been an explosion at the Zenith City Water Treatment Plant, and all employees have evacuated the premises. A cloud of yellow/green gas has filled the air and he is experiencing a burning sensation in his nose, throat, and eyes. He is also experiencing blurred vision, and is unable to drive from the scene. Additional ambulances dispatched to the water treatment plant.

Reporting Officer: Off. Alexander, Michael
Supervising Officer: Off. Sanders, Trevor
Reviewing Officer: Det. Spauford, Charlotte

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	4:17		M.	R.S.	1121	21	Record Number:			
		Printed:	: AM PM Number:					11				
INCIDENT DATA												
Incident Type: Injury – 911 call												
Address of	1 Beaver Brook Road											
Occurrence:						1				1		
Originally	Phone in Weapon or N/A											
Received As:			Objects									
How Received:		Reporting Off. True Officer:						ın, Jear	n Domestic:	No		
Type of Premises	Residence	Other Offices Notified:						Complaint Status:				
Copies To:									Arson Related:	No		
Occurred	Date	Time	To:			Date	,	Time	Officer Injured:			
From:												
	11-02	3:12 PM										
Date Reported	11-02		Call Re	ceived:		3:17 P	M		Car Number:			
Time	3:17 PM		Time of			3:26 P			District:	South	n Zenith	
Reported:												
Officer	No		GEO C	ode:		55			Processed By:	Trace	ey, D.	
Assaulted or									·			
Killed:	illed:											
BURGLARY DATA												
Method of	N/A		Burglar	у Туре	: :	N/A			Point of Entry	N/A		
Entry:				DEDO	DET	NO DAT	NTIX 7	7	Visible to Patrol:			
Name: Willis, Justine												
Home	Willis, Justine Same as above											
Address:												
Occupation:	Housewife											
Relation:	Resident	2										
SSN: Date of Birth:	249-98-3259											
	09-27	Sex:		M	F	Birth:						
Age:	49	Race: Black					Marital <i>Married</i> Status:					
					X/10	NAME OF THE OWNER OWNER OF THE OWNER						
Nome	Same as Ab	0110			VIC	CTIM						
Name: Home	Same as Ab	ove										
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Pla	ce o	f				
		2000				Bir						
Age:		Race:					rital					
						Sta	tus:					
				*****		TION-	- ·					
N				KNOV	VN S	USPEC'	T #1					
Name:												

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:	Hair Styl	e:		Hospita	al					
				Dispos						
Complexion:	Facial Ha	air:		Conveyed By:						
Eye Color:	AR#:	AR#:				Injury Type:				
•		C	CHARGES							
		C	CHARGES							
RSMO USC MO Code F/M/C										
		KNOW	'N SUSPECT #2							
Name:								_		
Date of Birth:	Sex:		SS#:	Age:		Race:				
Height:	Hair Col	or:		Injured	:					
Weight:	Hair Len			Hospita				_		
Build:	Hair Styl			Hospita						
Buna.			Dispos							
Complexion:	Facial Ha	air.			Conveyed By:					
Eye Color:	AR#:			Injury '						
Lyc color.	TIXII.		CHARGES	injury	турс.					
RS	MO USC		MO Code			F/M/C	I			
T(S)	MO CBC	,	WIO Code			1/1/1/	-			
		KNOW	N SUSPECT #3							
Name:	T	KNOW	N SUSI ECT #3							
Date of Birth:	Sex:		SS#:	Age:		Race:	1			
Height:	Hair Cole	or:	υυπ.	Injured		Racc.		_		
Weight:	Hair Len			Hospital:						
Build:	Hair Styl			Hospita						
Dulla.	Tian Styl	c.		Dispos	u ition:					
Complexion:	Facial Ha	air:			ed By:					
Eye Color:	AR#:	411.		Injury '						
Lyc Color.	AIXII.		CHARGES	iiijui y	турс.					
DC	MO USC		MO Code			F/M/C	<u> </u>			
KS	MO OBC	1			17101/C					
		77	0 D D D D D D							
		PR	OPERTY							
Owner's										
Name:										
Item Number:	T T			1						
Property Code:			Value:							
Quantity:			Status:							
Property			Owner's Name:							
Description:										
		V	EHICLE							
Owner's Name:		T								
Vehicle Number	:	Vehicle Status:	Code:							
Vehicle Make:		Vehicle Style:		Year:						
Vehicle Number	:	Vehicle Status:								
Doors Locked:		Vehicle Value		Oth						

NARRATIVE

Justine Willis, of Beaver Brook Road reports she is experiencing tightness in her chest, watery eyes, and a burning sensation in her eyes and throat. Ms. Willis believes her symptoms are due to a cloud of a greenish colored gas that is coming from where she heard a loud booming noise. Ambulance dispatched.

Reporting Officer: Off. Truman, Jean
Supervising Officer: Det. Franks, Norman
Reviewing Officer: Det. Dugan, Paul

INCIDENT DATE/TIME													
Date Printed:	11-02	Time	4:21		M.l	R.S.	1122	Record Number:					
		Printed:	AM	I PM N		mber:				12			
INCIDENT DATA													
Incident Type:	Suspicious												
Address of	South Zenith High School, 36 Congress Street												
Occurrence:						1			1				
Originally	Phone In Weapon or Objects Used:												
Received As: How Received:						Off E	an Irlin	Domestic:	No				
now Received:			Reporting Off. Franklin, D Officer: Stephen					Domestic:	NO				
Type of	School		Other C					Complaint Status:					
Premises			Notifie	d:				1					
Copies To:								Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:	11-02	3:21 PM											
Date Reported	11-02		Call Re	ceived		3:22 P	<u> </u> M	Car Number:	3				
Time	3:23 PM		Time o			3:28 P		District:		n Zenith			
Reported:	3.20 1 1/1		111110			2.201	.,,	District.	South	2011111			
Officer	No		GEO C	ode:		55		Processed By:	Trace	ey, D.			
Assaulted or								·					
Killed:	Killed:												
	T					RY DA	ГА						
Method of	N/A		Burglary Type: N/A Point of Entry				N/A						
Entry: Visible to Patrol: REPORTING PARTY													
Name: McElroy, Patrick													
Home	6 Spring La												
Address:													
Occupation:	Grounds kee	eper											
Relation:	Witness												
SSN:	654-65-654.							T					
Date of Birth:	10-09	Sex:		M	F		ce of	NY					
A 221	41	Race:		Саиса		Birt	in: rital	Divorced					
Age:	41	Race:		Cauca	sian	Stat		Divorcea					
1		· ·	<u> </u>					-					
					VIC	TIM							
Name:													
Home													
Address:													
Occupation:													
Relation:													
SSN:		l a	<u> </u>	3.6	-	l Di	<u> </u>						
Date of Birth:		Sex:		M	F	Plac Birt	ce of th:						
Age:		Race:				Mai	rital						
						Stat	us:						
				KNOV	VN S	USPEC'	Γ#1						

Age:

Injured:

Hospital:

Race:

SS#:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

Build:	Hair Sty	le:		Hospital							
				Disposit							
Complexion:	Facial H	air:	Conveyed By:								
Eye Color:	AR#:			Injury Type:							
CHARGES											
CHARGES											
RS	MO USC	M	IO Code			F/M/	/C				
		KNOWN	N SUSPECT #2								
Name:											
Date of Birth:	Sex:	\$	SS#:	Age:		Race:]			
Height:	Hair Col	or:		Injured:							
Weight:	Hair Ler	ngth:		Hospital	l:						
Build:	Hair Sty			Hospital							
				Disposit							
Complexion:	Facial H	air:		Convey							
Eye Color:	AR#:			Injury T							
,	1	CH	HARGES		<i>-</i> 1						
RS	MO USC		IO Code			F/M/	/C				
								-			
								-			
KNOWN SUSPECT #3											
Name:											
Date of Birth:	Sex:		SS#:	Age:		Race:					
Height:	Hair Col			Injured:							
Weight:		Hair Length: Hospital:									
Build:	Hair Sty			Hospital							
Build.				Disposit	ion:						
Complexion:	Facial H	air:		Convey							
Eye Color:	AR#:			Injury T							
,		CH	HARGES	1 J . J	J I	1					
RS	MO USC	M			F/M/	/C					
								-			
		I		I							
		PRO	PERTY								
Owner's		TRO									
Name:											
Item Number:											
Property Code:		1	Value:								
Quantity:			Status:								
Property Property			Owner's Name:								
Description:		`	Owner s Name.								
Description.		VI	EHICLE								
Owner's Name:		VI									
Vehicle Number		Vehicle Status:	=	Codo	.•						
Vehicle Make:	•	Vehicle Status:			Code: Year:						
Vehicle Number	•	Vehicle Status:		Code: Other:							
Doors Locked:		Vehicle Value:		Ι,							

NARRATIVE

South Zenith High School grounds keeper, Patrick McElroy, reports a suspicious male with binoculars and clipboard near the tennis courts at the rear of the school. Cruiser dispatched; suspect is identified as environmental scientist tracking an endangered bird that has made a nest in a tree behind the school.

Reporting Officer: Off. Franklin, Stephen
Supervising Officer: Det. Hardy, Brandon
Reviewing Officer: Off. Tucker, Marshall

			I	NCIDI	ENT	DATE/	ГІМЕ					
Date Printed:	11-02	Time	4:25		M	.R.S.	1123	•	Record Number:			
		Printed:	AM	PM	Nι	ımber:					13	
			1	1	IDE	NT DAT	' Δ					
Incident Type:	Injury – 9.	11 call		1110		111 2111						
Address of		ois Avenue										
Occurrence:												
Originally	Phone in		Weapo	n or		N/A						
Received As:			Objects									
How Received:			Reporti			Off. M			Domestic:			
			Officer			Maxwe	ell		G 11			
Type of	Residence		Other C						Complaint Status:			
Premises Copies To:			Notifie	a:					Arson Related:	Arson Related: No		
Occurred	Date	Time	To:			Date	Ti	me	Officer Injured:	No		
From:	Date	Tillic	10.			Date	111	inc	Officer injured.	110		
110111.	11-02	3:20 PM										
Date Reported			Call Re	occived		3:25 P	M		Car Number:	4		
Time	3:25 PM		Time o			3:37 P			District:		ı Zenith	
Reported:	3.23 1 111		Time o	1 2 1111 1	ш.	3.37 1	171		District.	South	ı Zeniin	
Officer	No		GEO C	ode:		55			Processed By:	Trace	ey, D.	
Assaulted or									, i			
Killed:												
		BURGLARY DATA										
Method of	N/A Burglary Type: N/A Point of Entry N/A											
Entry:				DEDO	DT	ING PAF)TX 7		Visible to Patrol:			
Name:	Hukami, Sh	ııii		KEPU	KI	ING PAR	(II					
Home	Same as abo											
Address:	Sume us us	,,,,										
Occupation:	Writer											
Relation:	N/A											
SSN:	656-65-656.											
Date of Birth:	05-06	Sex:		M	F		ce of		Japan			
						Bir						
Age:	56	Race:		Asian		Ma Sta	rital		Single			
						Sta	ius.					
					VI	CTIM						
Name:	Same as Ab	ove			V 1 V							
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Pla Bir	ce of th:					
Age:		Race:			1		rital					
S						Sta						
				KNOV	VN S	SUSPEC'	Γ#1					
Name:												

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

										LUCU-1-1
Build:		Hair Styl	e:			ospital				
C		Facial Ha	•			isposition				
Complexion: Eye Color:		AR#:	air:			onveyed I				
Eye Color:		AK#:		CHARGES	Ш	njury Type	· .			
				CHARGES						
RS	MO USC			MO Code				F/M/C		
N.S.	WO OBC		-	WIO Code				1 / IVI/ C		
			KNOW	N SUSPECT #2						
Name:										
Date of Birth:		Sex:		SS#:	A	.ge:		Race:		
Height:		Hair Cole	or:		Ir	njured:			-	
Weight:		Hair Len	gth:		Н	lospital:				
Build:		Hair Styl	e:			ospital				
						isposition				
Complexion:		Facial Ha	air:			onveyed I				
Eye Color:		AR#:			Ir	ijury Type	e:			
				CHARGES		<u> </u>				
RS	MO USC			MO Code				F/M/C		
			KNON	N SUSPECT #3						
Name:			KNOW	IN SUSPECT #3						
Date of Birth:		Sex:		SS#:	Ι.Λ	.ge:		Race:		
Height:		Hair Cole	or.	33π.		ijured:		Racc.		
Weight:	1	Hair Len				ospital:				
Build:		Hair Styl				ospital				
Duna.		11411 20)1	•			isposition	:			
Complexion:		Facial Ha	air:			onveyed I				
Eye Color:		AR#:			Ir	njury Type	e:			
			(CHARGES						
RS	MO USC			MO Code				F/M/C		
			PR	OPERTY						
Owner's										
Name:										
Item Number:	1			** 1			ı			
Property Code:				Value:	_				_	
Quantity:				Status:	-				_	
Property				Owner's Name:						
Description:			T	VEHICLE						
Owner's Name:				EIIICEE						
Vehicle Number			Vehicle Status:	,		Code:				
Vehicle Make:	•		Vehicle Status.	•		Year:				
Vehicle Number	:		Vehicle Status:			Code:				
Doors Locked:	-		Vehicle Value:			Other:				
	1							1	-	
			NI A	A DD ATIVE						

Mr. Hukami reports he was napping on his hammock when he heard a loud noise. He ignored the sound and continued to sleep. He awoke to a haze of greenish fog and is experiencing nausea and an intense burning sensation in the nose, throat, and eyes. Ambulance dispatched

Reporting Officer: Off. Maritn, Maxwell
Supervising Officer: Det. Hardy, Brandon
Reviewing Officer: Off. Tucker, Marshall

INCIDENT DATE/TIME													
Date Printed:	11-02	Time	4:45		M.	R.S.	1124	Record Number:		14			
		Printed:	AM	PM	Nu	mber:							
				INC	IDE	NT DAT	'A			L			
Incident Type:	Injury – 91												
Address of	3 Pheasan	t Wood Road	d										
Occurrence:		T							1				
Originally	Phone in		Weapon			No							
Received As: How Received:			Objects Reporti			Off M	cDaniel,	Domestic:	-				
How Received:			Officer			Sean	cDaniei,	Domestic:					
Type of Premises	Residence		Other C Notifie					Complaint Status:					
Copies To:			Noune	u.				Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:			10.			Dute	Time		110				
	11-02	3:15 PM											
Date Reported	11-02		Call Re	ceived	:	3:45 P	M	Car Number:					
Time	3:46 PM		Time of	f Arriva	al:	3:52 P	M	District:	South	n Zenith			
Reported: Officer	No		GEO C	o do .		55		Decagged Dru	Tugo	ey, D.			
Assaulted or	IVO		GEOC	oue:		33		Processed By:	Trace	еу, D.			
Killed:													
Tilliou.	BURGLARY DATA												
Method of	N/A Burglary Type: N/A Point of Entry N/A												
Entry:								Visible to Patrol:					
				REPO	RTI	NG PAR	RTY						
Name:	Smart, Betty												
Home Address:	Same as Abo	ove											
Occupation:	Daycare Pro	wider											
Relation:	N/A	in in its											
SSN:	774-659-990	56											
	05-02	Sex:		M	F	Plac	ce of	ME					
						Birt	h:						
Age:	45	Race:		Cauca	sian	Ma: Stat		Married					
						Stat	ius.						
					VIC	TIM							
Name:	Same as abo	ove, and Smo	art, Kyle,	: Lewis	, Mic	haela; M	lartin, Ry	an; Martin, Cindy; Popp	pish, Ta	ylor			
Home													
Address:													
Occupation:													
Relation:													
SSN: Date of Birth:		Cove		M	F	Dla	ce of						
Date of Birtin:		Sex:		M	Г	Birt							
Age:		Race:				Mai							
						Stat	us:						
				KNOV	VN S	USPEC'	Γ#1						

Age:

Injured:

Hospital:

Race:

SS#:

Sex:

Hair Color:

Hair Length:

Name:
Date of Birth:

Height:

Weight:

Build:	Hair Styl	e:		Hospital				
				Dispositi				
Complexion:	Facial Ha	air:		Conveye				
Eye Color:	AR#:			Injury Ty	ype:			
			ARGES					
			ARGES	•				
RSI	MO USC	Mo	O Code			F/M	[/C	
		KNOWN	SUSPECT #2					
Name:			a			-		
Date of Birth:	Sex:		S#:	Age:		Race:		
Height:	Hair Cole			Injured:				
Weight:	Hair Len			Hospital:	:			
Build:	Hair Styl	e:		Hospital				
C 1 :	Г '111			Dispositi				
Complexion:	Facial Ha	ur:		Conveye				
Eye Color:	AR#:	CH	ARGES	Injury Ty	ype:			
DC	MO USC		O Code			Ε/λ./	I/C	
KS	MO USC	MIC	J Code			F/M	/C	_
		KNOWN	SUSPECT #3					
Name:								
Date of Birth:	Sex:	S	S#:	Age:		Race:		
Height:	Hair Cole			Injured:				_1
Weight:	Hair Len			Hospital:				
Build:	Hair Styl			Hospital				
				Dispositi	on:			
Complexion:	Facial Ha	air:		Conveye	d By:			
Eye Color:	AR#:			Injury Ty	ype:			
			ARGES					
RS	MO USC	Mo	O Code			F/M	I/C	
		PROI	PERTY					
Owner's								
Name:								
Item Number:	<u> </u>	1						
Property Code:			'alue:					
Quantity:			tatus:					<u> </u>
Property		C	Owner's Name:					
Description:								
		VE	HICLE					
Owner's Name:		XX 1 1 1 0		16.1		1		
Vehicle Number:		Vehicle Status:		Code:		+		
Vehicle Make:		Vehicle Style:		Year:		-		
Vehicle Number:		Vehicle Status:		Code:				

Other:

Vehicle Value:

Ms. Smart, who runs a daycare out of her home, reports a greenish/yellow cloud filling their yard and seeping ingot the house. She and the children and her are experiencing a burning sensation in their noses, throats, and eyes, as well as watery eyes and severe coughing. She is especially concerned for one child who has asthma, and another who is experiencing nausea and vomiting. Ambulances dispatched.

Reporting Officer: Off. McDaniel, Sean
Supervising Officer: Off. Lewis, Christina
Reviewing Officer: Det. Scott, Samuel

Doors Locked:

	INCIDENT DATE/TIME										
Date Printed:	11-02	Time	5:26			R.S.	1125	Record Number:			
Bute Timed.	11 02	Printed:	AM	PM		mber:	1120	record rumber.		15	
			Aivi			NT DAT	ΙΑ.				
Incident Type:	Injury – 91	1 call		INC	IDE	NI DAI	A				
Address of		ch Box, 902	Iroguois	s Ave							
Occurrence:	Luu 3 Luu	CH DOX, 702	moquois	o zive.							
Originally	Phone in		Weapoi	n or		No					
Received As:			Objects								
How Received:			Reporti			Off. Pr	att, Stanle	y Domestic:	No		
			Officer:	:							
Type of	Restaurant		Other C	Offices				Complaint Status:			
Premises			Notified	d:							
Copies To:								Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	11-02	3:50 PM									
		3.301111									
Date Reported	11-02		Call Re			4:26 P.		Car Number:	10		
Time	4:27 PM		Time of	f Arriva	ıl:	4:35 P	M	District:	South	zenith	
Reported:			are a					- I D			
Officer	No		GEO C	ode:		55		Processed By:	Trace	ey, D.	
Assaulted or Killed:											
Killed:	BURGLARY DATA										
Method of	N/A		Burglar			N/A	IA.	Point of Entry	N/A		
Entry:	14/11		Dargiai	у турс	•	11//11		Visible to Patrol:	1,071		
				REPO	RTI	NG PAR	RTY				
Name:	Damon, John	n									
Home	32 Trout Bro	ook Road									
Address:											
Occupation:	Restaurant C	Owner									
Relation:	Owner										
	468-96-5321			3.5	-			Lagy			
Date of Birth:	08-17	Sex:		M	F		ce of	MN			
Agas	51	Race:		Caucas	l sian	Birt Ma		Married			
Age:	31	Race.		Caucas	siuri	Stat		Married			
<u> </u>		<u> </u>				200					
					VIC	TIM					
Name:	Damon, Lou	ise									
Home	32 Trout Bro										
Address:											
Occupation:	Restaurant o	owner									
Relation:	Owner and	- V									
SSN:	636-568-012										
Date of Birth:	02-14	Sex:		M	F	Plac Birt	ce of h:	MN			
Age:	47	Race:		Caucas	sian	Mar Stat		married			
<u> </u>		·I						•			
				KNOW	ZNI C	HSPEC	Г #1				

Age:

Injured:

Hospital:

Race:

SS#:

Sex:

Hair Color:

Hair Length:

Name:
Date of Birth:

Height:

Weight:

Build:	Hair Styl	e:		Hospit				
	77 . 1.17			Dispos				
Complexion:	Facial Ha	aır:			yed By:			
Eye Color:	AR#:		NIA DOEG	Injury	Type:			
			CHARGES					
DCMO I	ICC .		CHARGES			EAL/C		
RSMO U	SC		MO Code			F/M/C		
		KNOW	N SUSPECT #2					
Name:		KNOW	N SUSI ECT #2					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Col	or.	DDII.	Injured		Racc.		
Weight:	Hair Len			Hospit				
Build:	Hair Styl			Hospit				
2 unu				Dispos				
Complexion:	Facial Ha	air:			yed By:			
Eye Color:	AR#:			Injury				
	•		CHARGES					
RSMO U	SC		MO Code			F/M/C		
		KNOW	N SUSPECT #3					
Name:								
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Col			Injured				
Weight:	Hair Len			Hospit				
Build:	Hair Styl	e:		Hospit				
				Dispos				
Complexion:	Facial Ha	air:			yed By:			
Eye Color:	AR#:			Injury	Type:			
77160			CHARGES					
RSMO U	SC		MO Code			F/M/C		
		PR	OPERTY					
Owner's								
Name:								
Item Number: Property Code:			Value:					
Quantity:			Status:				_	
Property			Owner's Name:				+-	
Description:			Owner s Name.					
Description.		1	/EHICLE					
Owner's Name:			EHICLE					
Vehicle Number:		Vehicle Status:		Cod	le·			
Vehicle Make:		Vehicle Status.		Yea				
Vehicle Number:		Vehicle Status:		Cod				
Doors Locked:		Vehicle Value:		Oth				
_ cors Locked.		. cincic value.	1	- J Ctil				
		NA.	RRATIVE					
		117						

Mr. Damon reports a yellowish green cloud that has taken over the area. The restaurant closed after patrons were experiencing burning in their nose and throat and watery eyes. His wife, Louise Damon is experiencing difficulty breathing. Ambulance dispatched.

Reporting Officer: Off. Pratt, Stanley
Supervising Officer: Det. Rodman, Dennis
Reviewing Officer: Det. Jordan, Michael

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	6:42		M.I	R.S.	1126	Re	ecord Number:			
		Printed:	AM	PM	Nui	mber:					16	
				INC	IDEN	NT DAT	`A					
Incident Type:	Injury – 9.	!1 call				,						
Address of	12 Wood I	Drive										
Occurrence:												
Originally	Phone in		Weapor			No						
Received As:			Objects									
How Received:			Reporti Officer			Off. Cl Terran			Domestic:			
Type of Premises	Residence		Other C Notified						Complaint Status:			
Copies To:									Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	e	Officer Injured:	No		
From:									J			
	11-02	4:30 PM										
Date Reported	11-02		Call Re	ceived		5:42 PM			Car Number:	2		
Time	5:43 PM		Time of			5:42 PM 5:49			District:		District	
Reported:												
Officer	No	No GEO Code: 11 Processed By: Tracey,										
Assaulted or									•			
Killed:				DUDGI A DV DA TA								
		BURGLARY DATA										
Method of	N/A Burglary Type: N/A Point of Entry N/A											
Entry: Visible to Patrol: REPORTING PARTY												
Name:	Stanton, Tin	nothy		KEPU	KIII	NG PAR	KI Y					
Home	12 Wood Di											
Address:												
Occupation: Relation:	Landscaper											
SSN:	N/A 78-787-787	D										
Date of Birth:	02-13	Sex:		M	F	Dlo	ce of	1	MA			
						Bir	th:					
Age:	27	Race:		Cauca	sian	Ma Sta	rital tus:	Å	Single			
					VIIC	TIN 4						
Name:	Same as Ab	0110			VIC	TIM						
Home	Same as Ab	ove										
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Pla Bir	ce of					
Age:		Race:			1		rital					
						Sta						
				KNOV	VN S	USPEC'	Г #1					
Name:												

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:	Hair Styl	e:		Hospital				
				Dispositi				
Complexion:	Facial Ha	air:		Conveye				
Eye Color:	AR#:			Injury Ty	ype:			
			ARGES					
			ARGES	•				
RSI	MO USC	Mo	O Code			F/M	[/C	
		KNOWN	SUSPECT #2					
Name:			a			-		
Date of Birth:	Sex:		S#:	Age:		Race:		
Height:	Hair Cole			Injured:				
Weight:	Hair Len			Hospital:	:			
Build:	Hair Styl	e:		Hospital				
C 1 :	Е 111			Dispositi				
Complexion:	Facial Ha	ur:		Conveye				
Eye Color:	AR#:	CH	ARGES	Injury Ty	ype:			
DC	MO USC		O Code			E/M	I/C	
KS	MO USC	MIC	J Code			F/M	/C	_
		KNOWN	SUSPECT #3					
Name:								
Date of Birth:	Sex:	S	S#:	Age:		Race:		
Height:	Hair Cole			Injured:				_1
Weight:	Hair Len			Hospital:				
Build:	Hair Styl			Hospital				
				Dispositi	on:			
Complexion:	Facial Ha	air:		Conveye	d By:			
Eye Color:	AR#:			Injury Ty	ype:			
			ARGES					
RS	MO USC	Mo	O Code			F/M	I/C	
		PROI	PERTY					
Owner's								
Name:								
Item Number:	<u> </u>	1						
Property Code:			'alue:					
Quantity:			tatus:					<u> </u>
Property		C	Owner's Name:					
Description:								
		VE	HICLE					
Owner's Name:		XX 1 1 1 0		16.1		1		
Vehicle Number:		Vehicle Status:		Code:		+		
Vehicle Make:		Vehicle Style:		Year:		-		
Vehicle Number:		Vehicle Status:		Code:				

Other:

Vehicle Value:

Mr. Stanton reports he is experiencing severe shortness of breath and severe chest pain. He had a job earlier this afternoon at 835 Industrial Park Drive in South Zenith and was experiencing a burning sensation in his nose, throat and eyes. He reports there was a hazy cloud that swept the area, and feels his symptoms may be related to this disturbance. Ambulance dispatched.

Reporting Officer: Off. Cherry, Terrance
Supervising Officer: Det. Stanford, Shirley
Reviewing Officer: Det. Rosewood, Christopher

Doors Locked:

Zenith City 911 Incident Reports Event Day 1, part 2 November 2

	INCIDENT DATE/TIME											
Date Printed:	11-02	Time	2:37	,	M.l	R.S.	1117	Record I	Number:		7	
		Printed:	AM	PM	Nu	mber:						
			1		TDE	NT DAT	<u>'</u> Δ					
Incident Type:	Vehicular	Accident – 9	011 Cali			II DAI	A					
Address of		y Water Tred			17 Ru	ooed Ro	ad					
Occurrence:	Zenin Cii.	y water free	umeni 1	ttiii, 21	, 1111	ssea not	м					
Originally	Phone in		Weap	on or		N/A						
Received As:	1 none in			ts Used:		14/11						
How Received:			Repor			Off. Ar	iderson,	Dome	estic:	No		
110 // 110001/00/			Office			Richar		2 0111		1,0		
Type of	Water Tree	atment		Offices				Comr	olaint Status:			
Premises	Plant		Notifi					I I				
Copies To:								Arsor	n Related:	No		
Occurred	Date	Time	To:			Date	Time	Office	er Injured:	No		
From:									· ·			
	11-02	1:37 PM										
Date Reported	11-02		Call R	eceived		1:39 P	M	Car N	lumber:	7		
Time	1:40 PM			of Arriva		1:46 P		Distri			h Zenith	
Reported:	1.70177		111110	01 1 1111 1		1.701	.,,	215011		Soun	. Zemm	
Officer	No		GEO	Code:		55		Proce	essed By:	Trac	ey, D.	
Assaulted or									J		<i>J</i> ,	
Killed:												
		BURGLARY DATA										
Method of	N/A Burglary Type: N/A Point of Entry N/A											
Entry:	Visible to Patrol:											
				REPO	RTI	NG PAI	RTY					
Name:	Matthews, C											
Home	27 Washing	ton Street										
Address:												
Occupation:	Gate guard											
Relation:	Treatment p		ee									
SSN:	246-85-913			3.5	I	- DI		1.775				
Date of Birth:	02-16	Sex:		M	F	Pla Bir	ce of	VT				
Agai	42	Race:		Саиса	gian		ın: rital	Marrie	- d			
Age:	42	Race.		Саиса	sian	Sta		Marrie	ea			
				l .		Sta	us.					
					VIC	TIM						
Name:	Saunders, J	effrey			V1C	A AIVI						
Home	42 Congres											
Address:	42 Congres	SHEEL										
Occupation:	Sneedy-shir	delivery dr	iver									
Relation:		olant deliver		ρ								
SSN:	468-92-134		,	-								
Date of Birth:	06-25	Sex:		M	F	Plac	ce of	OK				
						Bir						
Age:	36	Race:		Cauca	sian	Ma	rital	Single				
						Sta	tus:					
				KNOV	VN S	USPEC'	Γ#1					
Name:												

SS#:

Date of Birth:

Height:

Sex:

Hair Color:

Age: Injured:

Race:

Weight:	Hair Le	ngth:					
Build:	Hair Sty	le:		Hospital			
				Disposition:			
Complexion:	Facial H	Iair:		Conveyed By	<i>/</i> :		
Eye Color:	AR#:			Injury Type:			
		CH	HARGES				
			HARGES				
RSI	MO USC	M	IO Code		F/M/	/C	
		KNOWN	N SUSPECT #2				
Name:							
Date of Birth:	Sex:		SS#:	Age:	Race:		
Height:	Hair Co			Injured:			
Weight:	Hair Le			Hospital:			
Build:	Hair Sty	rle:		Hospital			
				Disposition:			
Complexion:	Facial H	lair:		Conveyed By	/:		
Eye Color:	AR#:			Injury Type:			
			HARGES	1			
RS	MO USC	M	IO Code		F/M/	<u>/C</u>	
		KNOWN	N SUSPECT #3				
Name:				<u> </u>			
Date of Birth:	Sex:		SS#:	Age:	Race:		
Height:	Hair Co			Injured:			
Weight:	Hair Le			Hospital:			
Build:	Hair Sty	rle:		Hospital			
				Disposition:			
Complexion:	Facial H	laır:		Conveyed By	/:		
Eye Color:	AR#:		1 + P GEG	Injury Type:			
	10 1100		HARGES	1		<u></u>	
RSI	MO USC	M	IO Code		F/M/	<u>/C</u>	
		PRO	PERTY				
Owner's							
Name:							
Item Number:							
Property Code:			Value:				
Quantity:			Status:				
Property			Owner's Name:				
Description:							
		VI	EHICLE				
Owner's Name:		_			· ·		
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			

Mr. Matthews, gate guard at the water plant, reported a Speedy-ship truck on a routine delivery has just veered off the driveway and crashed into the side of the chemical building at the plant. The driver, a Mr. Jeffrey Saunders, appears to be seriously injured, and a small fire has broken out at the scene. Ambulance and ladder truck dispatched.

Reporting Officer: Off. Anderson, Richard
Supervising Officer: Off. Shephard, Theresa
Reviewing Officer: Det. Smith, Peter

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	2:49		M.R	a.S.	1118	Record Number:				
		Printed:	AM	PM	Nun	nber:				8		
				INC	IDEN	T DAT	A					
Incident Type:	Noise com	plaint – 911	call									
Address of	Zenith City	Water Trea	tment Pl	lant, 21	7 Rug	ged Roa	d					
Occurrence:								T-	_			
Originally	Phone in		Weapor			N/A						
Received As:			Objects			0.66 75	D:11		1 27			
How Received:			Reporti Officer	ng :		Off. Ter	rry, Bill	Domestic:	No			
Type of	WTP		Other C					Complaint Status:				
Premises			Notifie	d:				•				
Copies To:								Arson Related:	No			
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:				
Tiom.	11-02	1:50 PM										
Date Reported	11-02		Call Re	ceived:	:	1:52 PI	М	Car Number:	11			
Time	1:53 PM		Time of	f Arriva	al:	1:59 Pl		District:	South	ı Zenith		
Reported:												
Officer	No		GEO C	ode:		55		Processed By:	Trace	ey, D.		
Assaulted or												
Killed:	DUDCI ADV DATA											
Method of	BURGLARY DATA N/A Purclem Type: N/A Deint of Entry N/A											
Entry:	f N/A Burglary Type: N/A Point of Entry Visible to Patrol:											
Entry.				REPO	RTIN	NG PAR	TV	visible to ration.				
Name:	Willis, Justin	1 _P		KLI O	1 1 1 1	10 1 1111						
Home	1 Beaver Br											
Address:												
Occupation:	Housewife											
	resident											
	246-85-6493				1							
Date of Birth:	09-27	Sex:		M	F	Plac		WI				
	10			D1 1		Birt		14				
Age:	49	Race:		Black		Mar Stat		Married				
						Stat	us.					
					VIC	TIM						
Name:					VIC.	1 11/1						
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac Birtl						
Age:		Race:			1	Mar						
						Stati						
				KNOW	VN SI	JSPECT	` #1					

SS#:

Age: Injured:

Race:

Name:

Height:

Date of Birth:

Sex:

Hair Color:

								100-1-12
Weight:	Hair Len	gth:		Hospita	ıl:			
Build:	Hair Styl	e:		Hospita	ıl			
				Disposi	ition:			
Complexion:	Facial Ha	nir:		Convey				
Eye Color:	AR#:			Injury 7	Гуре:			
			CHARGES					
			CHARGES					
RS	MO USC	-	MO Code			F/M/C		
N.T.		KNOW	'N SUSPECT #2					
Name:			991	T .		T D		
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Cole			Injured				
Weight:	Hair Len			Hospita				
Build:	Hair Styl	e:		Hospita				
Complexion	Facial Ha	·i		Disposi				
Complexion: Eye Color:	AR#:	ur:		Convey Injury				
Eye Color:	AK#:		CHARGES	Injury .	rype:			
DC	MO USC		MO Code			F/M/C		
KSI	WIO OSC		IVIO Couc			17IVI/C		
		KNOW	N SUSPECT #3					
Name:		RITOT	11 Debi Let 113					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Cole	or:	5511.	Injured	•	Ttucc.		
Weight:	Hair Len			Hospita				
Build:	Hair Styl			Hospita				
				Disposi				
Complexion:	Facial Ha	ir:		Convey	ed By:			
Eye Color:	AR#:			Injury 7				
		(CHARGES					
RS	MO USC	-	MO Code			F/M/C		
		PR	OPERTY					
Owner's								
Name:								
Item Number:		T						
Property Code:			Value:					
Quantity:			Status:					
Property			Owner's Name:					
Description:		_						
0 1 17			EHICLE					
Owner's Name:		37 1 1 C						
Vehicle Number:		Vehicle Status:		Cod				
Vehicle Make:		Vehicle Style:		Year				
Vehicle Number:		Vehicle Status:		Code				
Doors Locked:		Vehicle Value:		Othe	51°.			
			DD / MW.					
			RRATIVE					
Ms Willis report	es a loud "booming nois	e" coming from	the direction of the w	ator troats	nont nla	nt Shothin	ke it may	he an

Ms. Willis reports a loud "booming noise" coming from the direction of the water treatment plant. She thinks it may be an explosion and can see a cloud of green smoke rising over the trees. Backup fire dispatched to scene.

Off. Terry, Bill Reporting Officer: Supervising Officer: Det. McCarthy, Henry Reviewing Officer: Det. Tobey, Dennis

INCIDENT DATE/TIME											
Date Printed:	11-02	Time	2:53		M.l	R.S.	1119	Record Number:		9	
		Printed:	AM	PM	Nu	mber:					
				INC	IDE	NT DAT	A				
Incident Type:	Injury – 91	1 call		22 (0		12 2122					
Address of		Water Tred	atment P	lant, 21	7 Ru	gged Rod	ıd				
Occurrence:											
Originally	Phone in		Weapo			N/A					
Received As:			Objects								
How Received:			Reporti Officer			Off. Mo Daniel		Domestic:	No		
Type of	Water Trea	y transcript	Other (Daniei		Complaint Status:			
Premises	Plant	umeni	Notifie					Complaint Status:			
Copies To:	1 tani		Nounc	u.				Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:			10.						1,0		
	11-02	1:49 PM									
Date Reported	11-02		Call Re	eceived	:	1:53 P.	M	Car Number:	13		
Time	1:54 PM		Time o			2:00 P		District:	South	h Zenith	
Reported:											
Officer	No		GEO C	ode:		55		Processed By:	Trac	ey, D.	
Assaulted or											
Killed:	Killed:										
BURGLARY DATA Method of N/A Burglary Type: N/A Point of Entry N/A											
Entry:	IV/A		Durgiai	гу гуре	·	IV/A		Visible to Patrol:	IV/A		
Liftiy.				REPO	RTI	NG PAR	2TY	Visible to I ation.			
Name:	Nickerson, S	'haron				10 1111					
Home	2 Birchwood										
Address:											
Occupation:	Secretary										
Relation:	Employee at		lant								
SSN:	411-58-8663				-	1		T 140			
Date of Birth:	05-30	Sex:		M	F		ce of	MO			
Agai	27	Race:		Саиса	sian	Birt Mai		Married			
Age:	27	Race.		Cauca	sian	Stat		маттеа			
						Juli		1			
					VIC	TIM					
Name:	Drake, Pam	ela			, 10	_ 41.1					
Home	13 Klein Str										
Address:											
Occupation:	Lab Tech										
Relation:	Employee a		olant								
SSN:	456-89-123							T			
Date of Birth:	06-17	Sex:		M	F	Plac Birt	ce of h:	MO			
Age:	36	Race:		Black		Mar Stat		Married			
,	•	•	1					·			
	KNOWN SUSPECT #1										

Age:

Injured:

Hospital:

Race:

SS#:

Sex:

Hair Color:

Hair Length:

Name:
Date of Birth:

Height:

Weight:

							E300-1-1
Build:	Hair Style:			Hospita			
C 1 :	E : 111 :			Disposi			
Complexion:	Facial Hair	••		Convey			
Eye Color:	AR#:		CHARGES	Injury 7	ype:		
			CHARGES				
RSMO US	C		MO Code			F/M/C	
KSMO OS			WIO Couc			17/WI/C	
		KNOW	N SUSPECT #2				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Color	:		Injured			•
Weight:	Hair Lengt	h:		Hospita	ıl:		
Build:	Hair Style:			Hospita	ıl		
				Disposi			
Complexion:	Facial Hair	••		Convey			
Eye Color:	AR#:			Injury 7	Гуре:		
	T		CHARGES				
RSMO US	C		MO Code			F/M/C	
		KNOW	N SUSPECT #3				
Name:	Ι α	1	991	1.		Ι	1
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Color			Injured			
Weight:	Hair Lengt			Hospita			
Build:	Hair Style:			Hospita Disposi			
Complexion:	Facial Hair	••		Convey			
Eye Color:	AR#:	•		Injury 7			
Lyc Color.	THUI.		CHARGES	injury	турс.		
RSMO US	C		MO Code			F/M/C	
1101110 00						17171	
	l.						
		PR	OPERTY				
Owner's			<u> </u>				
Name:							
Item Number:							
Property Code:			Value:				
Quantity:			Status:				
Property			Owner's Name:				
Description:							
			EHICLE				
Owner's Name:							
Vehicle Number:		Vehicle Status:		Code			
Vehicle Make:		Vehicle Style:		Year			
Vehicle Number:		Vehicle Status:		Code			
			1	Othe		1	
Doors Locked:	,	Vehicle Value:		Out	1.		
			ARRATIVE	Othe			

Off. Madison, Daniel
Det. Andrews, Brian
Det. Reynolds, Tracy

Reporting Officer: Supervising Officer: Reviewing Officer:

			I	NCIDI	ENT	DATE/1	TIME					
Date Printed:	11-02	Time	3:13		M.l	R.S.	1120	Re	ecord Number:			
		Printed:	AM	PM	Nu	mber:					10	
				INC	IDE	NT DAT	'A					
Incident Type:	Injury – 9.	11 call		1110		VI DIII	11					
Address of		y Water Tred	atment P	lant, 21	17 Ru	gged Ro	ad					
Occurrence:		,		,		30						
Originally	Phone In		Weapo	n or		N/A						
Received As:			Objects	Used:								
How Received:			Reporti			Off. Al	exander,	,	Domestic:	No		
			Officer			Michae	el					
Type of	Water Tre	atment	Other C						Complaint Status:			
Premises	Plant		Notifie	d:								
Copies To:		T				_	T		Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	e	Officer Injured:	No		
From:	11-02	2:03 PM										
		2.00 1 1/1										
Date Reported	11-02		Call Re			2:13 P			Car Number:	5		
Time	2:13 PM		Time of	f Arriva	al:	2:19 P	M		District:	South	ı Zenith	
Reported:												
Officer	No		GEO C	ode:		55			Processed By:	Trac	ey, D.	
Assaulted or												
Killed:	BURGLARY DATA											
Method of	1		Duralos			KYDA	IA		Doint of Enter			
Entry:	of Burglary Type: Point of Entry Visible to Patrol:											
Entry.				REPO	RTI	NG PAF	RTY		Visible to I dirot.	L		
Name:	Rogers, Tyle	er		TILL O	71111	101111						
Home	3 Polk Ave.	-										
Address:												
Occupation:	Lab tech											
Relation:	Employee a	t WTP										
SSN:	<i>747-56-789</i> .	3										
Date of Birth:	06-19	Sex:		M	F		ce of	1	UT			
						Bir						
Age:	25	Race:		Cauca	sian		rital	2	Single			
						Sta	tus:					
					TITO	(TOTA #						
Name:	Same as ab	0110			VIC	TIM						
Home	same as ab	ove										
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac	ce of					
						Birt						
Age:		Race:			•		rital					
						Stat	us:					
				KNOV	VN S	USPEC'	Γ#1					
Name:							· · · · · · · · · · · · · · · · · · ·					

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:	Hair St	yle:		Hosp				
					osition:			
Complexion:	Facial I	Hair:			eyed By:			
Eye Color:	AR#:			Injur	у Туре:			
		Cl	HARGES					
		Cl	HARGES					
RS	MO USC	N	IO Code			F/M	I/C	
		KNOW	N SUSPECT #2					
Name:								
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Co	olor:		Injur	ed:			
Weight:	Hair Le	ngth:		Hosp				
Build:	Hair St			Hosp				
					osition:			
Complexion:	Facial I	Hair:			eyed By:			
Eye Color:	AR#:				y Type:			
<i>J</i>		C	HARGES		<i>J J</i> <u>J I · · · · · · · · · · · · · · · · · · </u>	1		-
RS	MO USC		/IO Code			F/M	I/C	
		-						
		KNOW	N SUSPECT #3					
Name:		2210111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Co		5511.	Injur		Ttucc.		.1
Weight:	Hair Le			Hosp				
Build:	Hair St			Hosp				
Bana.	Tian St.	yic.			osition:			
Complexion:	Facial I	Hair:			veyed By:			
Eye Color:	AR#:	1411.			y Type:			
Lyc color.	THU.	C	HARGES	Injui	j rjpe.	1		
RS	MO USC		AO Code			F/N	[/C	
TKD.	WIO CBC	14	10 Code			1/14.	1/ C	-
				I				-
		DD.C	DEDTY					
O		PKC	DPERTY					
Owner's								
Name:								
Item Number:		-	X7 1					1
Property Code:			Value:					
Quantity:			Status:					
Property			Owner's Name:					
Description:		T.7	EIIICI E					
0 1 11		V.	EHICLE					
Owner's Name:				T =				
Vehicle Number		Vehicle Status:			ode:			
Vehicle Make:		Vehicle Style:			ear:			
Vehicle Number	: [Vehicle Status:		C	ode:			

Other:

Vehicle Value:

Mr. Rogers reports there has been an explosion at the Zenith City Water Treatment Plant, and all employees have evacuated the premises. A cloud of yellow/green gas has filled the air and he is experiencing a burning sensation in his nose, throat, and eyes. He is also experiencing blurred vision, and is unable to drive from the scene. Additional ambulances dispatched to the water treatment plant.

Reporting Officer: Off. Alexander, Michael
Supervising Officer: Off. Sanders, Trevor
Reviewing Officer: Det. Spauford, Charlotte

Doors Locked:

			J	NCIDI	ENT :	DATE/	ГІМ	E			
Date Printed:	11-02	Time	4:17		M.l	R.S.	11	21	Record Number:		
		Printed:	AM	PM	Nu	mber:					11
				INC	CIDE	NT DAT	ΓA				
Incident Type:	Injury – 9.	11 call				·					
Address of		Brook Road									
Occurrence:											
Originally	Phone in		Weapo			N/A					
Received As:				s Used:							
How Received:			Report Officer	r:		Off. Ti	ruma	ın, Jear	n Domestic:	No	
Type of Premises	Residence		Other (Complaint Status:		
Copies To:									Arson Related:	No	
Occurred	Date	Time	To:			Date		Time	Officer Injured:	No	
From:	11-02	3:12 PM							_		
	11-02	J. 12 1 WI									
Date Reported	11-02			eceived		3:17 P	PM		Car Number:		
Time Reported:	3:17 PM		Time o	of Arriv	al:	3:26 F	PM		District:	South	n Zenith
Officer	No		GEO C	Code:		55			Processed By:	Trace	ey, D.
Assaulted or Killed:											
						RY DA	TA				
Method of Entry:	N/A Burglary Type: N/A Point of Entry Visible to Patrol:										
·				REPO	RTI	NG PAI	RTY	7			
Name:	Willis, Justi										
Home Address:	Same as abo	ove									
Occupation:	Housewife										
Relation:	Resident										
SSN:	249-98-325								T		
Date of Birth:	09-27	Sex:		M	F	Bir			WI		
Age:	49	Race:		Black			rital tus:		Married		
None	C 47				VIC	TIM					
Name:	Same as Ab	ove									
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Pla Bir	ce o	f			
Age:		Race:			1	Ma	rital tus:				
]				Joa	.us.				
				KNOV	WNI C	USPEC	Т #1	1			
Name:				121101	414 19	OBLEC	1 π]	L			

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:		Hair Styl	e:	Hospital						
						Disposit				
Complexion:		Facial Ha	air:			Conveye				
Eye Color:		AR#:			I	njury T	ype:			
			(CHARGES						
			(CHARGES						
RS	MO USC			MO Code				F/N	Л/C	
			KNOW	N SUSPECT #2						
Name:										
Date of Birth:		Sex:		SS#:	Α	Age:		Race	:	
Height:		Hair Col	or:		Iı	njured:				
Weight:		Hair Len	gth:		H	Iospital	:			
Build:		Hair Styl	e:		I	Iospital				
						Disposit				
Complexion:		Facial Ha	air:			Conveye				
Eye Color:		AR#:				njury T				
		•	(CHARGES			-			
RS	MO USC			MO Code				F/N	Л/C	
			KNOW	N SUSPECT #3						
Name:										
Date of Birth:		Sex:		SS#:	Α	ige:		Race	:	
Height:		Hair Col	or:			njured:				
Weight:		Hair Len				Iospital	:			
Build:		Hair Styl				Iospital				-
						Disposit				
Complexion:		Facial Ha	air:			Conveye				
Eye Color:		AR#:				njury T				
		-1	(CHARGES	<u> </u>	<u> </u>	<i>J</i> 1	l.		-
RS	MO USC			MO Code				F/N	Л/C	-
										-
			I.			1				
			PR	OPERTY						
Owner's			1 1	OLEKII						
Name:										
Item Number:										
Property Code:				Value:						1
Quantity:				Status:						
Property				Owner's Name:						+
Description:				Owner Smanle.						
Description.				EHICLE						1
Owner's Name:				LINCLE						
Vehicle Number			Vehicle Status:			Code	•			
Vehicle Make:	•		Vehicle Status:			Year				
Vehicle Number			Vehicle Status:			Code				
v Chicae Inumber	•		v cincie status.			Coul			1	

Other:

Vehicle Value:

Justine Willis, of Beaver Brook Road reports she is experiencing tightness in her chest, watery eyes, and a burning sensation in her eyes and throat. Ms. Willis believes her symptoms are due to a cloud of a greenish colored gas that is coming from where she heard a loud booming noise. Ambulance dispatched.

Reporting Officer: Off. Truman, Jean
Supervising Officer: Det. Franks, Norman
Reviewing Officer: Det. Dugan, Paul

Doors Locked:

INCIDENT DATE/TIME											
Date Printed:	11-02	Time	4:25		M.	R.S.	1123		Record Number:		
		Printed:	AM	PM	Nu	ımber:					13
				INC	IDE	NT DAT	' A				
Incident Type:	Injury – 9	l 1 call									
Address of	527 Iroque										
Occurrence:	_										
Originally	Phone in		Weapor			N/A					
Received As:			Objects								
How Received:			Reporti Officer			Off. Maxwe			Domestic:		
Type of Premises	Residence		Other C Notified						Complaint Status:		
Copies To:			Notifice	u.					Arson Related:	No	
Occurred	Date	Time	To:			Date	Tin	ne	Officer Injured:	No	
From:			10.			2				1,0	
	11-02	3:20 PM									
Date Reported			Call Re	ceived		3:25 P	M		Car Number:	4	
Time	3:25 PM		Time of			3:37 P			District:	1 - 1	n Zenith
Reported:										~	
Officer	No		GEO C	ode:		55			Processed By:	Trace	ey, D.
Assaulted or											
Killed:											
BURGLARY DATA											
Method of	N/A		Burglar	у Туре	: :	N/A			Point of Entry	N/A	
Entry:				DEDO	рті	NG PAF)TV		Visible to Patrol:		
Name:	Hukami, Shi	uii		KEFU	'K11	ING FAI	\11				
Home	Same as abo	,									
Address:	Sume us use	,,,									
Occupation:	Writer										
Relation:	N/A										
SSN:	656-65-6563	5									
Date of Birth:	05-06	Sex:		M	F		ce of		Japan		
						Bir					
Age:	56	Race:		Asian			rital		Single		
						Sta	tus:				
					VIC	CTIM					
Name:	Same as Ab	ove			V 1 (J 1 11V1					
Home	Suite dis 110	010									
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Pla Bir	ce of th:				
Age:		Race:					rital				
						Sta					
				KNOV	VN S	SUSPEC'	Γ#1				
Name:											

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:	Hair Styl	e.		Hospital		
2 dira:				Disposition:		
Complexion:	Facial Ha	air.		Conveyed By	,•	
Eye Color:	AR#:			Injury Type:	•	
Lyc Color.	THAT.		HARGES	injury Type.		
			HARGES			
DCI	MO USC		MO Code		F/M/C	
KSI	WIO USC	1	vio code		17101/C	
		KNOW	N SUSPECT #2			
Name:		KNOW	N SUSI ECT #2			
Date of Birth:	Sex:		SS#:	Age:	Race:	
Height:	Hair Cole	or:	ιουπ.	Injured:	Racc.	
Weight:	Hair Len			Hospital:		
Build:	Hair Styl			Hospital.		
Dullu:	nair Styl	e:		Disposition:		
Complexion:	Facial Ha	aim.		Conveyed By		
	AR#:	air:			' `	
Eye Color:	AK#:		HADCEC	Injury Type:		
D.C.	MO LICO		HARGES		EALC	
RSI	MO USC	Γ	MO Code		F/M/C	
		IZNOW	N GLIGDE CET //2			
NT		KNOW	N SUSPECT #3			
Name:		1	aan		l D	1
Date of Birth:	Sex:		SS#:	Age:	Race:	
Height:	Hair Cole			Injured:		
Weight:	Hair Len			Hospital:		
Build:	Hair Styl	e:		Hospital		
Committee	Facial Ha			Disposition:		
Complexion:	AR#:	air:		Conveyed By	<u>': </u>	
Eye Color:	AK#:		HADCEC	Injury Type:		
D.C.	MO HIGO		HARGES MO Code		F/M/C	
KS	MO USC	Г	MO Code		F/M/C	
		PRO	OPERTY			
Owner's						
Name:						
Item Number:	T T					
Property Code:			Value:			
Quantity:			Status:			
Property			Owner's Name:			
Description:						
		V	EHICLE			
Owner's Name:		T				
Vehicle Number:		Vehicle Status:		Code:		
Vehicle Make:		Vehicle Style:		Year:		
Vehicle Number:		Vehicle Status:		Code:		
Doors Locked:		Vehicle Value:		Other:		

Mr. Hukami reports he was napping on his hammock when he heard a loud noise. He ignored the sound and continued to sleep. He awoke to a haze of greenish fog and is experiencing nausea and an intense burning sensation in the nose, throat, and eyes. Ambulance dispatched

Reporting Officer: Off. Maritn, Maxwell
Supervising Officer: Det. Hardy, Brandon
Reviewing Officer: Off. Tucker, Marshall

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	4:45	ПСП	_	R.S.	1124	Record Number:	14			
Date Finited.	11-02	Printed:		D) 4		mber:	1124	Record Number.	14			
		T Time d.	AM	PM								
T 11				INC	IDE	NT DAT	<u>'A</u>					
Incident Type:	Injury – 91		,									
Address of	3 Pheasan	t Wood Road	d									
Occurrence:	DI :		***			3.7			1			
Originally	Phone in		Weapo	on or s Used:		No						
Received As: How Received:			Report			OCC M	cDaniel,	Domestic:				
now Received.			Officer			Sean	Daniei,	Domestic.				
Type of	Residence		Other (Sean		Complaint Status:				
Premises	Residence		Notifie					Complaint Status.				
Copies To:			TTOTITE	· · · ·				Arson Related:	No			
Occurred	Date	Time	To:			Date	Time		No			
From:			10.				111110					
	11-02	3:15 PM										
Dota Damontad	11-02		Coll D	eceived:		3:45 P	<u> </u>	Car Number:				
Date Reported Time	3:46 PM			of Arriva		3:43 P		District:	South Zenith			
Reported:	3.40 FM		Time o	n Ami	aı.	3.32 F	l VI	District.	South Zentin			
Officer Officer	No		GEO C	ode.		55		Processed By:	Tracey, D.			
Assaulted or	The objective of the ob											
Killed:												
BURGLARY DATA												
Method of	N/A		Burgla	ry Type		N/A		Point of Entry	N/A			
Entry:			C	J J1				Visible to Patrol:				
				REPO	RTI	NG PAF	RTY					
Name:	Smart, Betty	1										
Home	Same as Abo	ove										
Address:												
Occupation:	Daycare Pro	ovider										
Relation:	N/A											
SSN:	774-659-996											
Date of Birth:	05-02	Sex:		M	F		ce of	ME				
				_	Ļ	Bir						
Age:	45	Race:		Cauca.	sian		rital	Married				
						Sta	tus:					
N.	G 1	1.0	. 77. 1	7 .		TIM	D	14 .: C: 1 B	· 1 . T. 1			
Name:	Same as abo	ove, and Smo	art, Kyle	e; Lewis,	, Міс	haela; M	lartın, Ry	an; Martin, Cindy; Pop	pish, Taylor			
Home												
Address:												
Occupation:												
Relation: SSN:												
Date of Birth:		Sex:	I	M	F	Dla	ce of					
Date of Birtin.		Sex.		IVI	Г	Birt						
Age:		Race:					rital					
						Stat						
				KNOV	VN S	USPEC'	Г #1					

Age:

Injured:

Hospital:

Race:

SS#:

Sex:

Hair Color:

Hair Length:

Name:
Date of Birth:

Height:

Weight:

Build:	Hair Styl	e:	Hospital					
				Dispositi				
Complexion:	Facial Ha	air:		Conveye				
Eye Color:	AR#:			Injury Ty	ype:			
			ARGES					
			ARGES	•				
RSI	MO USC	Mo	O Code			F/M	[/C	
		KNOWN	SUSPECT #2					
Name:			a			-		
Date of Birth:	Sex:		S#:	Age:		Race:		
Height:	Hair Cole			Injured:				
Weight:	Hair Len			Hospital:	:			
Build:	Hair Styl	e:		Hospital				
C 1 :	Е 111			Dispositi				
Complexion:	Facial Ha	ur:		Conveye				
Eye Color:	AR#:	CH	ARGES	Injury Ty	ype:			
DC	MO USC		O Code			E/M	I/C	
KS	MO USC	MIC	J Code			F/M	/C	_
		KNOWN	SUSPECT #3					
Name:								
Date of Birth:	Sex:	S	S#:	Age:		Race:		
Height:	Hair Cole			Injured:				_1
Weight:	Hair Len			Hospital:				
Build:	Hair Styl			Hospital				
				Dispositi	on:			
Complexion:	Facial Ha	air:		Conveye	d By:			
Eye Color:	AR#:			Injury Ty	ype:			
			ARGES					
RS	MO USC	Mo	O Code			F/M	I/C	
		PROI	PERTY					
Owner's								
Name:								
Item Number:	<u> </u>	1						
Property Code:			'alue:					
Quantity:			tatus:					<u> </u>
Property		C	Owner's Name:					
Description:								
		VE	HICLE					
Owner's Name:		XX 1 1 1 0		16.1		1		
Vehicle Number:		Vehicle Status:		Code:		+		
Vehicle Make:		Vehicle Style:						
Vehicle Number:		Vehicle Status:		Code:				

Other:

Vehicle Value:

Ms. Smart, who runs a daycare out of her home, reports a greenish/yellow cloud filling their yard and seeping ingot the house. She and the children and her are experiencing a burning sensation in their noses, throats, and eyes, as well as watery eyes and severe coughing. She is especially concerned for one child who has asthma, and another who is experiencing nausea and vomiting. Ambulances dispatched.

Reporting Officer: Off. McDaniel, Sean
Supervising Officer: Off. Lewis, Christina
Reviewing Officer: Det. Scott, Samuel

Doors Locked:

INCIDENT DATE/TIME												
Date Printed:	11-02	Time	5:26		M.l	R.S.	1125	5]	Record Number:			
		Printed:	AM	PM	Nu	mber:					15	
	•	•	•	INC	IDE	NT DAT	'A					
Incident Type:	Injury – 9											
Address of	Lulu's Lur	ach Box, 902	Iroquois	s Ave.								
Occurrence:										1		
Originally	Phone in		Weapon			No						
Received As: How Received:			Objects			Off D	44 C4	1	Domestic:	No		
How Received:			Reporti Officer			Off. Pr	ан, ы	aniey	Domestic:	NO		
Type of	Restauran	<u> </u>	Other C						Complaint Status:			
Premises			Notifie	d:								
Copies To:									Arson Related:	No		
Occurred From:	Date	Time	To:			Date	Ti	me	Officer Injured:	No		
1101111	11-02	3:50 PM										
Date Reported	11-02		Call Re	ceived	:	4:26 P	M		Car Number:	10		
Time	4:27 PM		Time of	f Arriva	al:	4:35 P	М		District:	South	n Zenith	
Reported:												
Officer	No		GEO C	ode:		55			Processed By:	Trace	ey, D.	
Assaulted or												
Killed:												
	BURGLARY DATA											
Method of Entry:	N/A		Burglar	у Туре	e:	N/A			Point of Entry Visible to Patrol:	N/A		
2				REPO	RTI	NG PAF	RTY		, 131010 to 1 wil oil			
Name:	Damon, Joh	n										
Home	32 Trout Bro	ook Road										
Address:												
Occupation:	Restaurant 0	Owner										
Relation:	Owner											
SSN:	468-96-532				-	1			Lan			
Date of Birth:	08-17	Sex:		M	F		ce of		MN			
A .	<i>7.1</i>	D		<i>C</i>	<u> </u>	Bir			M . 1			
Age:	51	Race:		Cauca	sian	Sta	rital tus:		Married			
<u> </u>												
					VIC	TIM						
Name:	Damon, Loi	ıise										
Home	32 Trout Br	ook Road										
Address:												
Occupation:	Restaurant	owner										
Relation:	Owner and	v										
SSN:	636-568-01					1			T			
Date of Birth:	02-14	Sex:		M	F	Pla Bir	ce of th:		MN			
Age:	47	Race:		Cauca	sian	Ma Star	rital tus:		married			
<u> </u>			I.			1 2 344						
				KNOV	VN S	USPEC'	Γ#1					

Age:

Injured:

Hospital:

Race:

SS#:

Sex:

Hair Color:

Hair Length:

Name:
Date of Birth:

Height:

Weight:

Build:	Hair Styl	le:					
Complexion:	Facial H	oir.		Disposit Conveye			
Eye Color:	AR#:	air.					
Eye Color:	AR#:		TIADCEC	Injury T	ype:		
			CHARGES				
DC	MOTICC		CHARGES			E/M/C	
KS	MO USC	ľ	MO Code			F/M/C	
		KNOW	N SUSPECT #2				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:		Injured:			1
Weight:	Hair Len			Hospital	:		
Build:	Hair Styl			Hospital			
				Disposit			
Complexion:	Facial H	air:		Conveye			
Eye Color:	AR#:			Injury T			
		C	CHARGES		-	•	
RS	MO USC	l	MO Code			F/M/C	
		KNOW	N SUSPECT #3				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:		Injured:			
Weight:	Hair Len	gth:		Hospital	:		
Build:	Hair Sty	le:		Hospital			
				ion:			
Complexion:	Facial H	air:		Conveye			
Eye Color:	AR#:			Injury T	ype:		
			CHARGES				
RS	MO USC	l	MO Code			F/M/C	
		DD.	OPERAN				
0		PRO	OPERTY				
Owner's							
Name:							
Item Number:		T	Value.	1			
Property Code:			Value:				
Quantity:			Status: Owner's Name:				
Property Description:			Owner's Name:				
Description:			EHICLE				
Owner's Name:		V	EIIICLE				
			Codo				
	Vehicle Number: Vehicle Status:						
Vehicle Make: Vehicle Style:							
Vehicle Number: Doors Locked:		Vehicle Status: Vehicle Value:					
Doors Locked:		venicie vaide:		Other	١.		

Mr. Damon reports a yellowish green cloud that has taken over the area. The restaurant closed after patrons were experiencing burning in their nose and throat and watery eyes. His wife, Louise Damon is experiencing difficulty breathing. Ambulance dispatched.

Reporting Officer: Off. Pratt, Stanley
Supervising Officer: Det. Rodman, Dennis
Reviewing Officer: Det. Jordan, Michael

]	INCID	ENT :	DATE/	ГІМЕ				
Date Printed:	11-02	Time	6:42		M.1	R.S.	1126	Record Number:			T
		Printed:	AM	PM	Nu	mber:					16
				INC	CIDE	NT DAT	CA CA				
Incident Type:	Injury – 9	11 call				·					
Address of	12 Wood I										
Occurrence:											
Originally	Phone in		Weapo			No					
Received As:				s Used:							
How Received:			Report Officer			Off. Cherry, Terrance		Domestic:			
Type of	Residence		Other (Offices				Complain	t Status:		
Premises			Notifie	ed:							
Copies To:								Arson Rel		No	
Occurred	Date	Time	To:			Date	Time	e Officer In	jured:	No	
From:	11-02	4:30 PM									
Date Reported	11-02		Call R	eceived		5:42 P	PM	Car Numb	ner:	2	
Time	5:43 PM		Time of Arrival:			5:49		District:	<i>,</i>	Lake District	
Reported:	5.75 177				ui.	3.17		Bistrict.		Banc	District
Officer	No		GEO C	Code:		11		Processed	By:	Tracey, D.	
Assaulted or											
Killed:					~						
26.1.1.6	37/4		D 1			RY DA	TA	D: CE		37/4	
Method of Entry:			Burglary Type:			N/A		Point of E Visible to		N/A	
				REPO	RTI	NG PAI	RTY	, 151010 00	1 441 011		
Name:	Stanton, Tin	nothy									
Home	12 Wood Di	rive									
Address:											
Occupation:	Landscaper										
Relation:	N/A										
SSN:	78-787-787										
Date of Birth:	02-13 Sex:		M		F	Place of Birth:		MA			
Age:	27 Race:			Caucasiar		Marital Status:		Single	Single		
		l.									
					VIC	TIM					
Name:	Same as Ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:				14	Б	DI.	C	-			
Date of Birth:		Sex:		M	F	Pia Bir	ce of th:				
Age:		Race:					rital tus:				
	1	ı				1		L			
				KNOV	WN S	USPEC'	T #1				
Name:											

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Build:	Hair Styl	e:		Hospi				
				Dispos				
Complexion:	Facial Ha	air:			eyed By:			
Eye Color:	AR#:			Injury	Type:			
			HARGES					
			HARGES					
RS.	MO USC	N	MO Code			F/N	1/C	
		KNOW	N SUSPECT #2					
Name:		KNOW	N SUSI ECT #2					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Cole		5511.	Injure	٠ <u>٠</u>	rtucc.		
Weight:	Hair Len			Hospi				
Build:	Hair Styl			Hospi				
20110.				Dispos				
Complexion:	Facial Ha	air:			yed By:			-
Eye Color:	AR#:			Injury				
		C	HARGES			1		
RS	MO USC		MO Code			F/M	I/C	
		KNOW	N SUSPECT #3					
Name:								
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Col	or:		Injure	d:			
Weight:	Hair Len			Hospi				
Build:	Hair Styl	e:		Hospi				
				Dispo				
Complexion:	Facial Ha	air:			eyed By:			
Eye Color:	AR#:			Injury	Type:			
			HARGES					
RS	MO USC	N	MO Code			F/M	I/C	
O		PRO	OPERTY					
Owner's								
Name:								
Item Number:	T T		Valera.					
Property Code:			Value:					<u> </u>
Quantity:			Status: Owner's Name:					
Property Description:			Owner's Name:					
Description:	<u> </u>		EHICLE					
Owner's Name:		V						
Vehicle Number		Vehicle Status:		Coe	de.			
Vehicle Make:	•	Vehicle Status:		Yes				
Vehicle Number		Vehicle Style:		Coe				
Doors Locked:	•	Vehicle Value:		Otl				

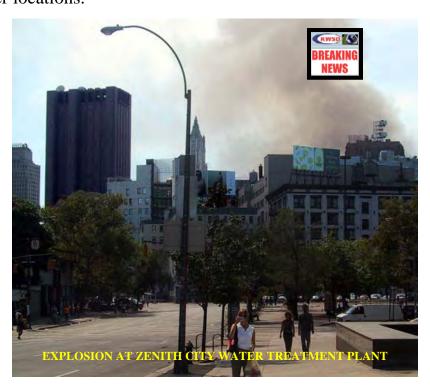
Mr. Stanton reports he is experiencing severe shortness of breath and severe chest pain. He had a job earlier this afternoon at 835 Industrial Park Drive in South Zenith and was experiencing a burning sensation in his nose, throat and eyes. He reports there was a hazy cloud that swept the area, and feels his symptoms may be related to this disturbance. Ambulance dispatched.

Reporting Officer: Off. Cherry, Terrance
Supervising Officer: Det. Stanford, Shirley
Reviewing Officer: Det. Rosewood, Christopher

		FIEI	LD LOG	
			63542	
	Date: 11/02			
	Time: 16:04			
	Field Condition	ons: 54 degrees, slig	htly breezy	
	Zenith City V	Vater Treatment Pla	nt Emergency Response	
		Air quality field dete		
	Parameter be	eing tested: Chlorine	e (Cl ₂) concentration	
	<u>Sample I D</u>	Result (ppm)	<u>Sample Location</u>	
	SZ-control	0.092	-	
	SZ-1	76.53	814 Industrial Park Drive	
	SZ-2	37.21	13 Pheasant Wood Road	
	SZ-3	51.68	1 Beaver Brook Road	
	SZ-4	15.08	30 Bullard Road	
	SZ-5	78.42	927 Industrial Park Drive	
	SZ-6	0.005	22 Richards Ave.	
	SZ-7	0.172	27 Snider Road	
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_				
				=
$\overline{}$				72

		63542
Date: 11/0	02	
Time: 16:0	04	
Field Cond	litions: 54 degrees, sli	ghtly breezy
Zenith Cit	y Water Treatment Pla	ant Emergency Response
	: Air quality field dete	
Parameter	being tested: Chlorin	e (Cl ₂) concentration
Sample I D	<u>Result (ppm)</u>	Sample Location
SZ-contro	ol 0.092	-
SZ-1	76.53	814 Industrial Park Drive
SZ-2	37.21	13 Pheasant Wood Road
SZ-3	51.68	1 Beaver Brook Road
SZ-4	15.08	30 Bullard Road
SZ-5	78.42	927 Industrial Park Drive
SZ-6	0.005	22 Richards Ave.
SZ-7	0.172	27 Snider Road

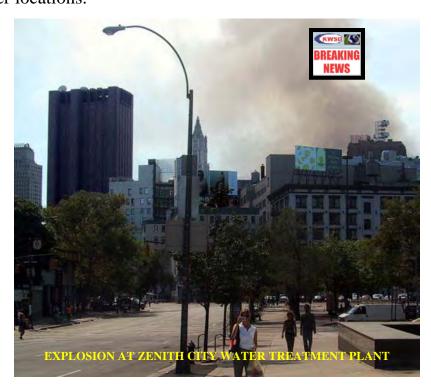














KWSD interrupts your regularly scheduled programming to bring you this breaking news update. There has just been a massive explosion at the Zenith City Water Treatment Plant. Although the source of the explosion is unknown, it appears to have originated from the scene of an accident involving a Speedy-Ship truck on a routine delivery to the water plant. The driver crashed his truck into the chemical storage building at the Zenith City Water Treatment Plant while making a routine delivery. The driver remains unconscious, and has been sent to Zenith City Hospital. There is a significant amount of damage to the facility and a plume of yellow/green gas, believed to be chlorine gas, is billowing out of the flames. Several water treatment plant employees have been injured, and a few have been rushed to Zenith City Hospital. We have no further details available at this time, but please stay tuned for information on evacuation routes, roadblocks, and shelter locations.



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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)
ESc6-2-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TO DISTRIBUTE IF THEY CHOOSE)
ESc6-2-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc6-2-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc6-2-4	THREAT LETTER (3 COPIES, 2 ARE EXTRA FOR LOCAL OFFICIALS TO DISTRIBUTE IF THEY CHOOSE)
ESc6-2-5	NEWS ALERT #3 (10 COPIES, 1 PER PARTICIPANT TABLE)

Zenith City Hospitals – Emergency Room Log (Sacred Heart, North End, Zenith City, Saint Michael's) Event Day 2 November 3

					Z	enith	City Hospitals - Em	ergeno	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	District TG = The G	lens	TV = The Village	SZ = Sou	th Zenith		
1	11/03	12:13 AM	Cranston	Marvin	М	36	29 Reagan Drive	SZ	14 Cappen Hill Road	FH	HMO Blue	No	chemical exposure: chest pains, difficulty breathing
2	11/03	1:31 AM	Davis	Skyler	F	5	4 Sand Piper Hill	FH	N/A	N/A	PPO Blue	No	fever, flu-like symptoms
3	11/03	1:32 AM	Collins	Philip	М	45	17 Meter Road	LD	N/A	N/A	N/A	No	severe headache
4	11/03	2:25 AM	Connors	Bridget	F	25	2 Just Lane	SZ	899 Industrial Park Dr.	SZ	Kaiser P.	Yes	chemical exposure: difficulty breathing, nausea
5	11/03	3:19 AM	Mogilnicki	Joe	М	16	47 Revolution Road	TV	N/A	N/A	HMO Blue	No	whip-lash, dizziness
6	11/03	3:32 AM	Castellanos	Farrah	F	49	2 Meadow Lark Lane	FH	49 Independence Blvd.	FH	N/A	No	cardiac arrest
7	11/03	4:19 AM	Matheson	Frank	М	25	14 Bobs Lane	TV	496 Industrial Park Dr.	SZ	HMO Blue	No	head injury
8	11/03	6:27 AM	Thompson	Steven	М	6	47 Gavins Pond Road	TG	N/A	N/A	Kaiser P.	No	rash, fever, fatigue
9	11/03	6:43 AM	Franklin	Jacob	М	19	243 Main Street	TV	87 Albert Street	TV	Aetna	No	fever, nausea
10	11/03	7:19 AM	Uricelli	Peter	М	69	5 Prince Way	FH	14 Glenwood Street	LD	HMO Blue	No	fractured wrist
11	11/03	7:47 AM	Gibbons	Clarissa	F	21	27 Chase Drive	TG	19 Riverdale Pkwy	TV	N/A		puncture wound on left foot, excessive bleeding
12	11/03	7:52 AM	Fontaine	Susan	F	12	26 Main Street	FH	N/A	N/A	PPO Blue	No	fractured collar bone

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14	11/03	10:24 AM	Michaels	Elisabeth	F	15	2 Greene Ave.	TV	N/A	N/A	HMO Blue	No	fractured ankle, lacerations on foot
15	11/03	11:43 AM	Harrison	Winona	F	25	21 Spring Lane	FH	86 Revolution Road	TV	HMO Blue	No	possible scratched retina
16	11/03	12:16 PM	Ventresca	Kelly	F	6	5 Country Lane	FH	N/A	N/A	PPO Blue	No	diarrhea, dehydration
17	11/03	3:14 PM	Morgan	Hayden	М	27	7 Hickory Way	FH	47 Main Street	FH	N/A	No	sliced finger
18	11/03	4:30 PM	Franklin	Beverly	F	65	15 Carter Street	TV	97 Iroquois Ave.	SZ	Kaiser P.	No	fractured wrist
19	11/03	5:18 PM	West	Tyler	М	14	4 Tanglewood Road	LD	N/A	N/A	HMO Blue	No	diarrhea, dehydration
20	11/03	5:24 PM	Hart	Kaitlin	F	87	6 Laurel Road	TG	N/A	N/A	Medicare	No	nausea, dizziness
21	11/03	6:35 PM	Bridges	Ann Marie	F	7	3 Bay Road	FH	N/A	N/A	Aetna	No	head injury, fractured femur
22	11/03	7:24 PM	Derry	Mark	М	52	3 Pond View Circle	SZ	20 Gorwin Road	LD	N/A	No	nausea, vomitting
23	11/03	8:19 PM	Stone	Robert	М	15	6 Flintlock Road	TV	N/A	N/A	PPO Blue	No	puncture wound on left foot, excessive bleeding
24	11/03	9:32 PM	Blanchett	Benjamin	М	45	17 Linda Road	TG	192 Main Street	TV	Kaiser P.	No	diabetic seizure

					Z	enith	City Hospitals - Em	ergend	y Room Log				
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25	11/03	10:12 PM	Fox	Georgette	F	25	2 Sunset Drive	TG	32 Hampton Road	FH	Aetna	No	severe convulsions
26	11/03	10:30 PM	Dreher	Daryl	М	17	3 Reeves Road	TG	13 Main Street	FH	PPO Blue	No	cardiac arrest

Zenith City Hospitals – Emergency Room Log (Sacred Heart, North End, Zenith City, Saint Michael's) Event Day 2 November 3

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2	11/03	1:31 AM	Davis	Skyler	F	5	4 Sand Piper Hill	FH	N/A	N/A	PPO Blue	No	fever, flu-like symptoms
3	11/03	1:32 AM	Collins	Philip	М	45	17 Meter Road	LD	N/A	N/A	N/A	No	severe headache
4	11/03	2:25 AM	Connors	Bridget	F	25	2 Just Lane	SZ	899 Industrial Park Dr.	SZ	Kaiser P.	Yes	chemical exposure: difficulty breathing, nausea
5	11/03	3:19 AM	Mogilnicki	Joe	М	16	47 Revolution Road	TV	N/A	N/A	HMO Blue	No	whip-lash, dizziness
6	11/03	3:32 AM	Castellanos	Farrah	F	49	2 Meadow Lark Lane	FH	49 Independence Blvd.	FH	N/A	No	cardiac arrest
7	11/03	4:19 AM	Matheson	Frank	М	25	14 Bobs Lane	TV	496 Industrial Park Dr.	SZ	HMO Blue	No	head injury
8	11/03	6:27 AM	Thompson	Steven	М	6	47 Gavins Pond Road	TG	N/A	N/A	Kaiser P.	No	rash, fever, fatigue
9	11/03	6:43 AM	Franklin	Jacob	М	19	243 Main Street	TV	87 Albert Street	TV	Aetna	No	fever, nausea
10	11/03	7:19 AM	Uricelli	Peter	М	69	5 Prince Way	FH	14 Glenwood Street	LD	HMO Blue	No	fractured wrist
11	11/03	7:47 AM	Gibbons	Clarissa	F	21	27 Chase Drive	TG	19 Riverdale Pkwy	TV	N/A	No	puncture wound on left foot, excessive bleeding
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16	11/03	12:16 PM	Ventresca	Kelly	F	6	5 Country Lane	FH	N/A	N/A	PPO Blue	No	diarrhea, dehydration
17	11/03	3:14 PM	Morgan	Hayden	М	27	7 Hickory Way	FH	47 Main Street	FH	N/A	No	sliced finger
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19	11/03	5:18 PM	West	Tyler	М	14	4 Tanglewood Road	LD	N/A	N/A	HMO Blue	No	diarrhea, dehydration
20	11/03	5:24 PM	Hart	Kaitlin	F	87	6 Laurel Road	TG	N/A	N/A	Medicare	No	nausea, dizziness
21	11/03	6:35 PM	Bridges	Ann Marie	F	7	3 Bay Road	FH	N/A	N/A	Aetna	No	head injury, fractured femur
22	11/03	7:24 PM	Derry	Mark	М	52	3 Pond View Circle	SZ	20 Gorwin Road	LD	N/A	No	nausea, vomitting
23	11/03	8:19 PM	Stone	Robert	М	15	6 Flintlock Road	TV	N/A	N/A	PPO Blue	No	puncture wound on left foot, excessive bleeding
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7	11/03	4:19 AM	Matheson	Frank	М	25	14 Bobs Lane	TV	496 Industrial Park Dr.	SZ	HMO Blue	No	head injury
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Zenith City Police Department Incident Reports Event Day 2 November 3

Printed: AM PM Number: Number:]	INCIDI	ENT I	OATE/T	IME			
Incident Type:	Date Printed:	11-03	Time	3:05		M.R	.S.	1131	Record Number:		1
Incident Type:			Printed:	AM	PM	Nun	nber:				
Incident Type:				1	INC	IDEN	T DAT	A			
Address of Occurrence: Originally Received As:	Incident Type:	Injury – 9.	11 call								
Originally Received As: Phone in Objects Used: Officer: N/A Objects Used: Officer: N/A Objects Used: Officer: Officer: Officer: Officer: Officer: Officer: Domestic: Officer:		2 Just Lan	e								
Received As:	Occurrence:										
How Received:		Phone in					N/A				
Officer Officer Other Offices Notified No											
Notified:	How Received:						Off. Ya	tes, Ken	Domestic:		
Date Time To:		Residence							Complaint Status:		
Occurred From: Date Time To: Date Time Officer Injured: No Date Reported 11-03 1:45 AM Call Received: 2:05 AM Car Number: 5 Time 2:06 AM Time of Arrival: 2:11 AM District: South Zenith Reported: No GEO Code: 55 Processed By: Jones, Cathy BURGLARY DATA Method of Entry: N/A Burglary Type: N/A Point of Entry Visible to Patrol: N/A REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Status: Single Name: Same as Above									Arson Related:	No	
Date Reported 11-03	Occurred	Date	Time	To:			Date	Time			
Time Reported: Officer Assaulted or Killed: BURGLARY DATA Method of Entry: NA Metho	From:	11-03	1:45 AM								
Time Reported: Officer Resolution Reported: Officer Assaulted or Killed: BURGLARY DATA Method of Entry: NA Method of Entry: NA Reporting PARTY Name: Connors, Bridget Home Address: Occupation: SSN: 984-65-7325 Date of Birth: Ol-11 Sex: M F Place of Birth: Age: 2:11 AM District: South Zenith Processed By: Jones, Cathy N/A Point of Entry Visible to Patrol: N/A Point of Entry N/A Point of Entry Visible to Patrol: N/A	Data Paported	11.03		Call D	acaivad:		2:05.4	M	Car Number:	5	
Reported:											70nith
Officer Assaulted or Killed: Jones, Cathy BURGLARY DATA Method of Entry: N/A Point of Entry Visible to Patrol: N/A REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Status: Single Status: Name: Same as Above Home Address: Address:		2.0071111		Time	71 7 11117 0		2.11 111	,1	District.	South	Zemm
Killed: BURGLARY DATA Method of Entry: N/A Point of Entry Visible to Patrol: N/A EPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Single Name: Same as Above Home Address: Address:		No		GEO C	Code:		55		Processed By:	Jones	, Cathy
BURGLARY DATA Method of Entry: N/A Burglary Type: N/A Point of Entry Visible to Patrol: N/A REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Consultant Relation: SSN: SSN: 984-65-7325 Date of Birth: 01-11 Age: 25 Race: Caucasian Marital Status: Single Name: Same as Above Home Address: Address:									·		
Method of Entry: MA	Killed:										
Entry: REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Age: 25 Race: Caucasian Marital Status: VICTIM Name: Same as Above Home Address:								<u>A</u>		1	
Name: Connors, Bridget		N/A		Burgla	ıry Type	: :	N/A			N/A	
Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Mane: Same as Above VICTIM Name: Same as Above Home Address:	Entry:				REPO	RTIN	JC PAR	TV	Visible to Patrol:		
Home Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Age: Caucasian Marital Status: Name: Same as Above Home Address:	Name:	Connors Ri	ridoet		KLIO	1 11	OIAN	. 1 1			
Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Age: 25 Race: Caucasian Marital Status: Single Name: Same as Above Home Address:											
Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Status: Marital Status: Single Name: Same as Above Home Address: Address:											
SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Status: Single VICTIM Name: Same as Above Home Address: Address:	Occupation:	Consultant									
Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Single VICTIM Name: Same as Above Home Address:											
Age: 25 Race: Caucasian Marital Single VICTIM Name: Same as Above Home Address:			5	1							
Age: 25 Race: Caucasian Marital Single VICTIM Name: Same as Above Home Address:	Date of Birth:	01-11	Sex:		M	F			WA		
Name: Same as Above Home Address:		25	D		<i>C</i>	<u> </u>			G. I		
VICTIM Name: Same as Above Home Address:	Age:	25	Race:		Cauca	sian			Single		
Name: Same as Above Home Address:							Stat	45.			
Name: Same as Above Home Address:						VIC	ГІМ				
Address:	Name:	Same as Ab	ove								
	Home										
Occupation:											
Relation:											
SSN:						T	1				
Date of Birth: Sex: M F Place of Birth:	Date of Birth:		Sex:		M	F					
Age: Race: Marital Status:	Age:		Race:								
juitus.							Stat	uu.			
KNOWN SUSPECT #1					KNOV	VN SI	ISPECT	`#1			

Age:

Injured:

Race:

SS#:

N/A

Sex:

Hair Color:

Name:
Date of Birth:

Height:

								E300-2
Weight:	Hair Len			Hospital:				
Build:	Hair Styl	e:		Hospital				
				Disposition				
Complexion:	Facial Ha	air:		Conveyed	l By:			
Eye Color:	AR#:			Injury Ty	pe:			
		(CHARGES					
		(CHARGES					
RSMO	USC	-	MO Code			F/M/C		
		KNOW	'N SUSPECT #2					
Name:								
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Col	or:		Injured:				
Weight:	Hair Len			Hospital:				
Build:	Hair Styl			Hospital				
				Disposition	on:			
Complexion:	Facial Ha	air:		Conveyed				
Eye Color:	AR#:	'		Injury Ty				
	1	(CHARGES	1 1 1				
RSMO	USC		MO Code			F/M/C		
1151/10	CBC	-				171717		
		KNOW	N SUSPECT #3					
Name:		MIOW	TI BUSI ECT #3					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Col	or:	ιουπ.	Injured:		Racc.		
Weight:	Hair Len			Hospital:				
Build:	Hair Styl			Hospital				
Dulla.	Train Styr	С.		Disposition	n.			
Complexion:	Facial Ha	air.		Conveyed				
Eye Color:	AR#:			Injury Ty				
Lyc color.	111111		CHARGES	injury ry	pc.			
RSMO	USC		MO Code			F/M/C		
ROMO	CBC	-	WIO Code			17141/0		
		DD	ODEDEN					
O		PK	OPERTY					
Owner's Name:								
Item Number:								
		1	Value:	1				
Property Code: Quantity:			Status:				_	
			Owner's Name:				-	
Property			Owner's Name:					
Description:		T	EIIICI E					
Owner's Name:			EHICLE					
Vehicle Number:		Vehicle Status:		Code:		1		
Vehicle Make:				Year:				
Vehicle Make: Vehicle Number:		Vehicle Style: Vehicle Status:		Code:				
		Vehicle Value:						
Doors Locked:		venicie value:		Other:				
			RRATIVE					
Victim reports she wa	ıs awoken by difficu	lty breathing and	d nausea. Ambulanc	e dispatched.				
D 4 022	0.00 22							
Reporting Officer:	Off. Yates, Ke							
Supervising Officer:	Det. Rollins, I	Mıchael						

163/284

Det. Foster, Kristen

Reviewing Officer:

	INCIDENT DATE/TIME											
Date Printed:	11-03	Time	8:47		M.I	R.S.	1132	Record Number:		2		
		Printed:	AM	PM	Nui	nber:						
				<u> </u>	IDEN	NT DAT	' A					
Incident Type:	Kidnappin	g – 911 call		1110	Ш	II DAI	A					
Address of	27 Oak Hi											
Occurrence:	27 041111	ii Diive										
Originally	Phone in		Weapor	n or		N/A						
Received As:	1 Hone in		Objects			11/11						
How Received:			Reporti			Off. Ya	tes, Ken	Domestic:				
			Officer			33	,					
Type of			Other C	Offices				Complaint Status:				
Premises			Notifie	d:								
Copies To:								Arson Related:	No			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No			
From:	11.02	7.46.434										
	11-03	7:46 AM										
Date Reported			Call Re	ceived:		7:47 A	M	Car Number:	5			
Time	7:47 AM		Time of			7:55 A		District:		st Hills		
Reported:	, , , , , , , , , , , , , , , , , , , ,		111110			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,_	21001100	10.00			
Officer	No		GEO C	ode:		44		Processed By:	Jones	, Cathy		
Assaulted or								· ·				
Killed:												
				BUR	GLA	RY DA	ГА					
Method of	N/A		Burglar	у Туре	:	N/A		Point of Entry	N/A			
Entry:								Visible to Patrol:				
				REPO	RTI	NG PAR	RTY					
Name:	Schneider, 1											
Home	4 Hickory W	Vay										
Address:												
Occupation:	Dental Hyge	enist										
Relation:	witness											
SSN:	963-96-9630					1		T				
Date of Birth:	09-16	Sex:		M	F		ce of	VT				
<u> </u>	26	D		<u> </u>	١	Birt		14 . 1				
Age:	36	Race:		Cauca	sian	Mar		Married				
						Stat	lus.					
					TITO	TOTA 6						
Name	LINIE				VIC	TIM						
Name:	UNK											
Home Address:	UNK											
Occupation:	N/A											
Relation:	UNK											
SSN:	UNK											
Date of Birth:	UNK	Sex:		M	F	Dlag	ce of	UNK				
Date of Birdi.	UIVIX	SEX.		141	1,	Birt		UIVA				
Age:	10-12	Race:		Cauca	sian		rital	N/A				
1.50.	10 12	Ruce.		Suncu	Juli	Stat		14/11				
<u>. </u>		1	I			1		1				

	KNOWN SUSPECT #1												
Name:	UNK												
Date of Birth:	UNK	Sex: M	SS#: UNK	Age:	40	Race:	Caucasian						
Height:	UNK	Hair Color:	Brown	Injured	:	No							
Weight:	UNK	Hair Length:	Short	Hospita	al:	No							

Build:	Medium	Hair Styl	e:	Crew		ospital sposition:	N/A	
Complexions	Fair	Facial Ha	in.	Beard		onveyed By:	N/A	
Complexion:			ur:					
Eye Color:	UNK	AR#:		N/A	In	jury Type:	N/A	
				CHARGES CHARGES				
DC	SMO USC			MO Code			F/M/C	_
KS	SMO USC			MO Code			r/W/C	
			KNOV	WN SUSPECT #2	L			
Name:								
Date of Birth:		Sex:		SS#:	Aş	ge:	Race:	
Height:		Hair Col	or:		In	jured:		
Weight:		Hair Len	gth:		Н	ospital:		
Build:		Hair Styl	e:		Н	ospital		
					Di	sposition:		
Complexion:		Facial Ha	air:		Co	onveyed By:		
Eye Color:		AR#:			In	jury Type:		
				CHARGES				
RS	SMO USC			MO Code			F/M/C	
			KNOV	WN SUSPECT #3				
Name:		1		_			•	_
Date of Birth:		Sex:		SS#:		ge:	Race:	
Height:		Hair Col				jured:		
Weight:		Hair Len				ospital:		
Build:		Hair Styl	e:			ospital		
						sposition:		
Complexion:		Facial Ha	air:			onveyed By:		
Eye Color:		AR#:		GH + D GEG	In	jury Type:	<u> </u>	
D.C	NAC LIGG		T	CHARGES			FAMC	
RS	SMO USC			MO Code			F/M/C	
			DI	ROPERTY				
Owner's	1		FI	KUPEKII				
Name:								
Item Number:	1							
Property Code:				Value:				T
Quantity:				Status:				
Property				Owner's Name:				
Description:		1						
				VEHICLE				•
Owner's Name:								

NARRATIVE

Code:

Year:

Code:

Other:

Vehicle Status:

Vehicle Style:

Vehicle Status:

Vehicle Value:

Witness reports a young girl being pulled into a chevrolet van, license plate number S55-555. Victim was wearing a jean skirt and light pink tee shirt and had red hair. Victim was carrying a navy blue backpack. Reporting Officer was unable to find the victim. A search and rescue team has been assembled and dispatched.

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

Vehicle Number:

Vehicle Number:

Vehicle Make:

Doors Locked:

			I	NCIDI	ENT	DATE/T	IME				
Date Printed:	11-03	Time	1:16		M.1	R.S.	113.	3 F	Record Number:		3
		Printed:	AM	PM	Nu	mber:					
				INC	IDE	NT DAT	A				
Incident Type:	Unlawful I										
Address of	5 Pole Pla	in Road									
Occurrence: Originally	Phone In		Weapon	n or		N/A					
Received As:	1 none in		Objects			IV/A					
How Received:			Reporti			Off. Ya	tes. K	Ken.	Domestic:		
			Officer			0,5,1 = 5.	, , ,				
Type of	Residence		Other C						Complaint		
Premises			Notifie	d:					Status:		
Copies To:									Arson Related:	No	
Occurred From:	Date	Time	To:			Date	T	ime	Officer Injured:	No	
110m.	11-02	6:30 PM				11-03	12	2:00 P			
Date Reported	11-03		Call Re	ceived	:	12:15 1	PM		Car Number:	5	
Time	12:16 PM		Time of			12:25 1			District:	The V	/illage
Reported:											Ü
Officer	No		GEO C	ode:		33			Processed By:	Jones	s, Cathy
Assaulted or											
Killed:				DIID	OT A	DI/ DA	Π 4				
Mathadas	111	E. t	Danala			RY DAT	ľA		Daint of Enter	No	
Method of Entry:	Unlawful I	entry	Burglar	ту Туре	: :	UNK			Point of Entry Visible to Patrol:	IVO	
Lintry.		l		REPO	RTI	NG PAR	TY		Visible to Tution.		
Name:	Abbott, Will	iam									
Home	Same as Abo	ove									
Address:											
Occupation:	Salesman										
Relation: SSN:	Homeowner 753-75-7533										
Date of Birth:	06-25	Sex:		M	F	Dlac	e of		WA		
Date of Birtin.	00-23	Sex.		IVI	1.	Birt			WA		
Age:	43	Race:		Cauca	sian	Mai			Divorced		
						Stat	us:				
Name:	Same as abo	ou a			VIC	CTIM					
Home	same as abo	ove									
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Plac Birt	e of h:				
Age:		Race:			•	Mar	ital				
						Stat	us:				
				¥7\$70=		TIODE C	B 113				
				KNOV	VN S	USPEC7	l # 1				

Race:

Age:

Injured:

Hospital:

SS#:

Name:

Height:

Weight:

Date of Birth:

UNK

Sex:

Hair Color:

Hair Length:

Build:		Hair Styl	e:			ospital				
		F . 1 1 7 7				isposit				
Complexion:		Facial Ha	aır:			onveye				
Eye Color:		AR#:		TI A D CEC	In	jury T	ype:			
				HARGES						
				HARGES						
RS	SMO USC]	MO Code				F/M/C		
			LINOU	NI CLICDE CT #3						
Name:	<u> </u>		KNOW	N SUSPECT #2						
Date of Birth:		Sex:		SS#:	Ι.	ge:		Race:		
Height:		Hair Cole	~ 	33#.		ge. jured:		Nace.		
Weight: Build:		Hair Len				ospital				
Bulla:		Hair Styl	e:			ospital				
Camalanian		Facial III	.:			isposit				
Complexion:		Facial Ha	air:			onveye				
Eye Color:		AR#:		TIADCEC	In	jury T	ype:			
DC	EMO LICC			CHARGES				E/M/C		
K3	SMO USC			MO Code				F/M/C		
			IZMOM	NI CLICDE CTE #2						
Name:			KNUW	N SUSPECT #3						
Date of Birth:		Sex:		SS#:	Ι.	~~.		Dagge		
				33#:		ge: jured:		Race:		
Height:		Hair Cole				.,				
Weight: Build:		Hair Len				ospital				
Bulla:		Hair Styl	e:			ospital isposit				
Complexions		Facial Ha	i.m.							
Complexion:		AR#:	air:			onveye				
Eye Color:		AK#:		TIADOEC	In	jury T	ype:			
DC	EMO LICC			CHARGES MO Code				F/M/C		
K	SMO USC			vio Code				F/M/C		
			DD.	OPEDEN						
Ouman's	Abbott, Wil	liam	PR	OPERTY						
Owner's	Abbott, Wil	нат								
Name:	7									
Item Number:	<u> </u>		ı	Value.	de	2000				
Property Code:	1			Value:		2900	_		_	
Quantity:	1			Status:		st	_		_	
Property	Television			Owner's Name:		ame as				
Description:				EILICI E	A	bove				
O			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EHICLE						
Owner's Name:			37.1.1.1 Cc. c		ı	C 1		1		
Vehicle Number	r:		Vehicle Status:			Code	:	1		

NARRATIVE

Year:

Code:

Other:

Vehicle Style:

Vehicle Status:

Vehicle Value:

Mr. Williams reported the theft of his TV. Officer investigated the scene, and searched the area for a suspect. TV not recovered. Stolen property report filed by officer Yates.

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

Vehicle Make:

Doors Locked:

Vehicle Number:

			I	NCIDI	ENT	DATE/T	IME				
Date Printed:	11-03	Time	5:54		M.:	R.S.	1134	R	Record Number:		
		Printed:	AM	PM	Nu	mber:					4
				INC	IDE	NT DAT	A				
Incident Type:	Reckless C	Operation of	a vehicle								
Address of		ale Parkway									
Occurrence:		•									
Originally	Phone in		Weapor	n or		N/A					
Received As:			Objects								
How Received:			Reporti			Off. Ya	tes, Ken		Domestic:	No	
			Officer								
Type of	Fair groun	ıds	Other C						Complaint Status:		red with
Premises			Notifie	d:						Arre	st
Copies To:	<u> </u>	г					T		Arson Related:		
Occurred	Date	Time	To:			Date	Time	;	Officer Injured:		
From:	11-03	4:34 PM				11-03	4:54	P	1		
	11 03	7.571111				11 03	7.57	•			
Date Reported	11-03		Call Re			4:54 P	М		Car Number:	5	
Time	4:54 PM		Time of	f Arriva	al:	5:10 P	M		District:	The	Village
Reported:											
Officer	No		GEO C	ode:		33			Processed By:	Jone	s, Cathy
Assaulted or											
Killed:	1				~	<u> </u>					
7.7.1.1.0	1 37/4		D 1			RY DAT	l' A		I D	27/4	
Method of	N/A		Burglar	ту Туре	: :	N/A			Point of Entry	N/A	
Entry:				DEDO	ртт	NC DAD	TX7		Visible to Patrol:		
Name:	Lawrence, C) lines		KEPU	KII	NG PAR	<u> </u>				
Home	5 Cow Hill I										
Address:	J COW IIII I	Nouu									
Occupation:	Maintenanc	ρ									
Relation:	witness	<u> </u>									
SSN:	626-62-6520	<u> </u>									
Date of Birth:	02-19	Sex:		M	F	Plac	e of		MN		
Dute of Birth.	0 2 1)	20111			1	Birt			.,		
Age:	64	Race:		Black		Maı			Married		
						Stat					
					VIC	TIM					
Name:	N/A										
Home											
Address:											
Occupation:											
Relation:											
SSN:	-										
Date of Birth:		Sex:		M	F	l l	e of	T			
						Birt		_			
Age:		Race:				Mai					
						Stat	us:				

	KNOWN SUSPECT #1												
Name:	Shanahan, (Colin											
Date of Birth:	09-06	Sex: M	SS#: 987-65-4321	Age:	17	Race:	Caucasian						
Height:	6'2"	Hair Color:	Brown	Injured	:	No							
Weight:	140	Hair Length:	Long	Hospit	al:	No							

Build:	Thin	Hair Styl	e:	Straight		ospital sposition:	N/A	
Complexion:	Fair	Facial Ha	nir:	No		nveyed By:	Police cri	uiser
Eye Color:	Brown	AR#:		46		ury Type:	N/A	
, , , , , , , , , , , , , , , , , , ,		· · ·		CHARGES		<u> </u>		
			RECK	LESS OPERATION				
R	SMO USC			MO Code			F/M/C	
	99			1342			М	
			KNO	WN SUSPECT #2				
Name:								
Date of Birth:		Sex:		SS#:	Ag	ge:	Race:	
Height:		Hair Col	or:		Inj	ured:		
Weight:		Hair Len	gth:		Но	spital:		
Build:		Hair Styl	e:			spital		
					Di	sposition:		
Complexion:		Facial Ha	air:		nveyed By:			
Eye Color:		AR#:			Inj	ury Type:		
				CHARGES				
R	SMO USC			MO Code			F/M/C	
			KNO	WN SUSPECT #3				
Name:		1				r		ı
Date of Birth:		Sex:		SS#:	Ag		Race:	
Height:		Hair Col				ured:		
Weight:		Hair Len				spital:		
Build:		Hair Styl	e:			spital		
						sposition:		
Complexion:		Facial Ha	air:			nveyed By:		
Eye Color:		AR#:			Inj	ury Type:		
7	a) 10 110 G		T	CHARGES			En t/G	
R	SMO USC			MO Code			F/M/C	
	1		P	ROPERTY				
Owner's								
Name:								
Item Number:				T		Г		
Property Code:				Value:				
Quantity:				Status:				
Property	1	1		Owner's Name:				

NARRATIVE

VEHICLE

Code:

Year:

Code:

Other:

Vehicle Status:

Vehicle Style:

Vehicle Status:

Vehicle Value:

Witness reported a youth driving a car in a reckless manner around the fairgrounds and destroying the fields. Witness approached youth, requesting he discontinue this behavior. Youth dismissed witness's request and continued to drive in a reckless manner. Officer arrived on scene, arrested the driver, and seized the vehicle.

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

Description:

Owner's Name: Vehicle Number:

Vehicle Make:

Doors Locked:

Vehicle Number:

Zenith City 911 Incident Reports Event Day 2 November 3

Printed: AM PM Number: Number:		INCIDENT DATE/TIME												
Incident Type:	Date Printed:	11-03	Time	3:05		M.R	.S.	1131	Record Number:		1			
Incident Type:			Printed:	AM	PM	Nun	nber:							
Incident Type:				1	INC	IDEN	T DAT	A						
Address of Occurrence: Originally Received As:	Incident Type:	Injury – 9.	11 call											
Originally Received As: Phone in Objects Used: Officer: N/A Objects Used: Officer: N/A Objects Used: Officer: Officer: Officer: Officer: Officer: Officer: Domestic: Officer:		2 Just Lan	e											
Received As:	Occurrence:													
How Received:		Phone in					N/A							
Officer Officer Other Offices Notified No														
Notified:	How Received:						Off. Ya	tes, Ken	Domestic:					
Date Time To:		Residence							Complaint Status:					
Occurred From: Date Time To: Date Time Officer Injured: No Date Reported 11-03 1:45 AM Call Received: 2:05 AM Car Number: 5 Time 2:06 AM Time of Arrival: 2:11 AM District: South Zenith Reported: No GEO Code: 55 Processed By: Jones, Cathy BURGLARY DATA Method of Entry: N/A Burglary Type: N/A Point of Entry Visible to Patrol: N/A REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Status: Single Name: Same as Above									Arson Related:	No				
Date Reported 11-03	Occurred	Date	Time	To:			Date	Time						
Time Reported: Officer Assaulted or Killed: BURGLARY DATA Method of Entry: NA Metho	From:	11-03	1:45 AM											
Time Reported: Officer Resolution Reported: Officer Assaulted or Killed: BURGLARY DATA Method of Entry: NA Method of Entry: NA Reporting PARTY Name: Connors, Bridget Home Address: Occupation: SSN: 984-65-7325 Date of Birth: Ol-11 Sex: M F Place of Birth: Age: 2:11 AM District: South Zenith Processed By: Jones, Cathy N/A Point of Entry Visible to Patrol: N/A Point of Entry N/A Point of Entry Visible to Patrol: N/A	Data Paported	11.03		Call D	acaivad:		2:05.4	M	Car Number:	5				
Reported:											70nith			
Officer Assaulted or Killed: Jones, Cathy BURGLARY DATA Method of Entry: N/A Point of Entry Visible to Patrol: N/A REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Status: Single Status: Name: Same as Above Home Address: Address:		2.0071111		Time	71 7 11117 0		2.11 111	,1	District.	South	Zemm			
Killed: BURGLARY DATA Method of Entry: N/A Point of Entry Visible to Patrol: N/A EPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Single Name: Same as Above Home Address: Address:		No		GEO C	Code:		55		Processed By:	Jones	, Cathy			
BURGLARY DATA Method of Entry: N/A Burglary Type: N/A Point of Entry Visible to Patrol: N/A REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Consultant Relation: SSN: SSN: 984-65-7325 Date of Birth: 01-11 Age: 25 Race: Caucasian Marital Status: Single Name: Same as Above Home Address: Address:									, in the second					
Method of Entry: MA	Killed:													
Entry: REPORTING PARTY Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Age: 25 Race: Caucasian Marital Status: VICTIM Name: Same as Above Home Address:								<u>A</u>		1				
Name: Connors, Bridget		N/A		Burgla	ıry Type	: :	N/A			N/A				
Name: Connors, Bridget Home Same as Above Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Mane: Same as Above VICTIM Name: Same as Above Home Address:	Entry:				REPO	RTIN	JC PAR	TV	Visible to Patrol:					
Home Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Age: Caucasian Marital Status: Name: Same as Above Home Address:	Name:	Connors Ri	ridoet		KLIO	1 11	OIAN	. 1 1						
Address: Occupation: Consultant Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: Age: 25 Race: Caucasian Marital Status: Single Name: Same as Above Home Address:														
Relation: SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Status: Marital Status: Single Name: Same as Above Home Address: Address:														
SSN: 984-65-7325 Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Status: Single VICTIM Name: Same as Above Home Address: Address:	Occupation:	Consultant												
Date of Birth: 01-11 Sex: M F Place of Birth: WA Age: 25 Race: Caucasian Marital Single VICTIM Name: Same as Above Home Address:														
Age: 25 Race: Caucasian Marital Single VICTIM Name: Same as Above Home Address:			5	1										
Age: 25 Race: Caucasian Marital Single VICTIM Name: Same as Above Home Address:	Date of Birth:	01-11	Sex:		M	F			WA					
Name: Same as Above Home Address:		25	D		<i>C</i>	<u> </u>			G. I					
VICTIM Name: Same as Above Home Address:	Age:	25	Race:		Cauca	sian			Single					
Name: Same as Above Home Address:							Stat	45.						
Name: Same as Above Home Address:						VIC	ГІМ							
Address:	Name:	Same as Ab	ove											
	Home													
Occupation:														
Relation:														
SSN:						T	1							
Date of Birth: Sex: M F Place of Birth:	Date of Birth:		Sex:		M	F								
Age: Race: Marital Status:	Age:		Race:											
juitus.							Biai	uu.						
KNOWN SUSPECT #1					KNOV	VN SI	ISPECT	`#1						

Age:

Injured:

Race:

SS#:

N/A

Sex:

Hair Color:

Name:
Date of Birth:

Height:

	,							E300-2
Weight:	Hair Len			Hospital:				
Build:	Hair Sty	le:		Hospital				
				Disposition	on:			
Complexion:	Facial H	air:		Conveyed	d By:			
Eye Color:	AR#:			Injury Ty				
<u> </u>	•		CHARGES					
			CHARGES				-	-
RSM	O USC		MO Code			F/M/C		
1101/1	0 000					171117		
		KNOW	N SUSPECT #2					
Name:		INTOV	TI DEBILET #2					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Col	or:	υσπ.	Injured:		Racc.		
Weight:	Hair Len							
Build:	Hair Styl			Hospital:				
Dulla:	nair Styl	ie:		Hospital Disposition				
Camalanian	Facial H	. :		Conveyed				
Complexion:		air:						
Eye Color:	AR#:		NIA DOEG	Injury Ty	pe:			
Day	O HIGG		CHARGES	-		EA (/C		
RSM	O USC		MO Code			F/M/C		
		1						
		KNOW	'N SUSPECT #3					
Name:								
Date of Birth:	Sex:		SS#:	Age:		Race:	L	
Height:	Hair Col			Injured:				
Weight:	Hair Len			Hospital:				
Build:	Hair Sty	le:		Hospital				
				Disposition				
Complexion:	Facial H	air:		Conveyed				
Eye Color:	AR#:			Injury Ty	pe:			
			CHARGES					
RSM	O USC		MO Code			F/M/C		
		PR	OPERTY					
Owner's		110	OLEKII					
Name:								
Item Number:								
Property Code:			Value:					
Quantity:			Status:				+	
Property Property			Owner's Name:				+	
Description:			Owner s Name.					
Description.		7	/EHICLE					
Orrman'a Namar		•	ENICLE					
Owner's Name: Vehicle Number:		Vehicle Status:	<u> </u>	Code:		I		
Vehicle Make:		Vehicle Style:		Year:				
Vehicle Number:		Vehicle Status:		Code:				
Doors Locked:		Vehicle Value:		Other:				
			ARRATIVE					
Victim reports she	was awoken by diffici	ulty breathing and	d nausea. Ambuland	re dispat ched .				
	-							
				·		-		
Reporting Officer:	Off. Yates, Ke	en						
Supervising Office							-	-

172/284

Det. Foster, Kristen

Reviewing Officer:

	INCIDENT DATE/TIME											
Date Printed:	11-03	Time	8:47		M.I	R.S.	1132	Record Number:		2		
		Printed:	AM	PM	Nui	nber:						
				<u> </u>	IDEN	NT DAT	' A					
Incident Type:	Kidnappin	g – 911 call		1110	шш	II DAI	A					
Address of	27 Oak Hi											
Occurrence:	27 041111	ii Diive										
Originally	Phone in		Weapor	n or		N/A						
Received As:	1 Hone in		Objects			14/11						
How Received:			Reporti			Off. Ya	tes, Ken	Domestic:				
			Officer			33	,					
Type of			Other C	Offices				Complaint Status:				
Premises			Notifie	d:								
Copies To:								Arson Related:	No			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No			
From:	11.02	7.46.434										
	11-03	7:46 AM										
Date Reported			Call Re	ceived:	,	7:47 A	M	Car Number:	5			
Time	7:47 AM		Time of			7:55 A		District:		st Hills		
Reported:	, , , , , , , , , , , , , , , , , , , ,		111110			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,_	21001100	10.00			
Officer	No		GEO C	ode:		44		Processed By:	Jones	, Cathy		
Assaulted or								· ·				
Killed:												
				BUR	GLA	RY DA	ГА					
Method of	N/A		Burglar	у Туре	:	N/A		Point of Entry	N/A			
Entry:								Visible to Patrol:				
				REPO	RTI	NG PAR	RTY					
Name:	Schneider, 1											
Home	4 Hickory W	Vay										
Address:												
Occupation:	Dental Hyge	enist										
Relation:	witness											
SSN:	963-96-9630					1		T				
Date of Birth:	09-16	Sex:		M	F		ce of	VT				
A	26	D		<u> </u>	١	Birt		14 . 1				
Age:	36	Race:		Cauca	sian	Mar		Married				
						Stat	lus.					
					TITO	TOTA 6						
Name	LINIE				VIC	TIM						
Name:	UNK											
Home Address:	UNK											
Occupation:	N/A											
Relation:	UNK											
SSN:	UNK											
Date of Birth:	UNK	Sex:		M	F	Dlag	ce of	UNK				
Date of Birdi.	UIVIX	SEX.		141	1,	Birt		UIVA				
Age:	10-12	Race:		Cauca	sian		rital	N/A				
1.50.	10 12	Ruce.		Suncu	Juli	Stat		14/11				
<u>. </u>		1	I			1		1				

	KNOWN SUSPECT #1												
Name:	UNK												
Date of Birth:	UNK	Sex: M	SS#: UNK	Age:	40	Race:	Caucasian						
Height:	UNK	Hair Color:	Brown	Injured	:	No							
Weight:	UNK	Hair Length:	Short	Hospita	al:	No							

Build:	uild: <i>Medium</i> Hair Sty		le:	Crew		ospital	N/A		
						isposition:			
Complexion:	Fair	Facial Hair:		Beard		onveyed By:	N/A		
Eye Color:	UNK	UNK AR#:		N/A	In	jury Type:	N/A		
				HARGES					
				HARGES					
RSMO USC			MO Code			F/M/C			
			KNOW	N SUSPECT #2					
Name:									
Date of Birth:		Sex:		SS#:	A	ge:	Race:		
Height:		Hair Color:			In	jured:			
Weight:		Hair Len		H	lospital:				
Build: Hair Styl			le:	Hospital					
						isposition:			
Complexion:	Facial Hair:					Conveyed By:			
Eye Color:		AR#: Injury Type:							
			C	HARGES					
RSMO USC			1	MO Code			F/M/C		
			KNOW	N SUSPECT #3					
Name:									
Date of Birth:		Sex:		SS#:	A	ge:	Race:		
Height:		Hair Color:			In	jured:			
Weight:		Hair Length:			Н	ospital:			
Build:		Hair Style:				ospital			
						isposition:			
Complexion:		Facial Hair:			C	onveyed By:			
Eye Color:		AR#:			In	jury Type:			
			C	HARGES					
RSMO USC			MO Code			F/M/C			
			PRO	OPERTY					
Owner's				_					
Name:									
Item Number:									
Property Code:				Value:					
Quantity:				Status:					
Property				Owner's Name:					
Description:									
•	•		V	EHICLE		,		•	
Owner's Name:									
Vehicle Numbe			Vehicle Status:			Code:			

NARRATIVE

Year:

Code:

Other:

Vehicle Style:

Vehicle Status:

Vehicle Value:

Witness reports a young girl being pulled into a chevrolet van, license plate number S55-555. Victim was wearing a jean skirt and light pink tee shirt and had red hair. Victim was carrying a navy blue backpack. Reporting Officer was unable to find the victim. A search and rescue team has been assembled and dispatched.

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

Vehicle Make:

Doors Locked:

Vehicle Number:

Governor Bryant:

We are determined to have our voice heard. We have tried to make you understand that we will not sit and watch as you and your people destroy what is already our suffering nation. We deserve to be heard, and if a few of your neighbors must be sacrificed for you to acknowledge our pleas, then that is what must occur. Let the poison gas that we have unleashed be a lesson to you.

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KWSD interrupts your regularly scheduled programming to bring you this breaking news update. Yesterday, on Election Day, an explosion at the Zenith City Water Treatment Plant rocked Zenith City. The explosion produced a deadly yellow/green cloud of what is now known to be chlorine gas into the air causing at least 4 fatalities and many injuries. According to an unidentified source close to the Zenith City Police Department, evidence is now showing that the explosion was an act of domestic terrorism. The alleged suspect is 36-year-old Jeffrey Saunders of The Village, who was on a routine delivery to the plant when he swerved off of the driveway and crashed into the wall of the chemical storage building. Saunders was unconscious when responders arrived. As police, fire, and rescue officials were securing the scene and assessing the damage, Saunder's truck exploded causing the release of the toxic gas. Employees at the water plant are shocked and terrified by Saunders' ability to infiltrate the facility. Although Police, FBI, and the Water Utility have no comments at this time, Christopher Matthews, a water plant security guard on duty at the time of the incident reports, "[Saunders] was just a normal guy. We have had several conversations, and I would have never known...It's unbelievable...I'm in complete shock." One police officer, two firemen, and one water plant employee died in the explosion, three are in critical condition at Zenith City Hospital, and many residents of the city sustained minor injuries from the cloud of chlorine gas that was released as a result of the explosion. KWSD will keep you up to date as more details come in.

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SPARE FORMS

The Spare Forms folder must contain the following files:

 MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)		
ESc-f-1	LAB RESULTS FORMS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)		
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)		
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 40 COPIES WILL BE PROVIDED IN STEP 3)		
ESc-f-4	LABORATORY CHAIN OF CUSTODY FORMS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)		
ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)		

Scenario 6 Participant Tables

You will need to create these folders for the participant tables.

Some of the materials to be contained within each of these folders have been provided on the following pages. Other materials have not been

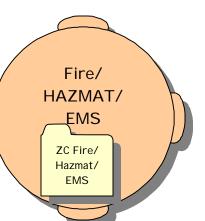
provided as they have special printing instructions. These other materials are to be printed in steps 3 and 4 of the Printing Instructions. The contents of each folder shown here are listed on cover pages that act as dividers throughout this document.

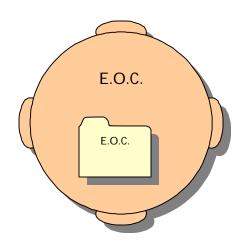
Public Health
Department

ZC
Health
Dept.

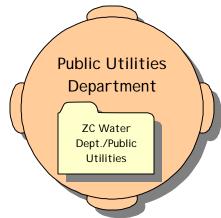
Hospital

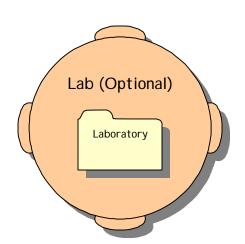
Hospitals

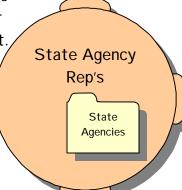








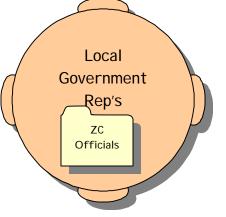




Federal Agency Rep's

Federal

Agencies



EMERGENCY OPERATIONS CENTER

The Emergency Operations Center (EOC) folder must contain the following files:

 MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
m-1	ZENITH CITY WATER DISTRIBUTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-2	ZENITH CITY WASTEWATER COLLECTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-3	ZENITH CITY WATER DISTRIBUTION SYSTEM PROCESS SCHEMATIC (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-4	ZENTIH CITY WATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-5	ZENTIH CITY WASTEWATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

ZENITH CITY HOSPITALS

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

ZENITH CITY HEALTH DEPARTMENT

The Zenith City Health Department folder must contain the following files:

 MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)	
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-p-7	RESPONSE PROTOCOL TOOLBOX MODULE 5: PUBLIC HEALTH RESPONSE GUIDE MATERIALS
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

Entities to be Notified by Public Health

Reliable and rapid communications are crucial to ensure a prompt and coordinated public health response to a water contamination threat or incident. The first step for a successful response is information sharing and communication among water utilities, public health response agencies, emergency response agencies, and any other agencies with identified roles during a public health response. Ongoing communication of accurate and up-to-date information can facilitate public health response by the responsible agencies, help to minimize public health consequences, and aid in calming public fears.

Especially important is communication with public health agencies. Two-way communication between water utilities and public health agencies is critical and should be routinely tested in advance of a water contamination threat or incident. The *Incident Commander* (see Module 1, Section 4.4) of the investigation, who may or may not be from the utility, should report a 'credible' contamination threat to public health agencies so physicians, hospital staff, and clinical laboratories can be alerted regarding potential signs and symptoms that should be reported to the public health department. In some cases, the contamination threat may be identified by public health agencies, and arrangements should be made for public health agencies to communicate with water utilities regarding unusual symptoms that may have a connection to drinking water.

Table 5-1 consists of a list of potential entities to be notified as part of public health response, as well as the purpose of the notification for each entity notified. (RPTB Module 5, pp. 23-24)

Table 5-1. Public Health Response - Entities That Should Be Notified (RPTB Module 5, pp. 25-26)

(KF 1 B Widdle 3, pp. 23-20)				
Entity		Purpose of the Notification		
Public Health	State/local health and/or	To work with these officials in making the decision on		
Agencies	environmental department	the distribution of "boil water," "do not drink," or "do		
		not use" notices. These officials may be involved with		
		public health decisions related to the proper use of the		
	Other associated system	water supply, status of the water distribution system,		
	authorities (wastewater,	selection of a short-term alternate water supply, and		
	water)	communicating the necessary public health information.		
	Poison Control Centers			
Emergency	Emergency Medical	To notify the organization of the need for assistance		
Responders	Services (EMS)	with the distribution of an alternate water supply (e.g.,		
		bottled water) and whether or not the contamination		
		impacts the availability of water for firefighting. Also,		
	Fire Department	these agencies should be provided with all information		
		related to public health including: information on water		
	State and/or Local Office of	notices, alternate water supplies, critical care facilities,		
	Emergency Services	and public health notifications.		
Law	Federal, State, and local law	Local law enforcement should be notified immediately		
	enforcement	if a malevolent act is suspected. Law enforcement		
		agencies should also be notified of the need for		
		assistance with getting important information out to the		
		public and the distribution of water from the short-term		
		alternate water supply (i.e., distribution of bottled water,		
		etc.). Law enforcement agencies should also be		
		contacted because the public may be contacting them		
		through 911 regarding the incident.		
Consecutive System	ns (i.e., public water systems	To provide information related to restrictions on the use		
that receive water fr	com the water utility where the	of the drinking water supply, as well as instructions on		
water contamination	n threat or incident occurred)	obtaining alternate sources of drinking water, through		
		the duration of the incident. Also, information should		
		be provided on the status of the water supply, the		
		potential problem, and what is being done to manage the		
		incident.		
Customers/Public		To provide information related to restrictions on the use		
		of the drinking water supply, as well as instructions on		
		obtaining alternate sources of drinking water, through		
		the duration of the incident. Also, information may be		
		provided on the status of the water supply, the potential		
		problem, and what is being done to manage the incident.		
		Section 5 provides more detailed guidance regarding		
		public notification.		

Table 5-1. Public Health Response - Entities That Should Be Notified (RPTB Module 5, pp. 25-26)

(RP1B Module 5, pp. 25-26)				
Entity		Purpose of the Notification		
Customers with special needs	Critical care facilities (e.g., hospitals, clinics, nursing homes, dialysis centers)	These facilities should be some of the first to be notified. Information should be provided regarding the proper use of the water supply for public health purposes as well as the identity of the contaminant so these facilities can identify the symptoms of exposure as well as potential medical treatment. They may be given information on how water will be provided or how they need to obtain short-term alternate water supplies. Critical care facilities may also need to be notified of any changes in the type of chemical disinfection being used or the concentration of these chemicals in the water as this may affect some of their medical procedures.		
	Schools Day Care Facilities	To provide information regarding restrictions on water use, alternate water supplies, and other public health information. To provide information regarding restrictions on water		
		use, alternate water supplies, and other public health information.		
	Businesses (e.g., food and beverage manufacturers, commercial ice manufacturers, restaurants, agricultural operations, power generation facilities, any other businesses identified by the utility)	To provide information regarding restrictions on water use, alternate water supplies, and other public health information. These customers may also need information regarding whether heating or superheating the water may pose a hazard.		
Other	Elected officials	To provide all information related to public health, including: the status of the <i>threat evaluation</i> , information on "boil water," "do not drink," or "do not use" notices, alternate water supplies, customers with special needs, and public health notifications.		

Public Health Response Action Worksheet

The objective of immediate operational response actions is to minimize the potential for exposure of the public to the suspect water, as well as provide additional time to evaluate whether or not the threat is 'credible'. Because these response actions may limit public exposure, they may also be considered an effective public health response. Operational response actions are typically suitable for implementation early in the threat management process, assuming that they will have minimal impact on the consumers. In general, containment will be the most likely option for an operational response, but other novel operational response options such as elevation of the disinfectant levels in a targeted area of the distribution system may be considered.

The purpose of the "Public Health Response Action Worksheet" is to help organize information to aid in the evaluation of containment and public notification options. The objectives of public health response actions (operational and public notification) are to prevent or limit public exposure to potentially contaminated water by either restricting further propagation of the contaminant through the distribution system or restricting use of the water through public notification.

Public Health Response Action Worksheet

☐ Complete contaminant isolation

INSTRUCTIONS

The purpose of this form is to help organize information to aid in the evaluation of containment and public notification options. The objectives of public health response actions (operational and public notification) are to prevent or limit public exposure to potentially contaminated water by either restricting further propagation of the contaminant through the distribution system or restricting use of the water through public notification. This worksheet assumes that the "Contaminant Characterization and Propagation Worksheet" in Appendix 9.1 has been completed to the extent possible.

ASSESSMENT OF PUBLIC HEALTH IMPACT		
Identity of the contaminant Describe	□ Suspected □	Known Unknown
	D ₅₀ /ID ₅₀):	
Route of exposure: ☐ Ingestion ☐ Other		
Symptoms of exposure to h	ow dose:	
EVALUATION OF CONTAINMENT	OPTIONS	
Describe the location and extent of	the contaminated area	
Containment options ☐ Valve closures ☐ Isolate zone(s) ☐ Other	Reverse flow conditions	By-pass
Critical equipment within contam ☐ System equipment ☐ ☐ Hydrants ☐ Other	Zones	☐ Pump stations
Customers with special needs wi Critical Care Facilities Hospitals Nursing Homes Other		□ Clinics□ Dialysis Centers
□ Schools □ Day Care Facilities □ Businesses □ Food and Beverage Manufa Restaurants □ Power Generation Facilities □ Other	acturers	□ Commercial Ice Manufacturers□ Agricultural Operations
Effectiveness of containment opt	ions	

□ Reduction in spread of contaminant

☐ Unknown ☐ Other	
Is containment expected to provide adequate public hea ☐ Yes ☐ No ☐ Unknown	Ith protection?
Timeline for implementation of containment options Containment procedures to begin: Containment procedures to end:	
EVALUATION OF PUBLIC NOTIFICATION OPTIONS	
Is public notification necessary?	□ Yes □ No
Collaboration Agencies (identified in Public Health R □ Public health agencies □ Police departme □ Hospitals/clinics □ Laboratories □ Regional Poison Control Center □ Other	ents
Type of notification (Follow steps shown)	
Is the contaminant known?	☐ Yes ☐ No If no, issue a "Do Not Use" notice.
- If yes, is boiling effective and advisable?	☐ Yes ☐ No ☐ Unknown If yes, issue a "Boil Water" notice.
- If no, is there a risk of dermal or inhalation exposure?	☐ Yes ☐ No ☐ Unknown If no, issue a "Do Not Drink" notice. If yes/unknown, issue a " Do Not Use" notice.
Content of public notification	
 ☐ Has the contamination incident been confirmed? ☐ Is the contaminant known? ☐ If yes, identity of the contaminant ☐ Characteristics of the contaminant 	☐ Yes ☐ No ☐ Yes ☐ No
 □ Restrictions on use □ Ingestion exposure □ Exposure symptoms □ Medical treatments 	
 □ Transmission mode (if biological) □ Duration of restriction □ Alternate water supply □ Additional instructions to consumers □ Other information about the incident 	

Notification to customers with special needs ☐ Critical Care Facilities ☐ Hospitals ☐ Nursing Homes ☐ Other	☐ Clinics☐ Dialysis Centers
□ Schools □ Day Care Facilities □ Businesses □ Food and Beverage Manufacturers □ Restaurants □ Power Generation Facilities □ Other	☐ Commercial Ice Manufacturers☐ Agricultural Operations
Are there subpopulations that will be affected at a greater rate t ☐ Yes ☐ No ☐ Unknown Describe	
Notification to consecutive system. ☐ Yes ☐ No ☐ Not Applicable	
Method of dissemination (check all that apply) □ Broadcast media (radio and television) □ □ Web site □ Newspaper □ Newsletters (water utility/partner organizations) □ □ Broadcast phone messages □ Posting in conspicuous locations □ Hand delivery □ □ Town hall meetings □ Other □	Listserve email Letters by mail Phone banks Broadcast faxes Mass distribution through partners Door-to-door canvassing
Notification/restriction timeline Notification/restriction to begin:	
ALTERNATE WATER SUPPLY NEEDS	
Is an alternate water supply needed? □ Drinking water □ Firefighting □ Other	
Where can customers obtain the alternate water supply? ☐ Bottled water provided by local government agencies ☐ Bottled water provided by local retailers ☐ Bulk water provided by certified water haulers ☐ Bulk water transported or provided by military assets ☐ Bulk water providing by neighboring water utilities ☐ Water treated at plant and hauled to distribution center contamination) ☐ Other	s (i.e., in the case of distribution system

t customers with special needs should be notified of the alterna Critical Care Facilities	ate w	ater supply availability?
 ☐ Hospitals ☐ Nursing Homes ☐ Other		Clinics Dialysis Centers
Schools Day Care Facilities Businesses Food and Beverage Manufacturers Restaurants Power Generation Facilities Other		Commercial Ice Manufacturers Agricultural Operations
NOFF Name of person completing form Print name		
Signature		Date/Time:

Example Notifications (Public Health)

The public notification strategy is a key component of public health response. Once it has been decided to implement public notification, the water utility and other appropriate agencies should be prepared to quickly and effectively issue the appropriate public notices. It is important to note that public notification in response to a water contamination threat or incident may be required under the PN Rule (40 CFR Part 141, Subpart Q). Specifically, this rule may require public notification in a "situation with significant potential to have serious adverse effects on human health as a result of short-term exposure" as determined by the primacy agency in its regulations or on a case-by-case basis [141.201(b)]. In the PN Rule, this is called a Tier 1 public notice. The Tier 1 public notice requirements address who must be notified, when the notification must take place, and the required form and manner of the public notice. In responding to a 'credible' contamination threat, the utility needs to consult with the drinking water primacy agency, and potentially the public health agency, to determine whether or not the situation warrants public notification (in compliance with the Tier 1 public notice requirements in the PN Rule). If it is determined that the situation is subject to the PN Rule, then the water utility is required to ensure that the public notification complies with the requirements in the PN Rule.

For a Tier 1 notification under the PN Rule, which is required for situations with significant potential to have serious adverse effects on human health as a result of short-term exposure, the utility must:

- 1) Provide a public notice as soon as practical, but no later than 24 hours after the system learns of the violation (or credible contamination threat);
- 2) Initiate consultation with the primacy agency as soon as practical, but no later than 24 hours after the public water system learns of the situation, to determine additional public notice requirements; and
- 3) Comply with any additional public notification requirements (including any repeat notices or direction on the duration of the posted notices) that are established as a result of the consultation with the primacy agency. Such requirements may include the timing, form, manner, frequency, and content of repeat notices (if any) and other actions designed to reach all persons served.

Once the decision has been made to issue public notification as a public health response, the details of the instructions and information to be provided to the public need to be crafted. The general content and format for various public notices should be developed as part of planning – not during a crisis. These general templates can then be quickly customized according to the details of a specific situation. The water utility should work with appropriate public health officials to determine the specific information and instructions to communicate in the notice as well as the format and means of dissemination. Example "boil water," "do not drink," and "do not use" notices are provided in Appendices 9.3.1, 9.3.2, and 9.3.3. An example notice for an unknown contaminant is provided in Appendix 9.3.4. (*RPTB Module 5, pp. 44-48*)

Example Notifications (RPTB Module 5, pp. 72-76)

The subsections that follow contain examples of notices, as listed below.

- 9.3.1 Example Boil Water Notice
- 9.3.2 Example Do Not Drink Notice
- 9.3.3 Example Do Not Use Notice
- 8.3.4 Example Notice for an Unknown Contaminant

The contaminant (E. coli) used in the example in Appendix 9.3.1 has mandatory language on health effects, which must be included exactly as written according to 40 CFR 141.205(d). This mandatory language is presented in *italics*.

All notices must also contain the following italicized language, where applicable [40 CFR 141.205(d)].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Information in brackets in each example is to be filled in with specific details relevant to the situation.

Example Boil Water Notice

WARNING

BOIL YOUR WATER BEFORE USING

[The Holly County Water System] water is contaminated with [fecal coliform/E. coli]

[Fecal coliform or E. coli] bacteria were found in the water supply on [November 5th]. These bacteria can make you sick and are of particular concern for people with weakened immune systems.

What are Fecal Coliforms and E. Coli?

• Fecal coliform and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes.

What should I do?

 DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST OR USE BOTTLED WATER. Bring all water to a boil, let it boil for [three minutes], and let it cool before using. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and preparing food until further notice. Boiling kills bacteria and other organisms in the water.

What are the symptoms of illness caused by these organisms?

- Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.
- The symptoms above are not caused only by organisms in drinking water. If you experience
 any of these symptoms and they persist, you may want to seek medical advice. People at
 increased risk should seek advice about drinking water from their health care providers.

What happened? What is being done?

The water distribution system was contaminated with fecal coliform. We are working with law enforcement and the public health department to investigate/resolve this issue. We are currently increasing the chlorination levels at the treatment plant as well as at other locations throughout the system. Therefore, your water may have a stronger chlorine smell than usual. In addition, we are evaluating all available information and conducting tests to confirm the extent of the contamination of the system. We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within the next 48 hours.

Who do I contact for more information?

For more information, please contact [Joseph Smith] at [555-555-6789]. General guidelines on ways to lessen the risk of infection by microbes are available from the US EPA Safe Drinking Water Hotline at 1-800-426-4794, Poison Control at 1-800-222-1222, and [the Public Health Department Hotline at 1-800-123-4567].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.

This notice is being sent to you by [Holly County Water System]. State Water System ID# [10001]. Date distributed: [November 6, 2003]

Example Do Not Drink Notice

WARNING

DO NOT DRINK THE WATER

[Paraquat] found in the [City of Rolling Brook] water supply on [October 10th]

Bottled water can be obtained at [Islington Station High School and Penn Road High School 24 hours per day].

What is Paraguat?

Paraquat is a chemical usually used to kill weeds. This chemical can make you sick and may result in death.

What should I do?

 DO NOT DRINK THE WATER. Do not use the water for drinking, making ice, brushing teeth, washing dishes, or preparing food until further notice.

What are the symptoms of illnesses associated with paraquat poisoning?

- Symptoms associated with exposure to paraquat include abdominal pain, nausea, vomiting, hematemesis, diarrhea, convulsions, lethargy to coma, and death.
- If you or someone you know exhibits any of these symptoms, immediately contact your health care provider. In addition, please notify [the public health department at 1-800-123-4567].

What happened? What is being done?

On October 10th, the water distribution system was contaminated with paraquat. We are working with law enforcement and the public health department to investigate/resolve this issue. We have tested the water in various parts of the distribution system to verify the extent of the paraquat contamination. Based on these tests, we have isolated the portion of the system located north of Aspen Street and east of River Road. Everyone in this portion of the system **should not drink the water**. We have implemented additional security procedures to protect the system against further contamination. Additional information will be provided 24 hours/day on Channel 57- the local government television channel.

Who do I contact for more information?

For more information, please contact [Joseph Smith] at [555-555-6789]. Additional information is available from the US EPA Safe Drinking Water Hotline at 1-800-426-4794, Poison Control at 1-800-222-1222, and [the Public Health Department Hotline at 1-800-123-4567].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.

This notice is being sent to you by [City of Rolling Brook Water System]. State Water System ID#[50005]. Date distributed: [October 10, 2003]

Example Do Not Use Notice

WARNING

DO NOT USE THE WATER

[Parathion] found in the [Lyonelle Water System] water supply on [November 14th]

Bottled water can be obtained at [Murray High School and Central High School 24 hours per day].

What is Parathion?

Parathion is a chemical usually used to kill insects. This chemical can make you sick and may result in death.

What should I do?

 DO NOT USE THE WATER. Do not use the water for drinking, making ice, brushing teeth, washing dishes, washing clothes, bathing/showering, food preparation, or toilet flushing. Bottled water should be used for all of the above necessities until further notice.

What are the symptoms associated with the exposure to parathion?

- It can cause constriction of the pupils, blurred vision, muscle and abdominal cramps, excessive salivation, sweating, nausea, vomiting, dizziness, headaches, convulsions, diarrhea, weakness, labored breathing, wheezing, and unconsciousness. Exposure can even lead to death.
- If you or someone you know exhibits any of these symptoms, immediately contact your health care provider. In addition, please notify [the public health department at 1-800-123-4567].

What happened? What is being done?

The water distribution system was contaminated with parathion. We are working with law enforcement and the public health department to investigate/resolve this issue. We have tested the water in various parts of the distribution system to verify the extent of the parathion contamination. Based on these tests, we have isolated the portion of the system located north of Lincoln Avenue and east of Maple Road. Everyone in this portion of the system **should not use the water**. We have implemented additional security procedures to protect the system against further contamination. Additional information will be provided 24 hours/day on Channel 57 - the local government television channel.

Who do I contact for more information?

For more information, please contact [Joseph Smith] at [555-555-6789]. Additional information is available from the US EPA Safe Drinking Water Hotline at 1-800-426-4794, Poison Control at 1-800-222-1222, and [the Public Health Department Hotline at 1-800-321-4567].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.

This notice is being sent to you by [Lyonelle Water System]. State Water System ID# [90008]. Date distributed: [November 14, 2003]

Example Notice for an Unknown Contaminant

WARNING

DO NOT USE THE WATER

[Contamination Event] of the [Masterson Water System] water supply on [November 14th]

Bottled water can be obtained at [Fairmont High School and North High School 24 hours per day].

Local authorities have found evidence of contamination of the Masterson Water System.

What should I do?

 DO NOT USE THE WATER. You should *not* use the water for drinking, making ice, brushing teeth, washing dishes, washing clothes, bathing/showering, food preparation, or toilet flushing. Bottled water should be used for all of the above necessities until further notice.

What happened? What is being done?

The water distribution system was contaminated with an unknown contaminant. We are working with law enforcement and the public health department to investigate/resolve this issue. We are conducting tests in attempts to identify the contaminant and verify the extent of the contamination. We have implemented additional security procedures to protect the system against further contamination. Additional information will be provided 24 hours/day on Channel 57- the local government television channel.

Who do I contact for more information?

For more information, please contact [Joseph Smith] at [555-555-6789]. Additional information is available from the US EPA Safe Drinking Water Hotline at 1-800-426-4794, Poison Control at 1-800-222-1222, and [the Public Health Department Hotline at 1-800-321-4567].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.

This notice is being sent to you by [Masterson Water System]. State Water System ID# [90018]. Date distributed: [November 14, 2003]

LABORATORY (OPTIONAL)

The Laboratory folder must contain the following files:	
MATERIAL DESCRIPTION AND NUMBER OF COPIES CODE (provide one copy unless otherwise specified)	
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-4	LABORATORY CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

ZENITH CITY POLICE DEPT.

The Zenith City Police Dept. folder must contain the following files:		
MATERIAL MATERIAL DESCRIPTION AND NUMBER OF COPIES CODE (provide one copy unless otherwise specified)		
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)	
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)	
ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)	
ESc6-p-1	PRE-EVENT POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)	
□ m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)	

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

			I	NCIDI	ENT	DATE/1	TIME				
Date Printed:	10-30	Time	1:07		M.l	R.S.	1101	I	Record Number:		1
		Printed:	AM	PM	Nu	mber:					
				INC	IDE	NT DAT	Ά				
Incident Type:	Theft, asso	ıult – 911 Ca	all			,					
Address of		trial Park Di									
Occurrence:											
Originally	Phone in		Weapo	n or							
Received As:			Objects	Used:							
How Received:			Reporti Officer			Off. Br Charle			Domestic:	No	
Type of	Retail stor		Other (Charte	3		Complaint Status:	Claa	red by arrest
Premises	Keiaii sioi	e	Notifie						Complaint Status.	Cieu	rea by arresi
Copies To:			TTOTITE	u.					Arson Related:	No	
Occurred	Date	Time	To:			Date	Tin	16	Officer Injured:	No	
From:	Date	Tillic	10.			Date	1111	ic	Officer injured.	110	
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Date Reported Time	10-30 12:07 PM		Call Re Time o			12:06 I			Car Number:	2	h Zenith
Reported:	12:07 PM		1 ime o	I Arriva	aı:	12:15	PM		District:	South	n Zenitn
Officer	No		GEO C	ode:		55			Processed By:	Thor	npson,
Assaulted or										Stan	
Killed:											
				BUR	GLA	RY DA	ГА				
Method of	N/A		Burgla	гу Туре	:	N/A			Point of Entry	N/A	
Entry:									Visible to Patrol:		
				REPO	RTI	NG PAF	RTY				
Name:	Burger, Fra										
Home Address:	14 Bobs Lar	ıe									
Occupation:	Store Owner	r									
Relation:	Owner										
SSN:	526-95-785.	3									
Date of Birth:	05-23	Sex:		M	F	Plac Bir	ce of		CO		
Age:	41	Race:		Саиса	sian		rital		Married		
11801		14			510111	Stat			1120171001		
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Home											
Address:											
Occupation:											
Relation:											
SSN:		1									
Date of Birth:		Sex:		M	F		ce of				
Agai		Dagge			<u> </u>	Birt					
Age:		Race:				Stat	rital .us:				

SS#:654-54-6543

Age: 21

Injured:

Race:

No

Black

KNOWN SUSPECT #1

Black

Troy, Dimetrius

Sex: M

Hair Color:

02-21

6'3"

Name:

Height:

Date of Birth:

Weight:	210	Uoir I on	oth:	Short	Hospital	***	ESc6-
		Hair Len			Hospital:	no N/A	
Build:	Heavy	Hair Styl		Crew	Hospital Disposition:		
Complexion:	Dark	Facial Ha	nir:	no	Conveyed By:	Police cr	uiser
Eye Color:	Brown	AR#:		21	Injury Type:	N/A	
				CHARGES			
				THEFT, ASSAULT			
	SMO USC			MO Code		F/M/C	
	484, 38			3512		<u> </u>	
			K	NOWN SUSPECT #2			
Name:	Johnson, J	ordan		MIOWINGESTECT #2			
Date of Birth:	02-12	Sex: M		SS#: 789-78-7894	Age: 22	Race:	Caucasian
Height:	6'5"	Hair Cole	or:	Brown	Injured:	No.	Comediation
Weight:	185	Hair Len		Short	Hospital:	No	
Build:	Medium	Hair Styl		Crew	Hospital	N/A	
					Disposition:	- ",	
Complexion:	Light	Facial Ha	ir:	Mustache	Conveyed By:	Police cr	uiser
Eye Color:	Brown	AR#:		25	Injury Type:	N/A	
				CHARGES THEFT		•	
R	SMO USC			MO Code		F/M/C	
TC.	484			3512		$\frac{1/M/C}{M}$	
			K	NOWN SUSPECT #3			
Name:	<u> </u>	T =		Lasu	T . T	Г	
Date of Birth:		Sex:		SS#:	Age:	Race:	
Height:		Hair Cole			Injured:		
Weight:		Hair Len			Hospital:		
Build:		Hair Styl	e:		Hospital		
G 1 :	_	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Disposition:		
Complexion:	_	Facial Ha	ur:		Conveyed By:		
Eye Color:		AR#:		CHARGES	Injury Type:		
D.C	CMO LICC			CHARGES		E/M/C	
K	SMO USC			MO Code		F/M/C	
					1		
				PROPERTY			
Owner's	Burger, Fra	ank					

			PR	OPERTY			
Owner's	Burger, Fran	ık					
Name:							
Item Number: 1							
Property Code:				Value:	\$654		
Quantity:	1			Status:	returned		
Property	Gold			Owner's Name:	Burger,		
Description:	bracelet				Frank		
			7	EHICLE			
Owner's Name:							
Vehicle Number			Vehicle Status:		Code:		
Vehicle Make:			Vehicle Style:		Year:		
Vehicle Number	:		Vehicle Status:		Code:		
Doors Locked:			Vehicle Value:		Other:		

NARRATIVE
Both suspects apprehended approximately 100 feet from store. Stolen jewelry retained as evidence.

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

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

			I	NCIDI	ENT	DATE/T	IMI	E		
Date Printed:	10-30	Time	12:32		M.	R.S.	110)2 R	Record Number:	
		Printed:	AM	PM	Nu	mber:				2
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Incident Type:	Noise Con	nplaint		1110		VI DILI	11			
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Originally	Phone in		Weapon	n or		N/A				
Received As:			Objects							
How Received:			Reporti Officer	ng		Off. Br	own,	Charle	s Domestic:	No
Type of	Residence		Other C	Offices					Complaint	Cleared with visit
Premises			Notifie	d:					Status:	
Copies To:									Arson Related:	No
Occurred	Date	Time	To:			Date	Т	Γime	Officer Injured:	No
From:	10-30	11:00 P				10-30	7	11:30 P		
	10-30	11:00 P				10-30	1	1:30 P		
Date Reported		l	Call Re	ceived	:	11:31	PM		Car Number:	2
Time	11:32 PM		Time o			11:47			District:	Forest Hills
Reported:										
Officer	No		GEO C	ode:		44			Processed By:	Thompson,
Assaulted or										Stanford
Killed:										
						RY DA	ГА			
Method of	N/A		Burglar	ту Туре	: :	N/A			Point of Entry	N/A
Entry:									Visible to Patrol:	
	T = = = =			REPO	RTI	NG PAR	<u>RTY</u>			
Name:	Markham, L									
Home Address:	6 Johnson L) rive								
Occupation:	Nurse									
Relation:	Neighbor									
SSN:	635-98-1122									
Date of Birth:	06-12	Sex:		M	F	Plac Birt	ce of h:	;	MA	
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Date of Birth:		Sex:		M	F		ce of	·		
						Birt				
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KNOWN SUSPECT #1										
Name: MacPherson, Casandra										
Date of Birth:	08-23 Sex: F SS#: 526-45-7891 Age: 23 Race: Caucasian									
Height:	Height: 5'1" Hair Color: Blond Injured: No									
Weight:	115	Hair Length:	Long	Hospita	al:	No				

ESc6-p-1

Build:	Small	Hair Styl	e:	Curly	Hospit Dispos		N/A		
Commission	Tan	Facial Ha	· •	λ7/4			N/A		
Complexion:	Blue	AR#:	ur.	N/A N/A		yed By:	N/A N/A		
Eye Color:	Віше	AR#:		CHARGES	Injury	Type:	IV/A		
				CHARGES					
D.C.	MOTICC			MO Code			E/A	//C	
KS.	MO USC		J	vio Code			F/N	/I/C	
			KNOW	N SUSPECT #2					
Name:			KNOW	N SUSPECT #2					
Date of Birth:		Sex:		SS#:	Age:		Race	•	
Height:		Hair Cole	or.	υσπ.	Injured	1.	Race	•	
Weight:		Hair Len			Hospit				
Build:		Hair Styl			Hospit				
Dulla.		Tian Styl	C.		Dispos				
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Lyc Color.	1	AICH.		CHARGES	Injury	турс.			
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			KNOW	N SUSPECT #3					
Name:									
Date of Birth:		Sex:		SS#:	Age:		Race	•	
Height:		Hair Colo	or:		Injured	d:			
Weight:		Hair Len			Hospit				
Build:		Hair Styl			Hospit				
					Dispos				
Complexion:		Facial Ha	ir:		Conve	yed By:			
Eye Color:		AR#:			Injury	Type:			
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			PR	OPERTY					
Owner's									
Name:									
Item Number:									
Property Code:				Value:					
Quantity:				Status:					
Property				Owner's Name:				-	·
Description:	<u> </u>								
			V	EHICLE					
Owner's Name:								•	
Vehicle Number	:		Vehicle Status:		Coc				
Vehicle Make:			Vehicle Style:		Yea				
Vehicle Number	:		Vehicle Status:		Coo	de:			

NARRATIVE

Other:

Vehicle Value:

Ms. Markham reported loud music coming from 4 Johnson Drive. Cruiser dispatched to scene where suspect was hosting a Halloween party. Suspect was asked to turn down music, and move cars out of the road.

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

Doors Locked:

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

			I	NCIDI	ENT	DATE/T	IME			
Date Printed:	10-31	Time	3:12		M.	R.S.	1111	Record Number:		1
		Printed:	AM	PM	Nu	mber:				
					IDE	NT DAT	A			1
Incident Type:	Trespassin	g, Unlawful	Entry –			VI DIII	4.1			
Address of		ls Country C				le				
Occurrence:			, ,							
Originally	Phone in		Weapoi	n or		N/A				
Received As:			Objects							
How Received:			Reporti			Off. Br	own,	Domestic:	No	
			Officer			Charle	S			
Type of			Other C					Complaint Statu		ared with
Premises			Notified	d:					Arre	est
Copies To:	<u> </u>					_		Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:		
From:	10-31	2:10 AM								
		2.101111								
Date Reported	10-31		Call Re			2:11 A		Car Number:		
Time	2:12 AM		Time of	f Arriva	al:	2:20 A	M	District:	For	est Hills
Reported:	27		GEO G			4.4		D 1D	TO A	
Officer	No		GEO C	ode:		44		Processed By:		mpson,
Assaulted or Killed:									Stai	ıford
Killeu.				DIID	CTA	RY DAT	ГА			
Method of	Unlawful I	Entry	Burglar				6 PM – 6	Point of Entry	Yes	Bottom Left
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				REPO	RTI	NG PAR	TY			
Name:	Summers, St	ephen -								
Home	23 Kennedy	Road								
Address:										
Occupation:	Janitor									
Relation:	Employee									
SSN:	987-87-654		T		,					
Date of Birth:	03-05	Sex:		M	F	Plac Birt	ce of h:	MI		
Age:	59	Race:		Cauca	sian	Mai	rital	Divorced		
						Stat	us:			
	NY/4				VIC	TIM				
Name:	N/A									
Home										
Address: Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:		M	F	Plac	ce of			
Date of Diffil.		SCA.		141	1	Birt				
Age:		Race:			1	Mai				
-0						Stat				
		•	<u> </u>					·		

KNOWN SUSPECT #1										
Name: Roberts, Brian										
Date of Birth:	08-15 Sex: M SS#: 523-85-4126 Age: 17 Race: Caucasian									
Height:	5'8"	Hair Color:	Brown	Injured	:	No				

ESc6-p-1

Weight:	145	Hair Len	gth:	Short	Hospital:	No			
Build:	Medium	Hair Styl	e:	Crew	Hospital	N/A			
					Disposition:				
Complexion:	Fair	Facial H	air:	No	Conveyed B				
Eye Color:	Brown	AR#:		42	Injury Type:	N/A			
			C	CHARGES		·			
			UNLAWFUL I	ENTRY, TRESPASSIN	lG				
RS	MO USC]	MO Code		F/M/C			
6	603, 602			1234	M				
			KNOW	'N SUSPECT #2					
Name:									
Date of Birth:		Sex:		SS#:	Age:	Race:			
Height:		Hair Col	or:		Injured:				
Weight:		Hair Len	gth:		Hospital:				
Build:		Hair Styl	e:		Hospital				
					Disposition:				
Complexion:		Facial H	air:		Conveyed B	y:			
Eye Color:		AR#:			Injury Type:				
			C	CHARGES					
RS	MO USC]	MO Code		F/M/C			
			KNOW	'N SUSPECT #3					
Name:									
Date of Birth:		Sex:		SS#:	Age:	Race:			
Height:		Hair Col	or:		Injured:	·			
Weight:		Hair Len	gth:		Hospital:				
Build:		Hair Styl			Hospital				
					Disposition:				
Complexion:		Facial H	air:		Conveyed B	y:			
Eye Color:		AR#:			Injury Type:				
			C	CHARGES					
RS	MO USC]	MO Code		F/M/C			
			PR	OPERTY					
Owner's									
Name:									
Item Number:	1								
Property Code:				Value:					
Quantity:				Status:					
Property				Owner's Name:					
Description:									
			V	EHICLE		<u> </u>			
Owner's Name:									
Vehicle Number	:		Vehicle Status:		Code:				
Vehicle Make:			Vehicle Style:		Year:				

NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Mr. Summers reported several youths on Country Club property, dressed in costume, and apparently intoxicated. One youth, dressed as a vampire, reportedly broke in through the rear window. Upon arrival, officer arrested the youth, and called the parents of the remaining youths.

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

Vehicle Number:

Doors Locked:

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

	INCIDENT DATE/TIME										
Date Printed:	10-31	Time	1:12			R.S.	1112	Record Number:		2	
		Printed:	AM	PM	Nu	mber:					
				INC	IDE	NT DAT	A				
Incident Type:	Accident –										
Address of	46 Trout B	rook Road									
Occurrence:	DI :		Wassa			A7/A			<u> </u>		
Originally Received As:	Phone in		Weapor Objects			N/A					
How Received:	:		Reporti Officer	ng		Off. Av	ery, Mar	k Domestic:	No		
Type of Premises			Other O	Offices				Complaint Stat	tus:		
Copies To:								Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured	l: No		
From:	10-31	12:11 P									
Date Reported	I I		Call Re	ceived	:	12:12	PM	Car Number:	3		
Time Reported:	12:12 PM		Time o	f Arriv	al:	12:17	PM	District:	Sou	th Zenith	
Officer Assaulted or Killed:									ms, Brian		
				BUR	GLA	RY DA	ГА				
Method of Entry:	N/A		Burgla	у Туре	e:	N/A		Point of Entry Visible to Patro	ol: N/A		
				REPO	RTI	NG PAF	RTY				
Name:	Frye, Carrie										
Home Address:	10 Bobs Lan	e									
Occupation:	Teacher										
Relation:	witness	-									
SSN: Date of Birth:	522-10-1205 09-09	Sex:		M	F	Dlo	ce of	ME			
Date of Dirtil:	09-09	sex:		M	r	Bir		ME			
Age:	34	Race:		Cauca	sian	Ma: Star	rital	Single			
	T				VIC	TIM					
Name:	Quinn, Ann	Marie									
Home Address:	3 Bay Road										
Occupation:	N/A										
Relation:											
SSN:	015-12-1233		Т		T	1		100			
Date of Birth:	05-06	Sex:		M	F	Bir		ME			
Age:	7	Race:		Саиса	sian	Ma: Stat	rital tus:	N/A			
				KNOV	VN S	USPEC'	Γ#1				

Hair Length:		Hospital:	
	215/284		

Race:

Age:

Injured:

SS#:

Name:

Height:

Weight:

Date of Birth:

UNK

Sex:

Hair Color:

ESc6-p-1

Build:		IIain Ctarl			II. anital			<u> </u>				
Bulla:		Hair Styl	e:		Hospital							
Committee		D 1 III.	•		Dispositi							
Complexion:		Facial Hair:			Conveye							
Eye Color:		AR#:			Injury Type:							
CHARGES												
CHARGES												
RS	MO USC			IO Code F/M/C								
KNOWN SUSPECT #2												
Name:												
Date of Birth:		Sex:		SS#:	Age:		Race:					
Height:		Hair Color:			Injured:							
Weight:		Hair Length:			Hospital							
Build:		Hair Style:			Hospital							
Tan Style.					Disposition:							
Complexion:		Facial Ha	ir:		Conveye							
Eye Color:		AR#:			Injury Ty							
CHARGES												
RS	MO USC			MO Code			F/M/C					
			KNOW	'N SUSPECT #3								
Name:			111077	TO BEST LET WE								
Date of Birth:		Sex:		SS#:	Age:		Race:					
Height:		Hair Cole	or.	DDII.	Injured:		Race.					
Weight:					Hospital							
Build:		Hair Styl				Iospital						
Dulla.		man Styl	c.		Dispositi	on.						
Complexion: Facial H		Facial Ha	air:			Conveyed By:						
Eye Color:		AR#:				Injury Type:						
Lyc Color.		AICH.		CHARGES	Injury 1	урс.						
DC	MOJISC			MO Code			F/M/C					
RSMO USC			IVIO Code			17/1/1/						
				0 D D D D D D D								
			PR	OPERTY								
Owner's												
Name:												
Item Number:	T T		Т	X7 1				1				
Property Code:				Value:								
Quantity:				Status:								
Property				Owner's Name:								
Description:												
			T	EHICLE								
Owner's Name:					1							
		Vehicle Status:										
Vehicle Make:			Vehicle Style:		Year:							
Vehicle Number:		Vehicle Status:			Code:							
Doors Locked:			Vehicle Value: O			:						
			NI A	DDATIVE								

Victim was participating in Halloween Parade and apparently ran into the street, where she was hit by a car. The driver sped off; no suspect description nor license number is available. Victim was airlifted to Sacred Heart Hospital.

Reporting Officer: Off. Avery, Mark 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:	10-31	Time	8:48		M.:	R.S.	1113	Record Number:			
		Printed:	AM	PM	Nu	mber:				3	
					IDE	NT DATA					
Incident Type:	Suspicious	person		1110			-				
Address of	10 Mulber										
Occurrence:		,									
Originally	Phone in		Weapoi	n or		No					
Received As:			Objects								
How Received:			Reporti Officer	Reporting Off. Avery, Mark Domestic: No Officer:							
Type of Premises	Residentia	l street						Complaint Status:			
Copies To:								Arson Related:			
Occurred From:	Date	Time	То:			Date	Time	Officer Injured:			
FIOIII:	10-31	6:45 P				10-31	7:45 F				
Date Reported			Call Re	ceived:		7:47 PM	!	Car Number:	3		
Time Reported:	7:48 PM		Time of	Time of Arrival: 7:57 PM District: The							
Officer Assaulted or	No		GEO C	ode:		22		Processed By:	Adan	ıs, Brian	
Killed:											
	T		T			RY DATA	4		1		
Method of Entry:	N/A Burglary Type: N/A Point of Entry Visible to Patrol:						N/A				
				REPO	RTI	NG PART	ΓY				
Name:	Fontaine, M										
Home Address:	12 Mulberry	Road									
Occupation:	Pediatrician	ı									
Relation:	Home Owne										
SSN:	561-02-9658										
Date of Birth:	04-05	Sex:		M	F	Place Birth		KS			
Age:	39	Race:		Black		Marit Statu	tal	Married			
					VIC	CTIM					
Name:	N/A										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Place Birth					
Age:		Race:				Marit Statu	tal				
		I						•			

KNOWN SUSPECT #1												
Name:	UNK											
Date of Birth:	UNK	Sex: M	SS#: UNK	Age:	UNK	Race:	UNK					
Height:	6'0"	Hair Color:	UNK	Injured	:	No						
Weight:	150	Hair Length:	UNK	Hospita	ıl:	No						

ESc6-p-1

					Disposition:			
Complexion:	UNK	Facial Ha	ir:	UNK	Conveyed By	: <i>N/A</i>		
Eye Color:	UNK	AR#:			Injury Type: N/A			
	•		C	CHARGES				
			(CHARGES				
RS	MO US	С		MO Code		F/M/	C	
			KNOW	N SUSPECT #2				
Name:								
Date of Birth:		Sex:		SS#:	Age:	Race:		
Height:		Hair Colo	or:		Injured:			
Weight:		Hair Len	gth:		Hospital:			
Build:		Hair Styl			Hospital			
					Disposition:			
Complexion:		Facial Ha	ir:		Conveyed By	:		
Eye Color:		AR#:			Injury Type:			
			C					
RS	MO US	С		MO Code		F/M/	C	
			KNOW	N SUSPECT #3				
Name:								
Date of Birth:		Sex:		SS#:	Age:	Race:		
Height:		Hair Colo			Injured:			
Weight:		Hair Len			Hospital:			
Build:		Hair Styl	e:		Hospital			
					Disposition:			
Complexion:		Facial Ha	ir:		Conveyed By	:		
Eye Color:		AR#:			Injury Type:			
				CHARGES	T			
RS	MO US	<u>C</u>	-	MO Code		F/M/	C	
			PR	OPERTY				
Owner's								
Name:								
Item Number:								
Property Code:				Value:				
Quantity:				Status:				
Property				Owner's Name:				
Description:								
			Ţ	EHICLE				
Owner's Name:						1		
Vehicle Number	:		Vehicle Status:		Code:			
Vehicle Make:			Vehicle Style:		Year:			

UNK

Hospital

N/A

NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Ms. Fontaine reported a suspicious male who has been standing on Mulberry Road for approximately one hour dressed as a scarecrow. Children are trick-or-treating in the area. Suspect left approximately three minutes before officer arrived. Officer searched area, but could not locate the suspicious individual in question..

Reporting Officer: Off. Avery, Mark
Supervising Officer: Det. Connelly, Daniel
Reviewing Officer: Det. McCarthy, Pamela

Vehicle Number:

Doors Locked:

Build:

Medium

Hair Style:

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

INCIDENT DATE/TIME											
Date Printed:	11-01	Time	4:52			R.S.	1121	Record Number:		1	
		Printed:	AM	PM		mber:				_	
			11111		IDE	NT DAT	'Δ				
Incident Type:	Injury – 91	1 call		1110	ועוטו	NI DAI	А				
Address of		ndence Blvd	!.								
Occurrence:											
Originally	Phone in		Weapoi	n or		N/A					
Received As:			Objects								
How Received:			Reporti			Off. Av	ery, Mar	k Domestic:	No		
			Officer								
Type of	Conference	e Center	Other C					Complaint Status:			
Premises			Notifie	d:							
Copies To:						_		Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:			
From:	11-01	3:50 PM									
Date Reported	11-01		Call Re			3:52 P		Car Number:	3		
Time	3:52 PM		Time of	f Arriva	ıl:	3:57 P.	M	District:	Fores	st Hills	
Reported:	27		CEO C	. 1		4.4		D 1 D	4.7	n :	
Officer Assaulted or	No		GEO C	oae:		44		Processed By:	Aaan	ıs, Brian	
Killed:											
Killeu.				RIIR	CT.A	RY DA	ΓΔ				
Method of	N/A	I	Burglar			N/A	111	Point of Entry	N/A		
Entry:	1,711		Dargiai	j Tjpc	•	11,711		Visible to Patrol:	1,771		
				REPO	RTI	NG PAR	RTY				
Name:	Putnam, Jan	ice									
Home	14 Hawk La	ne									
Address:											
	Secretary										
Relation:	Employee										
SSN:	542-85-9862		-			1		1			
Date of Birth:	12-25	Sex:		M	F		ce of	KY			
A ~~.	52	Dogge		Caucas		Birt	in: rital	Married			
Age:	32	Race:		Caucas	sian	Stat		Marriea			
						Dia	ius.				
					VIC	CTIM					
Name:	Byrnes, Dan	iel.			VIC	/ 1 11/1					
Home	2 Bay Berry										
Address:											
Occupation:	Town Offici	al									
Relation:	Speaker										
SSN:	451-56-7863										
Date of Birth:	11-30	Sex:		M	F	Plac Birt	ce of h:	IL			
Age:	56	Race:		Caucas	sian		rital	Married			
		1	1								
				KNOW	/NI C	IISPEC'	Г #1				

Age:

Injured:

Hospital:

Race:

SS#:

Sex:

Hair Color:

Hair Length:

Name:
Date of Birth:

Height:

Weight:

ESc6-p-1

Build:	Hair Styl	e:		Hospital					
				Disposition					
Complexion:	Facial Ha	air:		Conveyed					
Eye Color:	AR#:		Injury Type:						
			HARGES						
			HARGES	1					
RS	MO USC	l	MO Code		F/M/	'C			
			3. G. G. G. G. G.						
N		KNOW	N SUSPECT #2						
Name:	l a		aan		- D	-			
Date of Birth:	Sex:		SS#:	Age:	Race:				
Height:	Hair Col			Injured:					
Weight:	Hair Len			Hospital:					
Build:	Hair Styl	e:		Hospital					
C 1	Facial Ha	. •		Disposition					
Complexion:		air:		Conveyed					
Eye Color:	AR#:		HAD CEC	Injury Type	e:				
DC	MOTICO		HARGES		E/M/	/C			
RS	MO USC	Γ	MO Code		F/M/	C			
		LINOW	N CHICDE CT #2						
Name:		KNOW	N SUSPECT #3						
Date of Birth:	Sex:	1	SS#:	A 001	Race:	<u> </u>			
Height:	Hair Cole	O##	33#:	Age: Injured:	Race:				
Weight:	Hair Len			Hospital:					
Build:	Hair Styl			Hospital					
Dulla.	Tian Styl	.c.		Disposition	ı.				
Complexion:	Facial Ha	air.		Conveyed					
Eye Color:	AR#:	411.		Injury Type					
Lyc color.	TICH:	C	HARGES	injury ryp	<i>c</i> .				
RS	MO USC		MO Code		F/M/	'C			
112		_	.10 0000		2,112				
		I.		I					
		PR	OPERTY						
Owner's		110	OI LKI I						
Name:									
Item Number:									
Property Code:			Value:						
Quantity:			Status:						
Property			Owner's Name:						
Description:			o where of the control						
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		V	EHICLE						
Owner's Name:									
Vehicle Number:	:	Vehicle Status:		Code:					
Vehicle Make:		Vehicle Style:		Year:					
Vehicle Number:	:	Vehicle Status:		Code:					
Doors Locked:		Vehicle Value:		Other:					
			I						

NARRATIVE

Victim was delivering a speech at the "Election Extravaganza" event at the Zenith city conference center when he apparently lost consciousness. Witness reports he may have had a heart attack. Ambulance, fire and rescue were dispatched to the scene.

Reporting Officer: Off. Avery, Mark
Supervising Officer: Det. Connelly, Daniel
Reviewing Officer: Det. McCarthy, Pamela

ZENITH CITY FIRE DEPT., HAZMAT & EMS

The Zenith City Fire Dept., HazMat & EMS folder must contain the following files:

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-4	CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc6-p-2	PRE-EVENT FIRE DEPARTMENT LOGS
ESc6-p-3	PRE-EVENT 911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

Zenith City Fire Department Log

October 28

Roll Call Hendrickson, J.; Cunha, T.; Roberts, S.; Garcia, M.; and Jones, T.

O200 Cunha and Roberts took Engines 1 and 2 for fill-up.

911 dispatch calls with reported yard debris blaze at 25 Apple Valley

Drive. 42361 handled by Engine 1.

October 29

Roll Call Simpson, J.; Cunha, T.; Roberts, S.; Rourke, M.; and Jones, T.

911 dispatch calls with reported house fire at 16 Jackson Drive. 42362

handled by Engines 1 and 2. Matches and combustible fluid found at

premises. Home was under construction.

October 30

Roll Call Simpson, J.; Cunha, T.; Hendrickson, J.; Rourke, M.; and Jones, T.

1207 911 dispatch calls with a theft and assault at 496 Industrial Park Drive.

42363 Handled by Ambulance 1.

0300 Building maintenance at station to fix kitchen sink

October 31

Roll Call Smith, R.; Cunha, T.; Roberts, S.; Garcia, M.; and Rourke, M.

Engine 1 leaking oil from transmission, mechanic notified.

Mechanic in quarters to repair oil leak, out of service for 15 minutes.

1212 911 dispatch calls with hit and run accident at 46 Trout Brook Road.

42364 Handled by Ambulance1 and Engine 1.

November 1

Roll Call Hendrickson, J.; Claytor, R.; Lee, T.; Kelly, N.; and Price, N.

1552 911 dispatch calls with an injury at the conference center at 106

Independence Avenue. 42365 Handled by Ambulance 2.

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

INCIDENT DATE/TIME											
Date Printed:	10-30	Time	1:07		M.	R.S.	1101	R	Record Number:		1
		Printed:	AM	PM	Nu	mber:					
	1				IDE	NT DAT	'Δ				
Incident Type:	Theft, asso	ult – 911 Co	all	1110		VI DILI	11				
Address of		trial Park Di									
Occurrence:	.,, 0 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,.								
Originally	Phone in		Weapor	n or							
Received As:			Objects								
How Received:		Reporting Off. Brown, Domestic: No									
	Officer: Charles										
Type of	Retail stor	e	Other C						Complaint Status:	Clear	red by arrest
Premises			Notifie	d:							
Copies To:		1							Arson Related:	No	
Occurred	Date	Time	To:			Date	Tim	e	Officer Injured:	No	
From:	10-30	12:04							_		
	10 30	PM									
Date Reported	10-30	1 1/1	Call Re	ceived	:	12:06	PM		Car Number:	2	
Time	12:07 PM		Time of			12:15			District:		n Zenith
Reported:	Time of Thirties 12.15 Tim District. South Letter										
Officer	No		GEO C	ode:		55			Processed By:	Thon	ipson,
Assaulted or											
Killed:											
BURGLARY DATA											
Method of	N/A		Burglar	у Туре	e:	N/A			Point of Entry	N/A	
Entry:									Visible to Patrol:		
				REPO	RTI	NG PAF	RTY				
Name:	Burger, Fra										
Home	14 Bobs Lar	1e									
Address:	Store Owner										
Occupation: Relation:	Owner	r									
SSN:	526-95-785.	3									
Date of Birth:	05-23	Sex:		M	F	Pla	ce of		CO		
Date of Birtin.	03-23	SCA.		141	1	Bir			CO		
Age:	41	Race:		Cauca	sian		rital		Married		
8					~	Sta					
·		•	·								
					VIC	TIM					
Name:	Same as Ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:		1	1		,			,			
Date of Birth:		Sex:		M	F		ce of				
		-				Birt					
Age:		Race:					rital				
						Stat	us:				

SS#:654-54-6543

Age: 21

Injured:

Race:

No

Black

KNOWN SUSPECT #1

Black

Troy, Dimetrius

Sex: M

Hair Color:

02-21

6'3"

Name:

Height:

Date of Birth:

Weight:	210	Hair Leng	gth:	Short	Hospit	al:	no	ESc6-	
Build:	Heavy	Hair Style		Crew	Hospit		N/A		
					Dispos				
Complexion:	Dark	Facial Ha	ir [.]	no		yed By:	Police cru	iser	
Eye Color:	Brown	AR#:		21	Injury	, ,	N/A	1507	
Lyc color.	Brown	THE!		CHARGES	Injury	турс.	11/21		
				THEFT, ASSAULT					
RS	SMO USC			MO Code			F/M/C		
	484, 38			3512	M				
			K	NOWN SUSPECT #2					
Name:	Johnson, J				1	1			
Date of Birth:	02-12	Sex: M		SS#: 789-78-7894	Age:	22	Race:	Caucasiar	
Height:	6'5"	Hair Colo		Brown	Injured		No		
Weight:	185	Hair Leng		Short	Hospit		No		
Build:	Medium	Hair Style	: :	Crew	Hospital		N/A		
					Dispos				
Complexion:	Light	Facial Ha					Police cru	iser	
Eye Color:	Brown	AR#:		25	Injury	Туре:	N/A		
				CHARGES					
				THEFT					
RS	SMO USC			MO Code			F/M/C		
	484			3512			M		
			K	NOWN SUSPECT #3					
Name:	1			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Date of Birth:		Sex:		SS#:	Age:		Race:		
Height:		Hair Colo	r:		Injured	l:			
Weight:		Hair Leng	gth:		Hospit	al:			
Build:		Hair Style):		Hospit	al			
					Dispos				
Complexion:		Facial Ha	ir:		Conve	yed By:			
Eye Color:		AR#:			Injury	Туре:			
				CHARGES	ı				
RS	SMO USC			MO Code			F/M/C		
_									
				PROPERTY					

			PR	OPERTY		
Owner's	Burger, Fran	k				
Name:						
Item Number: 1						
Property Code:				Value:	\$654	
Quantity:	1			Status:	returned	
Property	Gold			Owner's Name:	Burger,	
Description:	bracelet				Frank	
			V	/EHICLE		
Owner's Name:						
Vehicle Number	:		Vehicle Status:		Code:	
Vehicle Make:			Vehicle Style:		Year:	
Vehicle Number	:	•	Vehicle Status:		Code:	
Doors Locked:		•	Vehicle Value:		Other:	

NARRATIVE
Both suspects apprehended approximately 100 feet from store. Stolen jewelry retained as evidence.

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

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

	INCIDENT DATE/TIME											
Date Printed:	10-31	Time	3:12		M.F	R.S.	1111	Record Number:		1		
		Printed:	AM	PM	Nur	nber:						
				INC	IDEN	NT DAT	' A					
Incident Type:	Trespassin	ıg, Unlawful	Entry –			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Address of		ls Country C				'e						
Occurrence:		•										
Originally	Phone in		Weapo			N/A						
Received As:			Objects									
How Received:			Reporti			Off. Br		Domestic:	No			
TD C			Officer			Charle	S	G 1: (G)	CI	1 1.1		
Type of Premises	Other Offices Complaint Status: Cleared with Notified: Arrest											
Copies To:			Nourie	u.				Arson Related:	No	81		
Occurred	Date	Time	To:			Date	Time		110			
From:			10.			Dute	Time	officer injured.				
	10-31	2:10 AM										
Date Reported	10-31 Call Received: 2:11 AM Car Number:											
Time	2:12 AM		Time o	f Arriva	al:	2:20 A	M	District:	Fore	st Hills		
Reported:												
Officer	No		GEO C	ode:		44		Processed By:		ıpson,		
Assaulted or									Stanf	ford		
Killed:				DIID	OT A	D 17 D 4 F	EN 4					
Method of	I lead on which I	E-a-t-m.	Burgla			RY DAT	6 PM – 6	Doint of Enter:	Vas	Dattam Laft		
Entry:	Unlawful I	Entry	Durgiai	ry Type	÷.	AM)	OPM-C	Point of Entry Visible to Patrol:		Bottom Left Window		
Litty.				REPO	RTI	NG PAR	RTY	visible to I atrol.	Rear	w maow		
Name:	Summers, St	tephen		TILLI O	1111	10 1111						
Home	23 Kennedy											
Address:												
Occupation:	Janitor											
Relation:	Employee											
SSN:	987-87-654					1		1				
Date of Birth:	03-05	Sex:		M	F		ce of	MI				
A go:	59	Race:		Саиса	sian	Birt Mai		Divorced				
Age:	39	Race.		Сииси	siun	Stat		Divorceu				
<u> </u>		<u> </u>				But						
					VIC	TIM						
Name:	N/A											
Home												
Address:												
Occupation:												
Relation:												
SSN:		C		M	Б	Dla	£					
Date of Birth:		Sex:		M	F	Birt	ce of h:					
Age:		Race:				Mai						
						Stat	us:					
				KNOV	VN S	USPEC	Γ#1					

SS#: 523-85-4126

Age:

Injured:

17

Race:

No

Caucasian

Name:

Height:

Date of Birth:

Roberts, Brian

Sex: M

Hair Color:

08-15

5'8"

ESc6-p-3

Weight:	145	Hair Len	gth:	Short	Hospital:	No		
Build:	Medium	Hair Styl	e:	Crew	Hospital	N/A		
					Disposition:			
Complexion:	Fair	Facial Ha		No	Conveyed By:			
Eye Color:	Brown	AR#:		42 Injury Type: N/A				
				HARGES				
				NTRY, TRESPASSIN	G			
	MO USC		N	IO Code		F/M/C		
6	603, 602			1234		M		
			IZMOMA	A GLIGDE CE #2				
No.	I		KNOWI	N SUSPECT #2				
Name: Date of Birth:	1	Sex:		SS#:	Α α α .	Race:		
Height:		Hair Col		SS#:	Age: Injured:	Race:		
Weight:		Hair Len			Hospital:	+		
Build:		Hair Styl			Hospital.			
Dung.		Tian Styl	C.		Disposition:			
Complexion:		Facial Ha	air.		Conveyed By:			
Eye Color:		AR#:			Injury Type:			
Lyc color.	-1	1111111	CI	HARGES	Tilgery Type:			
RS	MO USC			1O Code		F/M/C		
			KNOWN	N SUSPECT #3				
Name:								
Date of Birth:		Sex:		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#:	CI	HADGEG	Injury Type:			
DC	MOTIC			HARGES	1	EM/C		
KS	MO USC		IV.	IO Code	F/M/C			
			nn o	DEDTY				
Owner's	<u> </u>		PRU	PERTY				
Name:								
Item Number:	1							
Property Code:				Value:				
Quantity:				Status:				
Property Property				Owner's Name:				
Description:				Control of famile.				
		1	V	EHICLE				
Owner's Name:								
Vehicle Number	:		Vehicle Status:		Code:			
Vehicle Make:			Vehicle Style:		Year:			
Vehicle Number	:		Vehicle Status:		Code:			

NARRATIVE

Other:

Vehicle Value:

Mr. Summers reported several youths on Country Club property, dressed in costume, and apparently intoxicated. One youth, dressed as a vampire, reportedly broke in through the rear window. Upon arrival, officer arrested the youth, and called the parents of the remaining youths.

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

Doors Locked:

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

			I	NCIDI	ENT	DATE/7	TIME				
Date Printed:	10-31	Time	1:12		M.1	R.S.	1112	Т	Record Number:		2
		Printed:	AM	PM	Nu	mber:					
				INC	IDE	NT DAT	'A				
Incident Type:	Accident -										
Address of	46 Trout B	Brook Road									
Occurrence:										1	
Originally	Phone in		Weapon			N/A					
Received As: How Received:			Objects			Off A.	. am. M	~	Domastia	No	
			Reporti Officer	:		Off. Av	ery, Ma	ark	Domestic:	IVO	
Type of			Other C						Complaint Status:		
Premises			Notifie	d:							
Copies To:	_					_			Arson Related:	No	
Occurred From:	Date	Time	To:			Date	Tin	ne	Officer Injured:	No	
	10-31	12:11 P									
Date Reported			Call Re			12:12			Car Number:	3	
Time	12:12 PM		Time of	f Arriva	al:	12:17	PM		District:	South	ı Zenith
Reported: Officer	No		GEO C	ode:		33			Processed By:	Adan	ıs, Brian
Assaulted or	IVO		GEO C	ouc.		33			Trocessed by.	Ашин	is, Drian
Killed:											
	L			BUR	GLA	RY DA'	ГА				
Method of	N/A		Burglar			N/A			Point of Entry	N/A	
Entry:									Visible to Patrol:		
				REPO	RTI	NG PAI	RTY				
Name:	Frye, Carrie										
Home Address:	10 Bobs Lar	ie									
Occupation:	Teacher										
Relation:	witness										
SSN:	522-10-120.	5									
Date of Birth:	09-09	Sex:		M	F		ce of		ME		
						Bir					
Age:	34	Race:		Cauca	sian	Ma Sta	rital tus:		Single		
						•					
					VIC	TIM					
Name:	Quinn, Ann	Marie									
Home	3 Bay Road										
Address:											
Occupation:	N/A										
Relation:											
SSN:	015-12-123										
Date of Birth:	05-06	Sex:		M	F	Pla Bir	ce of th:		ME		
Age:	7	Race:		Cauca	sian		rital		N/A		
<u>l</u>						Sia	uu.				
				KNOV	VN C	USPEC'	Г #1				
				171101	ATAD	OSIEC	1 77 1				

SS#:

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

UNK

Sex:

Hair Color:

Hair Length:

ESc6-p-3

Build:	Hair Styl	e:		Hospital			r
				Dispositio			
Complexion:	Facial Ha	air:		Conveyed			
Eye Color:	AR#:			Injury Typ	e:		
			CHARGES				
			CHARGES				
RS	MO USC		MO Code			F/M/C	
		KNOH	NI CLICDE CTE #2				
Name:		KNOW	N SUSPECT #2				
Date of Birth:	Sex:		SS#:	1 4 221		Race:	
	Hair Col	~ 	33#:	Age: Injured:		Race:	
Height:				Hospital:			
Weight: Build:	Hair Len Hair Styl						
Dulla:	nair Styl	e:		Hospital Disposition	n.		
Complexion:	Facial Ha	oir.		Conveyed			
Eye Color:	AR#:	111.		Injury Typ			
Eye Color.	AN#.	(CHARGES	IIIJury ry	Je.		
DCI	MO USC		MO Code			F/M/C	
KSI	WIO USC		WIO Code			17/IVI/C	
		KNOW	N SUSPECT #3				
Name:		IXIOV	TOUGHT HE				
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Cole	or:	5511.	Injured:		ruce.	
Weight:	Hair Len			Hospital:			
Build:	Hair Styl			Hospital			
				Dispositio	n:		
Complexion:	Facial Ha	air:		Conveyed			
Eye Color:	AR#:			Injury Typ			
	1	(CHARGES	, , , , , ,			
RS	MO USC		MO Code			F/M/C	
		PR	OPERTY				
Owner's					· <u> </u>		
Name:							
Item Number:	г			1			1
Property Code:			Value:				
Quantity:			Status:				
Property			Owner's Name:				
Description:							
0 1 11		'	VEHICLE				
Owner's Name:		37.1.1.1 Ger		C 1		ı	
Vehicle Number:		Vehicle Status:		Code:			
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code:			
Doors Locked:		Vehicle Value:		Other:			
		3.7	ADD A THEFT				
		IN A	ARRATIVE				

Victim was participating in Halloween Parade and apparently ran into the street, where she was hit by a car. The driver sped off; no suspect description nor license number is available. Victim was airlifted to Sacred Heart Hospital.

Reporting Officer: Off. Avery, Mark
Supervising Officer: Det. Connelly, Daniel
Reviewing Officer: Det. McCarthy, Pamela

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

			I	NCIDE	ENT :	DATE/7	ГІМЕ				
Date Printed:	11-01	Time	4:52		M.I		1121	I	Record Number:		1
		Printed:	AM	PM		mber:					
			11111	<u> </u>	IDE	NT DAT	`A				
Incident Type:	Injury – 9.	11 call		1110		II DAI	. A				
Address of		endence Blve	d.								
Occurrence:	,										
Originally	Phone in		Weapo	n or		N/A					
Received As:			Objects	s Used:							
How Received:			Reporti Officer			Off. Av	ery, Ma	rk	Domestic:	No	
Type of Premises	Conferenc	e Center	Other O						Complaint Status:		
Copies To:									Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	e	Officer Injured:		
From:	11-01	3:50 PM							1		
Data Damanta I	11.01		C-11 D			2 52 D	11/		Car Number:	3	
Date Reported Time	11-01 3:52 PM		Call Re			3:52 P 3:57 P			District:		st Hills
Reported:					a1:		IVI				
Officer	No		GEO C	ode:		44			Processed By:	Adan	ıs, Brian
Assaulted or Killed:											
						RY DA	TA			1	
Method of Entry:	N/A		Burgla	ry Type	e:	N/A			Point of Entry Visible to Patrol:	N/A	
·				REPO	RTI	NG PAI	RTY				
Name:	Putnam, Jan										
Home Address:	14 Hawk La	ne									
Occupation:	Secretary										
Relation:	Employee										
SSN:	542-85-986	2									
Date of Birth:	12-25	Sex:		M	F	Pla Bir	ce of th:		KY		
Age:	52	Race:		Cauca	sian	Ma Sta	rital tus:		Married		
					VIC	TIM					
Name:	Byrnes, Dai	niel									
Home Address:	2 Bay Berry) Drive									
Occupation:	Town Office	ial									
Relation:	Speaker										
SSN:	451-56-786										
Date of Birth:	11-30	Sex:		M	F	Pla Bir	ce of th:		IL		
Age:	56	Race:		Cauca	sian		rital		Married		
	ı		l			1 2 34					
				KNOV	VN S	USPEC'	Γ#1				
Name:											

Age:

Injured:

Hospital:

Race:

SS#:

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

ESc6-p-3

Build:	Hair Styl	e:		Hospital Disposit			•
Complexion:	Facial Ha	nir:		Conveye			
Eye Color:	AR#:	ш.		Injury T			
Lyc Color.	$\Lambda \mathbf{K} \pi$.		CHARGES	Injury 1	урс.		
			CHARGES				
DCI	MO USC		MO Code			F/M/C	
KSI	NO USC		MO Code			F/IVI/C	
		KNOW	N SUSPECT #2				
Name:		1111011	in Bebilei ni				
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Cole	or:		Injured:			
Weight:	Hair Len			Hospital	:		
Build:	Hair Styl			Hospital			
				Disposit			
Complexion:	Facial Ha	ir:		Conveye			
Eye Color:	AR#:			Injury T			
	1	(CHARGES	, , , , , , , , , , , , , , , , , , ,	· .		
RSI	MO USC		MO Code			F/M/C	
		KNOW	N SUSPECT #3				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Cole	or:		Injured:			
Weight:	Hair Len			Hospital			
Build:	Hair Styl	e:		Hospital			
				Disposit			
Complexion:	Facial Ha	ir:		Conveye			
Eye Color:	AR#:			Injury T	ype:		
			CHARGES				
RSI	MO USC		MO Code			F/M/C	
		DD	ODEDÆV.				
0		PK	OPERTY				
Owner's							
Name: Item Number:							
Property Code:			Value:				
Quantity: Property			Status: Owner's Name:	+			
Description:			Owner's Name.				
Description.			VEHICLE	1			1
Owner's Name:			LINCLE				
Vehicle Number:		Vehicle Status:		Code	•		
Vehicle Make:		Vehicle Status.	•	Year:			
Vehicle Number:		Vehicle Status:		Code			
Doors Locked:		Vehicle Value:		Other			
Doors Locked.		venicie value.		Juliel	•		

NARRATIVE

Victim was delivering a speech at the "Election Extravaganza" event at the Zenith city conference center when he apparently lost consciousness. Witness reports he may have had a heart attack. Ambulance, fire and rescue were dispatched to the scene.

Reporting Officer: Off. Avery, Mark
Supervising Officer: Det. Connelly, Daniel
Reviewing Officer: Det. McCarthy, Pamela

ZENITH CITY WATER DEPT./PUBLIC UTILITIES

The Zenith City Water Dept./Public Utilities folder must contain the following files:

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-4	CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc6-p-4	BACKGROUND WATER QUALITY DATA
ESc-p-5	RESPONSE PROTOCOL TOOLBOX MODULE 2: CONTAMINATION THREAT MANAGEMENT GUIDE MATERIALS
ESc-p-6	RESPONSE PROTOCOL TOOLBOX MODULE 3: SITE CHARACTERIZATION AND SAMPLING GUIDE MATERIALS
m-1	ZENITH CITY WATER DISTRIBUTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-2	ZENITH CITY WASTEWATER COLLECTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-3	ZENITH CITY WATER DISTRIBUTION SYSTEM PROCESS SCHEMATIC (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-4	ZENTIH CITY WATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-5	ZENTIH CITY WASTEWATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

Zenith City Water Treatment Plant - Water Quality Data - Turbidity, NTL

Sampling Point	November	December	January	February	March	April	May	June	July	August	September	October
Treatment Plant Samples												
Surface Water												
Raw Water	8.2	10.5	7.4	5.4	3.1	2.5	2.7	3.2	4.5	5.2	5.8	6.5
Treated Water	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Groundwater												
Supply A	0.6	0.8	0.6	0.4	0.2	0.3	0.2	0.3	0.2	0.3	0.5	0.3
Supply B	0.4	0.5	0.3	0.2	0.2	0.2	0.4	0.5	0.3	0.4	0.5	0.5
Supply C	0.5	0.6	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.8	0.4	0.6
Supply D	0.8	0.8	0.4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.5	0.9
Storage Tanks												
Strawberry Hill (1.0 MG)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Rosewood (0.5 MG)	0.2	0.2	0.3	0.2	0.1	0.2	0.1	0.2	0.1	0.2	0.2	0.1
Tall Oak (0.5 MG)	0.2	0.3	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2
Tree Hill (1.0 MG)	0.2	0.2	0.3	0.2	0.1	0.2	0.1	0.2	0.1	0.2	0.2	0.1
Public Building Samples												
Fire Station No. 1 (The Glens)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Fire Station No. 2 (Forest Hills)	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.2	0.1
Fire Station No. 3 (The Village)	0.3	0.4	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3
Fire Station No. 4 (South Zenith)	0.3	0.4	0.3	0.2	0.2	0.2	0.1	0.3	0.3	0.3	0.4	0.4
Forest Hills High School	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Glen High School	0.2	0.3	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.2	0.1
Village High School	0.3	0.4	0.1	0.3	0.4	0.3	0.4	0.5	0.2	0.4	0.3	0.3

Zenith City Water Treatment Plant - Water Quality Data - Total Chlorine Residual, mg/

Sampling Point	November	December	January	February	March	April	May	June	July	August	September	October
Treatment Plant Samples												
Surface Water												
Treated Water	0.5	0.4	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.5	0.5
Groundwater												
Supply A	0.5	0.5	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5	0.3
Supply B	0.5	0.5	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5	0.5
Supply C	0.5	0.5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.5	0.5	0.5
Supply D	0.5	0.5	0.4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.5	0.5
Storage Tanks												
Strawberry Hill (1.0 MG)	0.5	0.5	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.5	0.5
Rosewood (0.5 MG)	0.5	0.5	0.2	0.2	0.1	0.2	0.2	0.2	0.1	0.2	0.5	0.5
Tall Oak (0.5 MG)	0.5	0.5	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.5	0.5
Tree Hill (1.0 MG)	0.5	0.5	0.2	0.2	0.1	0.2	0.2	0.2	0.1	0.2	0.5	0.5
Public Building Samples												
Fire Station No. 1 (The Glens)	0.5	0.4	0.1	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.4	0.4
Fire Station No. 2 (Forest Hills)	0.4	0.3	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.3	0.3
Fire Station No. 3 (The Village)	0.4	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.4	0.3
Fire Station No. 4 (South Zenith)	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.3	0.4	0.4
Forest Hills High School	0.5	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Glen High School	0.3	0.3	0.1	0.2	0.2	0.2	0.1	0.2	0.2	0.1	0.3	0.3
Village High School	0.3	0.4	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.3	0.3

Zenith City Water Treatment Plant - Water Quality Data - Total Manganese, mg/l

Sampling Point	November	December	January	February	March	April	May	June	July	August	September	October
Treatment Plant Samples												
Surface Water												
Raw Water	<0.03	<0.03	<0.03	<0.03	<0.03	< 0.03	< 0.03	<0.03	< 0.03	<0.03	<0.03	<0.03
Treated Water	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Groundwater												
Supply A	<0.03	0.04	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Supply B	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Supply C	0.05	0.04	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.04	<0.03	<0.03
Supply D	0.06	<0.03	<0.03	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.04	<0.03
Storage Tanks												
Strawberry Hill (1.0 MG)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Rosewood (0.5 MG)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Tall Oak (0.5 MG)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Tree Hill (1.0 MG)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Public Building Samples												
Fire Station No. 1 (The Glens)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Fire Station No. 2 (Forest Hills)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Fire Station No. 3 (The Village)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Fire Station No. 4 (South Zenith)	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Forest Hills High School	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Glen High School	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03	<0.03
Village High School	<0.03	<0.03	<0.03	<0.03	< 0.03	<0.03	<0.03	<0.03	< 0.03	< 0.03	<0.03	<0.03

Zenith City Water Treatment Plant - Water Quality Data - Total Iron, mg/l

Sampling Point	November	December	January	February	March	April	May	June	July	August	September	October
Treatment Plant Samples												
Surface Water												
Raw Water	0.03	0.04	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.03	0.03
Treated Water	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02
Groundwater												
Supply A	0.04	0.05	0.03	0.03	0.03	0.03	0.04	0.03	0.05	0.04	0.03	0.03
Supply B	0.05	0.05	0.03	0.04	0.03	0.03	0.04	0.03	0.03	0.04	0.03	0.03
Supply C	0.1	0.08	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.06	0.05	0.06
Supply D	0.1	0.08	0.08	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.06	0.1
Storage Tanks												
Strawberry Hill (1.0 MG)	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.03	0.02	0.02	0.03	0.03
Rosewood (0.5 MG)	0.03	0.04	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Tall Oak (0.5 MG)	0.06	0.05	0.06	0.02	0.02	0.02	0.02	0.02	0.02	0.05	0.04	0.05
Tree Hill (1.0 MG)	0.03	0.04	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Public Building Samples												
Fire Station No. 1 (The Glens)	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02
Fire Station No. 2 (Forest Hills)	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.03
Fire Station No. 3 (The Village)	0.05	0.05	0.06	0.02	0.02	0.02	0.02	0.02	0.02	0.05	0.04	0.05
Fire Station No. 4 (South Zenith)	0.05	0.05	0.03	0.04	0.03	0.02	0.03	0.03	0.03	0.04	0.03	0.03
Forest Hills High School	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02
Glen High School	0.03	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.03
Village High School	0.05	0.05	0.03	0.04	0.03	0.02	0.03	0.03	0.03	0.04	0.03	0.03

Zenith City Water Treatment Plant - Water Quality Data - Color, TCL

Sampling Point	November	December	January	February	March	April	May	June	July	August	September	October
Treatment Plant Samples												
Surface Water												
Raw Water	10	21	15	10	5	3	3	3	3	6	7	9
Treated Water	2	1	1	1	1	1	1	1	1	1	2	1
Groundwater												
Supply A	2	2	2	2	2	2	2	2	2	2	2	2
Supply B	3	4	3	2	2	2	3	4	4	2	3	3
Supply C	2	3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	4	4
Supply D	4	4	4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	3
Storage Tanks												
Strawberry Hill (1.0 MG)	2	1	1	1	2	1	2	1	1	2	1	1
Rosewood (0.5 MG)	2	2	1	2	1	1	1	2	1	1	1	1
Tall Oak (0.5 MG)	2	2	1	1	1	1	1	1	1	2	2	1
Tree Hill (1.0 MG)	2	2	1	2	1	1	1	2	1	1	1	1
Public Building Samples												
Fire Station No. 1 (The Glens)	2	2	1	1	2	1	1	1	1	2	1	1
Fire Station No. 2 (Forest Hills)	2	1	1	1	1	1	1	1	1	1	1	1
Fire Station No. 3 (The Village)	2	2	1	1	2	1	1	1	1	2	1	1
Fire Station No. 4 (South Zenith)	3	3	2	1	1	1	1	1	2	2	2	2
Forest Hills High School	2	1	1	2	1	1	1	1	1	1	2	1
Glen High School	2	2	1	1	1	1	1	1	1	1	1	1
Village High School	3	2	3	2	2	2	2	2	2	2	3	3

Zenith City Water Treatment Plant - Water Quality Data - Coliform, # per 100 ml

Sampling Point	November	December	January	February	March	April	May	June	July	August	September	October
Treatment Plant Samples												
Surface Water												
Raw Water	125	80	45	35	30	10	15	10	15	25	40	65
Treated Water	0	0	0	0	0	0	0	0	0	0	0	0
Groundwater												
Supply A	0	0	0	0	0	0	0	0	0	0	0	0
Supply B	0	0	0	0	0	0	0	0	0	0	0	0
Supply C	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0
Supply D	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0
Storage Tanks												
Strawberry Hill (1.0 MG)	0	0	0	0	0	0	0	0	0	0	0	0
Rosewood (0.5 MG)	0	0	0	0	0	0	0	0	0	0	0	0
Tall Oak (0.5 MG)	0	(note 1)	0	0	0	0	0	0	0	0	0	0
Tree Hill (1.0 MG)	0	0	0	0	0	0	0	0	0	0	0	0
Public Building Samples												
Fire Station No. 1 (The Glens)	0	0	0	0	0	0	0	0	0	0	0	0
Fire Station No. 2 (Forest Hills)	0	0	0	0	0	0	0	0	0	0	0	0
Fire Station No. 3 (The Village)	0	0	0	0	0	0	0	0	0	0	0	0
Fire Station No. 4 (South Zenith)	0	0	0	0	0	0	0	0	0	0	0	0
Forest Hills High School	0	0	0	0	0	0	0	0	0	0	0	0
Glen High School	0	0	0	0	0	0	0	0	0	0	0	0
Village High School	0	0	0	0	0	0	0	0	0	0	0	0

Note 1: The followup samples including upstream and downstream locations are negative.

Response Planning Matrix

Three factors should be considered when planning for decisions regarding actions taken in response to a contamination threat: 1) the credibility of the threat; 2) the potential consequences of the contamination incident; and 3) the impact of the response action on consumers. A "Response Planning Matrix" is a tool that may help decision officials to consider these three factors when planning for response decisions and might serve as a quick reference guide during an actual crisis. The matrix is a simple tabular summary that lists the three levels of a threat evaluation, the potential consequences of a threat (both the number of people affected and health effects), and potential response actions along with their impacts on consumers.

By planning for threats with different levels of credibility and potential consequences, the utility will be better able to make appropriate response decisions quickly. The Response Planning Matrix will also make it clear when response decisions need to be elevated to a higher level within the utility chain of command or coordinated with an external organization, such as the public health agency. Furthermore, an understanding of the potential impacts of various response actions will provide an opportunity to develop strategies for managing and minimizing adverse impacts. For example, the impact associated with issuing a "do not drink" notice might be mitigated through a public awareness program. This outreach approach could educate the public to the possibility of short duration water outages and encourage them to store a supply of emergency drinking water. Such practice is common in areas prone to natural disasters such as earthquakes and hurricanes.

The blank matrix provided in the appendix can be used as an aid during emergency response planning. By working through scenarios with different combinations of credibility, consequences, and impacts, it is possible to gage the relative importance of various factors. For example, it may be determined that the response decisions are influenced more by 'the number of people affected' than the 'health effects.' Since there are a limited number of response actions available to any utility, it is likely that the number of combinations in the matrix will reduce to just a few, and the factors that have the greatest impact on response decisions will become apparent.

Once the planning process is complete, the "Response Planning Matrix" can be completed as necessary to serve as a quick reference guide that could be incorporated in a set of "Response Guidelines." The tool may also need to be modified from its current form in Appendix 8.1 to be consistent with a utility's planning process (for example, the "number of people affected" might be changed to "area affected"). During a crisis, such a tool can efficiently guide the WUERM toward appropriate planned response actions under various conditions or scenarios. (RPTB Module 2, pp.17-18)

Response Planning Matrix (RPTB Module 2, p.71)

	Inci	dent		Re	sponse
Credibility	Conse	quences	Other Considerations	Possible Actions	Anticipated Impacts on the public
	# people	Health			
	affected	Impact			
Possible	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			
Credible	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			
Confirmed	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			

Threat Evaluation Worksheet

A *threat warning* is an unusual event, observation, or discovery that indicates the potential for contamination and initiates actions to address the concern. Threat warnings may come from several sources from both within and outside of the water utilities as shown in Figure 2-2.

Information extracted from details of the threat warning is critical to determining whether or not a contamination threat is possible, and different types of warnings will have different levels of initial credibility. For example, a public health notification of unusual disease or death in the population would have a higher degree of initial credibility than a report of unusual water quality based on general parameters (e.g., pH, chlorine residual, etc.). Some warnings may be judged so reliable that the threat is deemed 'credible' solely on the basis of information about the threat warning, while others may be almost instantly dismissed as impossible. Each type of threat warning depicted in Figure 2-2 is discussed in greater detail in following subsections, particularly with respect to the initial reliability of the information from such incidents.



Figure 2-2. Summary of Threat Warnings

Regardless of the nature and source of the threat warning, it is critical that protocols be in place to report the warning to the WUERM as quickly as possible. Utilities and communities should develop communications channels and procedures to ensure that threat warnings can be accurately and quickly reported on 24/7 basis. A "Threat Evaluation Worksheet" is provided in Appendix 8.2 to help organize the information used throughout the threat evaluation, beginning with a summary of information about the threat warning itself. (*RPTB Module 2*, *pp.19-20*)

Threat Evaluation Worksheet (RPTB Module 2, pp.72-76)

INSTRUCTIONS

The purpose of this worksheet is to help organize information about a contamination threat warning that would be used during the Threat Evaluation Process. The individual responsible for conducting the Threat Evaluation (e.g., the WUERM) should complete this worksheet. The worksheet is generic to accommodate information from different types of threat warnings; thus, there will likely be information that is unavailable or not immediately available. Other forms in the Appendices are provided to augment the information in this worksheet.

EAT WARNING INFORMAT	TON			
Date/Time threat warning	discovered:			
Name of person who disc	overed threat warn	ing:		
Type of threat warning: Security breach Written threat News media Other	□ Law enforc□ Consumer	ement complaints		Phone threat Unusual water quality Public health notification
Identity of the contaminan If known or suspected, p			ected	□ Unknown
□ Chemical	□ Biological		□ Ra	adiological
Describe				
Time of contamination: If known or estimated, pr Date and time of contam	ovide additional deta	ail below		
Additional Information:				
Mode of contamination: If known or suspected, p			ected	□ Unknown
Method of addition:	☐ Single dose	□ Over time	!	□ Other
Amount of material:				
Additional Information:				

ite of contamination: If known or suspected, provide a			□ Unknown
Number of sites:	for each site.		
Site #1 Site Name:			
Type of facility Source water Ground storage tank Distribution main Other Address:			Pump station Finished water reservoir Service connection
Additional Site Information:			
Site #2 Site Name:			
Type of facility ☐ Source water ☐ Ground storage tank ☐ Distribution main ☐ Other	☐ Elevated stor☐ Hydrant	age tank	Pump station Finished water reservoir Service connection
Address:			
Additional Site Information:			
Additional Site miormation.			
Site #3 Site Name:			
Type of facility ☐ Source water ☐ Ground storage tank ☐ Distribution main ☐ Other	☐ Treatment pla	ant 🗆	Pump station Finished water reservoir Service connection
Address:			
A delition of Otto I. C			
Additional Site Information:			

ADDITIONAL INFORMATION

Has there been a breach of security at the suspected site? If "Yes", review the completed 'Security Incident Report' (Apple)	☐ Yes endix 8.3)	□ No
Are there any witness accounts of the suspected incident? If "Yes", review the completed 'Witness Account Report' (Apple	☐ Yes endix 8.4)	□ No
Was the threat made verbally over the phone? If "Yes", review the completed 'Phone Threat Report' (Appendix	☐ Yes dix 8.5)	□ No
Was a written threat received? If "Yes", review the completed 'Written Threat Report' (Appendix	☐ Yes dix 8.6)	□ No
Are there unusual water quality data or consumer complaint If "Yes", review the completed 'Water Quality/Consumer Completed 'Water Quality/Consumer Completed 'Water Quality/Consumer Completed 'Water Quality/Consumer Comp		□ No (Appendix 8.7)
Are there unusual symptoms or disease in the population? If "Yes", review the completed 'Public Health Report' (Append	□ Yes lix 8.8)	□ No
Is a 'Site Characterization Report' available? ☐ Yes If "Yes", review the completed 'Site Characterization Report' (□ No Module 3, App	pendix 8.3)
Are results of sample analysis available? ☐ Yes If "Yes", review the analytical results report, including appropri	□ No iate QA/QC da	ata
Is a 'Contaminant Identification Report' available? ☐ Yes If "Yes", review the completed 'Sample Analysis Report' (Mod	_	liv 9 1)
II Tes , review the completed Sample Analysis Nepolt (Mod	uie 5, Appena	IX 0.1)
Is there relevant information available from external sources Check all that apply		,
Is there relevant information available from external sources	? □ Yes □ □ DW pr □ US EF	,
Is there relevant information available from external sources Check all that apply □ Local law enforcement □ FBI □ Public health agency □ Hospitals / 911 call centers □ Media reports □ Homeland security alerts	? □ Yes □ □ DW pr □ US EF	No rimacy agency PA / Water ISAC
Is there relevant information available from external sources Check all that apply □ Local law enforcement □ FBI □ Public health agency □ Hospitals / 911 call centers □ Media reports □ Homeland security alerts □ Other	? □ Yes □ □ DW pr □ US EF	No rimacy agency PA / Water ISAC
Is there relevant information available from external sources Check all that apply □ Local law enforcement □ FBI □ Public health agency □ Hospitals / 911 call centers □ Media reports □ Homeland security alerts □ Other	Pres Dres Dres Dresses	rimacy agency PA / Water ISAC boring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	rimacy agency PA / Water ISAC boring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	rimacy agency PA / Water ISAC boring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	rimacy agency PA / Water ISAC boring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dwpr Dwpr US EF Neighl	rimacy agency PA / Water ISAC boring utilities

THREAT EVALUATION

Has normal activity been investig Normal activities to consider ☐ Utility staff inspections ☐ Construction or maintena ☐ Operational changes ☐ Other	☐ Routine nce ☐ Contrac ☐ Water q	water quality sampling
Is the threat 'possible'? \qed	Yes □ No	
Summarize the basis for this dete	ermination:	
Response to a 'possible' threat: None Increased monitoring/secur		n □ Isolation/containment
_	Yes □ No	
Summarize the basis for this dete	ermination:	
Response to a 'credible' threat: Sample analysis Partial EOC activation Other	☐ Site characterization☐ Public notification	☐ Provide alternate water supply
Has a contamination incident bee	en confirmed?	□ No
Summarize the basis for this dete	ermination:	
-		
Response to a confirmed inciden Sample analysis Full EOC activation Initiate remediation and rec	☐ Site characterization☐ Public notification	☐ Isolation/containment☐ Provide alternate water supply

How do other organizations characterize the threat?

Organization	Evaluation	Comment
Local Law Enforcement	☐ Possible ☐ Credible ☐ Confirmed	
☐ FBI	Possible Credible Confirmed	
Public Health Agency	Possible Credible Confirmed	
☐ Drinking Water Primacy Agency	☐ Possible ☐ Credible ☐ Confirmed	
Other	Possible Credible Confirmed	
Other	☐ Possible ☐ Credible ☐ Confirmed	
SIGNOFF Name of person responsible for	threat evaluation:	
Print name		
Signature		Date/Time:

Security Incident Report Form

A security breach is an unauthorized intrusion into a secured facility that may be discovered through direct observation, an alarm trigger, or signs of intrusion (e.g., cut locks, open doors, cut fences). Security breaches are probably the most common threat warnings, but in **most** cases are related to day-to-day operation and maintenance within the water system. Other security breaches may be due to criminal activity such as trespassing, vandalism, and theft rather than attempts to contaminate the water. However, it is prudent to assess any security breach with respect to the possibility of contamination.

When evaluating whether or not a security breach is a possible contamination threat, it is important to consider the circumstances of the incident:

- The mode of discovery of the security breach, e.g., discovery by utility crews, law enforcement, a citizen, security alarm, etc. "Is the source reliable?"
- The time window in which the security breach occurred. "Can a time window be established for the incident based on the times of previous visits to the site and/or the time of discovery?"
- The area in which the security breach occurred. "Is there a history of break-ins, vandalism, or trespassing in this area?"
- Any other information or circumstances about the incident. "Are there signs of theft, vandalism, or mischief?" "Are there indications that multiple individuals were involved?" "Was anything left at the site?"

A "Security Incident Report Form" is included in Appendix 8.3 to assist in documenting the available information about the breach and support the threat evaluation.

If the site of the security breach is equipped with security cameras, the footage should be reviewed as part of the threat evaluation. A video record of the security breach can provide valuable information to help distinguish among normal operational activity, simple trespassing, and 'possible' or 'credible' contamination threats. Furthermore, it can help to establish the actual time of the security breach, which is critical for estimating the area of a distribution system that would be affected if a contaminant were actually introduced (i.e., such information would aid in consequence analysis).

The information about a security breach available at the time of discovery may be sufficient to determine whether or not a threat is 'possible.' However, in most cases additional information will be necessary to determine whether or not the threat is 'credible.' Information collected during *site characterization* activities will be critical to the threat evaluation at this later stage, as discussed in Section 4.1.1. (*RPTB Module 2*, *pp. 20-21*)

Security Incident Report Form (RPTB Module 2, pp.77-79)

INSTRUCTIONS

The purpose of this form is to help organize information about a security incident, typically a security breach, which may be related to a water contamination threat. The individual who discovered the security incident, such as a security supervisor, the WUERM, or another designated individual may complete this form. This form is intended to summarize information about a security breach that may be relevant to the threat evaluation process. This form should be completed for each location where a security incident was discovered.

DIS	COVERY OF SECURITY INCIDENT Date/Time security incident discovered:
	Name of person who discovered security incident:
	Mode of discovery: □ Alarm (building) □ Alarm (gate/fence) □ Alarm (access hatch) □ Video surveillance □ Utility staff discovery □ Citizen discovery □ Suspect confession □ Law enforcement discovery □ Other
	Did anyone observe the security incident as it occurred? ☐ Yes ☐ No If "Yes", complete the 'Witness Account Report' (Appendix 8.4)
SITE	E DESCRIPTION Site Name:
	Type of facility □ Source water □ Treatment plant □ Pump station □ Ground storage tank □ Elevated storage tank □ Finished water reservoir □ Distribution main □ Hydrant □ Service connection
	Address:
	Additional Site Information:
BAC	CKGROUND INFORMATION Have the following "normal activities" been investigated as potential causes of the security incident? Alarms with known and harmless causes Routine water quality sampling Construction or maintenance Contractor activity CKGROUND INFORMATION Utility staff inspections Construction or maintenance

Was this site recently visited <i>prior</i> to the security incident? If "Yes," provide additional detail below	☐ Yes	□ No
Date and time of previous visit:		
Name of individual who visited the site:		
Additional Information:		
Has this location been the site of previous security incidents? If "Yes," provide additional detail below	□ Yes	□ No
Date and time of most recent security incident:		
Description of incident:		
What were the results of the threat evaluation for this incident? □ 'Possible' □ 'Credible'	□ 'Confirme	ed'
If "Yes", complete additional 'Security Incident Reports' (Appendix Name of 1st additional site:	·	
Name of 2 nd additional site: Name of 3 rd additional site:		
SECURITY INCIDENT DETAILS Was there an alarm(s) associated with the security incident? If "Yes," provide additional detail below		□ No
Are there sequential alarms (e.g., alarm on a gate and a hatch)?	□ Yes	□ No
Date and time of alarm(s):		
Describe alarm(s):		
Is video surveillance available from the site of the security incide If "Yes," provide additional detail below	lent? □ Yes	s □ No
Date and time of video surveillance:		
Describe surveillance:		

□ Discarded PPE (e.g., gloves, ma □ Tools (e.g., wrenches, bolt cutte □ Lab equipment (e.g., beakers, tu □ None	e and time of discovery of the security incident: asks)
Describe equipment:	
☐ Car/sedan	and time of discovery of the security incident: SUV Pickup truck Construction vehicle None
Describe vehicles (including make/r	model/year/color, license plate #, and logos or markings):
	□ None
Are there signs of sequential intrusi	ion (e.g., locks removed from a gate and hatch)? ☐ Ye ☐ No
Signs of hazard at the site and time ☐ Unexplained or unusual odors ☐ Unexplained dead or stressed vor ☐ Unexplained clouds or vapors ☐ Other	□ None
Describe signs of hazard:	
NOEE	
NOFF ame of person responsible for documen	
Print name Signature	 Date/Time:

Witness Account Report Form

A threat warning may come from an individual who directly witnesses suspicious activity, such as trespassing, breaking and entering, or some other form of tampering. The witness could be either a utility employee or a bystander. As a result, the witness report may come directly to the utility, or may be directed to a 911 operator or law enforcement agency. If the witness reports the incident to a law enforcement agency, a written or verbal report from the police may provide some insight regarding the possibility of contamination. Furthermore, if the suspect(s) was apprehended, the police report may include additional insight regarding the motives and circumstances of the episode. It is important that the utility establish a relationship with local law enforcement agents, as individuals observing suspicious behavior near drinking water facilities will likely call 911 or law enforcement rather than the water utility.

It is important to collect as much information as possible from the witness to support the initial threat evaluation. A "Witness Account Report Form" is included in Appendix 8.4 to help document the witness account. If the witness has not already been interviewed, or if the interview did not cover all aspects of the event that are relevant to the utility's threat evaluation, the WUERM should contact law enforcement and arrange to interview with the witness. In some cases, law enforcement officials may prefer to conduct the interview themselves, but the WUERM may be able to suggest certain questions that are relevant to the threat from the perspective of the water utility. Information from the witness that would be important to the utility's evaluation includes the number of individuals, their actions at the site, equipment or containers handled by the perpetrators, and anything taken from the site. It is also important to consider the reliability of the source when evaluating information from any witness account,. For example, a threat warning delivered by an individual with a history of filing false reports with police should be considered suspect until corroborated by additional information. On the other hand, direct observation by utility staff would be considered a reliable threat warning. (RPTB Module 2, pp. 21-22)

Witness Account Report Form (RPTB Module 2, pp.80-83)

INSTRUCTIONS

The purpose of this form is to document the observations of a witness to activities that might be considered an incident warning. The individual interviewing the witness, or potentially the witness, should complete this form. This may be the WUERM or an individual designated by incident command to perform the interview. If law enforcement is conducting the interview (which may often be the case), then this form may serve as a prompt for "utility relevant information" that should be pursued during the interview. This form is intended to consolidate the details of the witness account that may be relevant to the threat evaluation process. This form should be completed for each witness that is interviewed.

lame of person interviewing the	witnes	ss:		
Vitness contact information				
Full Name:				
Address:				
Day-time phone:				
Evening phone:				
E-mail address:				
Reason the witness was in the vi	cinity	of the suspicious activity	/ :	
EGG ACCOLINIT				
ESS ACCOUNT				
ESS ACCOUNT Date/Time of activity:				
Date/Time of activity:				
Date/Time of activity: Ocation of activity:				
Date/Time of activity:				
Date/Time of activity: Location of activity: Site Name: Type of facility				
Date/Time of activity: Location of activity: Site Name: Type of facility Source water		Treatment plant		Pump station
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank		Treatment plant Elevated storage tank		Pump station
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank Distribution main		Treatment plant Elevated storage tank Hydrant		Pump station
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank		Treatment plant Elevated storage tank Hydrant		Pump station Finished water reservoi
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank Distribution main Other		Treatment plant Elevated storage tank Hydrant		Pump station Finished water reservoir Service connection
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank Distribution main		Treatment plant Elevated storage tank Hydrant		Pump station Finished water reservoir Service connection
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank Distribution main Other		Treatment plant Elevated storage tank Hydrant		Pump station Finished water reserve Service connection
Date/Time of activity: Location of activity: Site Name: Type of facility Source water Ground storage tank Distribution main Other		Treatment plant Elevated storage tank Hydrant		Pump station Finished water reservo Service connection

rpe of activit ☐ Trespass ☐ Theft ☐ Other			Vandalism Tampering		□ Breakir □ Surveill	ng and entering lance
Additional d	escript	ion of the ac	tivity			
escription of Were suspe			site?	⁄es	□ No	
How many :	suspec	ts were pres	ent?			
Describe ea	ich sus	pect's appea	arance:			
Suspect #	Sex	Race	Hair color	Clothing		Voice
1						
2						
3						
4						
5						
6						
			aring uniforms? .):			□ No
Describe ar	y othei	unusual ch	aracteristics of th	e suspects:		
		<u> </u>				
			the witness?] No
hicles at the Were vehicle		sent at the si	te?	⁄es	□ No	
Did the veh	cles ap	pear to belo	ong to the suspec	ts?	□ Yes	□ No
Llow many	ohiclo	s were prese	ant?			

Describe each vehicle:

	Vehicle #	Туре	Color	Make	Model	License plate
	1					
	2					
	3					
	4					
	5					
	6					
				rkings on the vehic	cles?	S □ No
	Provide an	y additional deta	il about the vehic	cles and how they	were used (if at all)	:
Ε¢	quipment at			aita0 [J Vaa	la.
	was any ui	nusual equipmer	it present at the	Site? L	□ Yes □ N	10
	☐ PPE (e.☐ Tools (e☐ Lab equ	ve or incendiary g., gloves, mask e.g., wrenches, b ipment (e.g., be	s) olt cutters) akers, tubing)	☐ Hardwa	s ers (e.g., bottles, d re (e.g., valves, pip and related equipm	e, hoses)
	☐ Other _					
	Describe th	ne equipment and	d how it was beir	ng used by the sus	pects (if at all):	
	_					
	-					
	nusual con	ditions at the si	to.			
O.		any unusual co		te? [□ Yes □ N	lo
		ons or fires ressed vegetatio			☐ Unusual odors ☐ Unusual noises	
	Describe th	ne site conditions	s:			

Additional observations Describe any additional details from the witness account:	
SIGNOFF Name of interviewer:	
Print name	_
Signature	Date/Time:
Name of witness:	
Print name	<u>-</u>
Signature	Date/Time:

Phone and Written Threat Report Forms

A threat may be made directly to the water utility, either verbally or in writing. Verbal threats made over the phone are historically the most common type of direct threats from perpetrators; however, written threats have also been delivered to utilities. Report forms for both phone and written threats are provided in Appendices 8.5 and 8.6, respectively. A direct notification should be evaluated with respect to both the nature of the threat and specificity of information provided in the threat. In the case of a phone threat, the caller should be questioned about the specifics of the threat: time and location of the incident, name and amount of the contaminant, reason for the attack, the name and location of the caller, etc. The characteristics of the caller should be noted as well (e.g., male/female, accent, tone of voice, background noise, etc.). Given the number of different individuals that might receive a phone threat at a utility, there is a need for training and frequent updates regarding procedures for handling phone threats. In a similar manner, mailroom staff should be provided with training regarding the recognition and handling of suspicious packages and letters. Guidance for dealing with suspicious packages has issued been issued by the US Postal Service (http://www.usps.com/news/2001/press/pr01_1022gsa.htm).

Since tampering with a drinking water system is a crime under the Safe Drinking Water Act, and may involve several other felony acts, any threats received by a utility should be reported to the appropriate authorities, including law enforcement and drinking water primacy agency. (RPTB Module 2, p.22)

Phone Threat Report Form (RPTB Module 2, pp.84-86)

INSTRUCTIONS

This form is intended to be used by utility staff that regularly answer phone calls from the public (e.g., call center operators). The purpose of this form is to help these staff capturer as much information from a threatening phone call while the caller is on the line. It is important that the operator keep the caller on the line as long as possible in order to collect additional information. Since this form will be used during the call, it is important that operators become familiar with the content of the form. The sections of the form are organized with the information that should be collected during the call at the front of the form (i.e., Basic Call Information and Details of Threat) and information that can be completed immediately following the call at the end of the form (i.e., the description of the caller). The information collected on this form will be critical to the threat evaluation process.

Remember, tampering with a drinking water system is a crime under the SDWA Amendments!

Date phone call received:			Time phone c	all re	eceived:
Time phone call ended:		<u> </u>	Duration of pl	none	call:
Originating number: If the number/name is not disples call and inform law enforcement.	ayed c	on the caller IE the phone con	Originating na D, press *57 (or Inpany may hav	a me : r call re tra	trace) at the end of the
Is the connection clear?		□ Yes		lo	
Could call be from a wireless pho	one?	□ Yes		lo	
ETAILS OF THREAT					
Has the water already been conta					□ No
Date and time of contaminant int Date and time if known:	roduc	tion known?	□ Yes		□ No
Date and time of contaminant int	roduc	tion known?	□ Yes		□ No
Date and time of contaminant int Date and time if known: Location of contaminant introduce Site Name: Type of facility	ction k	tion known? tnown? Treatment p Elevated sto Hydrant	☐ Yes☐ Yes☐ Iant		□ No □ No Pump station
Date and time of contaminant int Date and time if known: Location of contaminant introduce Site Name: Type of facility Source water Ground storage tank Distribution main	ction k	tion known? tnown? Treatment p Elevated sto Hydrant	☐ Yes☐ Yes☐ Iant rage tank		□ No □ No □ No Pump station Finished water reservoir Service connection

lame or type of contaminant know	wn?		☐ Yes		□ No
Type of contaminant ☐ Chemical	□ Biolo	gical		П	Radiological
					_
Specific contaminant name/descr					
Mode of contaminant introduction			□ Yes		□ No
Method of addition: ☐ Single			me		Other
Amount of material:					
Additional Information:					
Motive for contamination known?		☐ Yes	Ц	No	
☐ Retaliation/revenge☐ Other					Religious doctrine
Describe motivation:					
ER INFORMATION Basic Information: Stated name:					
Basic Information: Stated name:					
Basic Information: Stated name: Affiliation: Phone number:					
Basic Information: Stated name:					
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice:					
Basic Information: Stated name: Affiliation: Phone number: Location/address:					
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice:	altered?				
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or Did the call sound like a recording	altered?	□ Yes			□ No
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or Did the call sound like a recording	altered? g?	□ Yes			□ No
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or Did the call sound like a recording Did the voice sound?	altered? g?	□ Yes □ Yes emale			□ No □ No Young / □ Old
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or Did the call sound like a recording Did the voice sound familiar? If 'Yes,' who did it sound like? Did the caller have an accent? If 'Yes,' what nationality?	altered? g? fale / □ Fo	☐ Yes☐ Yesemale☐ Yes			□ No □ No Young / □ Old □ No
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or Did the call sound like a recording Did the voice sound familiar? If 'Yes,' who did it sound like? Did the caller have an accent? If 'Yes,' what nationality? How did the caller sound or speal	altered? g? fale / □ Fo	☐ Yes☐ Yesemale☐ Yes☐ Yes☐ Yes☐			□ No □ No Young / □ Old □ No □ No
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or Did the call sound like a recording Did the voice sound familiar? If 'Yes,' who did it sound like? Did the caller have an accent? If 'Yes,' what nationality?	altered? g? fale / □ Fo	☐ Yes☐ Yesemale☐ Yes			□ No □ No Young / □ Old □ No

What was the caller's tone	of voice?		
□ Calm	☐ Angry	☐ Lisping	☐ Stuttering/broken
□ Excited	□ Nervous	□ Sincere	☐ Insincere
☐ Slow	□ Rapid	□ Normal	☐ Slurred
☐ Soft	☐ Loud	□ Nasal	Clearing throat
☐ Laughing	□ Crying	□ Clear	Deep breathing
□ Deep	☐ High	☐ Raspy	□ Cracking
☐ Other			
Were there background no Silence Voices Children Animals Factory sounds Office sounds Music Traffic/street sounds Airplanes Trains Ships or large boats	describe		
□ Other.			
SIGNOFF Name of call recipient:			
Print name			
Signature			Date/Time:
Name of person completing form	n (if different from ca	all recipient):	
Print name			
Signature			Date/Time:

Written Threat Report Form (RPTB Module 2, pp.87-89)

INSTRUCTIONS

The purpose of this form is to summarize significant information from a written threat received by a drinking water utility. This form should be completed by the WUERM or an individual designated by incident command to evaluate the written threat. The summary information provided in this form is intended to support the threat evaluation process; however, the completed form is not a substitute for the complete written threat, which may contain additional, significant details.

The written threat itself (e.g., the note, letter, e-mail message, etc.) may be considered evidence and thus should be minimally handled (or not handled at all) and placed into a clean plastic bag to preserve any forensic evidence.

Remember, tampering with a drinking water system is a crime under the SDWA Amendments!

SAFETY

A suspicious letter or package could pose a threat in and of itself, so caution should be exercised if such packages are received. The US Postal Service has issued guidance when dealing with suspicious packages (http://www.usps.com/news/2001/press/pr01_1022gsa.htm).

rson(s) to whom threat was addres	ssed:	
te threat received:	Time threat	received:
ow was the written threat received? ☐ US Postal service ☐ Fax ☐ Other	☐ Delivery service☐ E-mail	☐ Hand delivered
If mailed, is the return address listed		
If mailed, what is the date and location	on of the postmark?	
If delivered, what was the service us		
If Faxed, what is the number of the s		

DETAILS OF THREAT Has the water already been contaminated?	□ Yes	□ No
Date and time of contaminant introduction known Date and time if known:		
Location of contaminant introduction known? Site Name:	□ Yes	□ No
Type of facility Source water Ground storage tank Distribution main Other	d storage tank	
Address:		
Additional Site Information:		
Name or type of contaminant known? Type of contaminant Chemical Biologic Specific contaminant name/description:	al	□ No □ Radiological
Mode of contaminant introduction known? Method of addition: □ Single dose □		□ Other
Amount of material: Additional Information:		
	□ Yes □ N	
☐ Retaliation/revenge ☐ Political☐ Other	cause	□ Religious doctrine
Describe motivation:		
NOTE CHARACTERISITCS Perpetrator Information: Stated name: Affiliation: Phone number:		
Location/address:	<u> </u>	

Condition of paper/envelop: ☐ Marked personal ☐ Neatly typed or writter ☐ Crumpled or wadded or a Other:	☐ Marked confidential ☐ Clean ☐ Soiled/stained ☐	☐ Properly addressed☐ Corrected or marked-up☐ Torn/tattered
How was the note prepared? ☐ Handwritten in print ☐ Machine typed		
If handwritten, does writin	g look familiar? □ Yes	□ No
Language: ☐ Clear English ☐ Another language: ☐ Mixed languages:	☐ Poor English	
Writing Style ☐ Educated ☐ Uneducated ☐ Use of slang ☐ Other:	□ Proper grammar□ Poor grammar/spelling□ Obscene	□ Logical
Writing Tone ☐ Clear ☐ Condescending ☐ Agitated ☐ Other:	☐ Direct ☐ Accusatory ☐ Nervous	☐ Sincere ☐ Angry ☐ Irrational
SIGNOFF Name of individual who received the	o throat:	
	e uneat.	
		Date/Time:
Name of person completing form (f different from written threat recipient):	
Print name		
Signature		Date/Time:

Water Quality and Consumer Complaint Report Form

Water Quality Complaints

Unusual water quality results may serve as a warning of potential contamination if the data is available in real-time or near real-time. This type of threat warning could come from on-line monitoring, grab sampling, or an early warning system. Appendix 8.7 provides a "Water Quality and Consumer Complaints Report Form," which may be useful when evaluating a threat warning due to unusual water quality.

Unusual water quality data should be evaluated against an established baseline that captures normal variability in the system, both temporally and spatially. Deviations from an established water quality baseline may serve as a threat warning and should be investigated to determine whether or not the results are indicative of potential contamination. In the absence of a baseline, it will be difficult to discriminate between normal variability and legitimate threat warnings – a situation that could lead to unacceptable false alarms.

It is also critical to evaluate a threat warning due to unusual water quality data in light of the performance characteristics of the monitoring and detection equipment. Factors to consider include the rate of false positives, false negatives, known interferences, and instrument reliability. The EPA Environmental Technology Verification (ETV) program has established an on-going program to evaluate the performance of hand held and on-line monitoring and detection technologies. Utilities considering the application of any monitoring technology should evaluate ETV verification reports, if available (www.epa.gov/etv). (RPTB Module 2, pp. 23-24)

Consumer Complaints

An unexplained or unusually high incidence of consumer complaints about the aesthetic qualities of drinking water, or minor health problems resulting from exposure to water (e.g., skin irritation), should be investigated as a potential threat warning. A number of chemicals can impart an odor or taste to water, some may discolor the water, and others might result in minor health problems in exposed individuals. It is also important to realize that a number of chemicals and all pathogens will have no impact on the aesthetic qualities of drinking water; thus, an absence of consumer complaints does not imply that the water is free of contaminants. When evaluating consumer complaints as a potential indicator of contamination, it is important to ask a series of questions:

- Are the complaints significantly different, with respect to number or type, from those associated with typical taste and odor episodes (such as those resulting from lake turnover or algal blooms)?
- What is the specific nature of the compliant? What is the characteristic odor, taste or color? What is the minor health problem experienced by customers?
- Is the reported taste, odor, or color different from those typically reported?
- Is the reported taste, odor, or color characteristic of a particular contaminant?
- Is there an unusual geographic clustering of complaints (e.g., are complaints isolated to a small area of the distribution system)?
- Are the complaints from customers that are not habitual complainers?

The answers to these questions will help to determine whether the complaints are indicative of a possible contamination incident, or typical of normal water quality conditions and routine episodes. Appendix 8.7 provides a "Water Quality and Consumer Complaints Report Form" that may be useful when evaluating a threat warning resulting from unusual consumer complaints.

In order for consumer complaints to be an effective trigger, a utility must have a 24/7 system in place to respond to consumer complaints in a timely fashion. Furthermore, complaint staff should be trained to recognize unusual trends in consumer complaints and have the tools necessary to characterize complaints by type and location. Unusual trends should be reported to the WUERM immediately. A useful resource that describes an approach for investigating consumer complaints as a potential indicator of contamination has been prepared by U.S. Army Center for Health Promotion and Preventative Medicine (2003). (RPTB Module 2, p. 25)

Water Quality / Consumer Complaint Report Form (RPTB Module 2, p. 90-91)

INSTRUCTIONS

This form is provided to guide the individual responsible for evaluating unusual water quality data or consumer complaints. It is designed to prompt the analyst to consider various factors or information when evaluating the unusual data. The actual data used in this analysis should be compiled separately and appended to this form. The form can be used to support the threat evaluation due to a threat warning from unusual water quality or consumer complaints, or another type of threat warning in which water

quality data or consumer complain	nts are used to suppor	t the evaluation.	
Note that in this form, water qualit aesthetic characteristics of the wa			e general
Threat warning is based on:	□ Water quality	☐ Consumer complaints	□ Other
What is the water quality param	eter or complaint un	der consideration?	
Are unusual consumer complai	nts corroborated by	unusual water quality data?	
Is the unusual water quality ind color, order, or taste associated			example, is the
Are consumers in the affected a	rea experiencing an	y unusual health symptoms?	
What is 'typical' for consumer c Number of complaints. Nature of complaints. Clustering of complaints	omplaints for the cu	rrent season and water quality?	•
What is considered to be 'normalevel of consumer complaints)?		what is the baseline water qua	lity data or
What is reliability of the method Are standards and reagents		used for the water quality analy	sis?

Is the method/instrument functioning properly?

Based on recent data, does the unusual water quality appear to be part of a gradual trend (i.e., occurring over several days or longer)?

Are the unusual water quality observations sporadic over a wide area, or are they clustered in a particular area?

What is the extent of the area? A pressure zone. A neighborhood. A city block. A street. A building.

If the unusual condition isolated to a specific area:

Is this area being supplied by a particular plant or source water?

Have there been any operational changes at the plant or in the affected area of the system?

Has there been any flushing or distribution system maintenance in the affected area?

Has there been any repair or construction in the area that could impact water quality?

SIGNOFF	
Name of person completing form:	
Print name	
Signature	Date/Time:

Public Health Information Report Form

Notification from a public health agency or health care providers (e.g., doctors or hospitals) regarding increased incidence of disease or death is another possible threat warning. This threat warning is obviously contingent on health care professionals associating patterns in exposure and symptoms with potential water supply contamination. A distinction should be made between a notification that comes from public health officials and one that comes directly from health care providers; the former deals with the health of a population, while the latter is concerned with the health of individual patients. Since safe drinking water is a cornerstone of public health, the utility should generally work directly with public health officials rather than individual health care providers. If a threat warning comes in from a health care provider, it should be immediately reported to the local or state public health agency.

A threat triggered by a public health notification is unique in that at least a segment of the population has presumably been exposed to a harmful substance. Given this circumstance, it is likely that public health officials will assume responsibility for incident command and may choose to handle the situation as an epidemiological investigation in an effort to track down the source. During a public health investigation, the utility should work with local or state health officials in a support role.

The role of the drinking water utility will likely be to assist in the evaluation of water as a possible source of the increased disease or death observed in the community. The "Public Health Information Report Form" included in Appendix 8.8 is intended to organize information from public health agencies in a manner to support this evaluation. If the *causative agent* is known (i.e., through clinical data), it may indicate whether or not water is a possible or likely source. For example, if the contaminant is unstable in water, the investigation might focus on other potential sources, such as food. (*RPTB Module 2, pp. 25-26*)

Public Health Information Report Form (RPTB Module 2, pp. 92-93)

INSTRUCTIONS

The purpose of this form is to summarize significant information about a public health episode that could be linked to contaminated water. This form should be completed by the WUERM or an individual designated by incident command. The information compiled in this form is intended to support the threat evaluation process.

In the case of a threat warning due to a report from public health, it is likely that the public health agency will assume incident command during the investigation. The drinking water utility will likely play a support role during the investigation, specifically to help determine whether or not water might be the cause.

Name of person who	received the	notification:	
		providing the notification	
Full Name:			
litle:			
Organization:			
Address:			
Day-time phone: _			
Evening phone:			
Fax Number:			
E-mail address:			
Mby is this marson as		duindring water whilitae	
If "No," the appropr	iate public he HEALTH EP		
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt ☐ Unusual disease	iate public he HEALTH EP h episode: (mild)	alth official should be immeduated in the immeduate in the immeduate in the immeduate in the immediate in th	diately notified.
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other:	iate public he HEALTH EP h episode: (mild)	alth official should be immeduated in the immeduate in the immeduate in the immeduate in the immediate in th	diately notified.
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms:	iate public he HEALTH EP h episode: (mild)	alth official should be immed ISODE Unusual disease (see	diately notified. vere) □ Death
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms: Diarrhea	iate public he HEALTH EP h episode: (mild)	alth official should be immedisorbe Unusual disease (sev	vere) □ Death □ Flu-like symptoms
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms: Diarrhea Fever	iate public he HEALTH EP h episode: (mild)	alth official should be immedisored Unusual disease (set Vomiting/nausea Headache	vere) □ Death □ Flu-like symptoms □ Breathing difficulty
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms: Diarrhea Fever	iate public he HEALTH EP h episode: (mild)	alth official should be immedisorbe Unusual disease (sev	vere) □ Death □ Flu-like symptoms □ Breathing difficulty
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms: Diarrhea Fever Other:	iate public he HEALTH EP h episode: (mild)	alth official should be immedisored. ISODE Unusual disease (see Volume of the control of the c	vere) □ Death □ Flu-like symptoms □ Breathing difficulty
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms: Diarrhea Fever Other:	iate public he HEALTH EP h episode: (mild)	alth official should be immedisored Unusual disease (set Vomiting/nausea Headache	vere) □ Death □ Flu-like symptoms □ Breathing difficulty
If "No," the appropr CRIPTION OF PUBLIC Nature of public healt Unusual disease Other: Symptoms: Diarrhea Fever Other: Describe symptoms Causative Agent:	iate public he HEALTH EP h episode: (mild)	alth official should be immedisor ISODE Unusual disease (see Volume of the control of the cont	vere) □ Death □ Flu-like symptoms □ Breathing difficulty

Estimate of time between exposure and onset of symptoms: Exposed Individuals: Location where exposure is thought to have occurred ☐ Residence ☐ Work
☐ Restaurant ☐ Shoppi ☐ School ☐ Shopping mall ☐ Social gathering ☐ Other: ____ Additional notes on location of exposure: Collect addresses for specific locations where exposure is thought to have occurred. Is the pattern of exposure clustered in a specific area? ☐ Yes □ No Extent of area ☐ Single building☐ Complex (several buildings)☐ Neighborhood☐ Cluster of neighborhoods☐ Other: ☐ City block ☐ Large section of city Additional notes on extent of area: Do the exposed individuals represent a disproportionate number of: ☐ Immune compromised ☐ Elderly ☐ Children ☐ Pregnant women □ Infants □ Women ☐ Other: ☐ None, no specific groups dominate the makeup of exposed individuals **EVALUATION OF LINK TO WATER** Are the symptoms consistent with typical waterborne diseases, such as gastrointestinal disease, vomiting, or diarrhea? □ No Does the area of exposure coincide with a specific area of the system, such as a pressure zone or area feed by a specific plant? □ Yes □ No Were there any consumer complaints within the affected area? ☐ Yes □ No Were there any unusual water quality data within the affected area? ☐ Yes □ No Were there any process upsets or operational changes? ☐ Yes □ No Was there any construction/maintenance within the affected area? ☐ Yes □ No ☐ Yes Were there any security incidents within the affected area? □ No SIGNOFF Name of person completing form: Print name __ Date/Time: _ Signature

Source: Response Protocol Toolbox - Module 2: Contamination Threat Management Guide

http://www.epa.gov/safewater/watersecurity/pubs/guide response module2.pdf

Site Characterization Plan Template

A site characterization plan is developed to provide direction and communication between the incident commander and the site characterization team, which will facilitate the safe and efficient implementation of site characterization activities. The plan should be developed expeditiously since the site characterization results are an important input to the threat evaluation process. The rapid development of a site characterization plan can be facilitated by the development of a generic site characterization plan, which is easily customized to a specific situation. While the circumstances of a particular threat warning will dictate the specifics of a customized site characterization plan, many activities and procedures will remain the same for most situations, and these common aspects can be documented in the generic site characterization plan. Potential elements of a generic plan include: pre-entry criteria, communications, team organization and responsibilities, safety, field testing, sampling, and exiting the site.

Pre-entry criteria define the conditions and circumstances under which site characterization activities will be initiated and the manner in which these activities will proceed. At each stage of the process (i.e., approach to the site, on-site characterization activities, sample collection, and exiting the site), specific criteria may be defined for proceeding to the next stage. The pre-entry criteria may also specify the general makeup of the site characterization team under various circumstances. For example, under low hazard conditions utility teams may perform site characterization, while specially trained responders might be called upon to assist in the case of potentially hazardous conditions at the site. The criteria developed for a particular utility should be consistent with the role that the utility has assumed in performing site characterization activities.

The generic plan should define communication processes to ensure rapid transmittal of findings and a procedure for obtaining approval to proceed to the next stage of site characterization. It is advisable for the site characterization team to remain in constant communication with the incident commander for the entire time that they are on site. The plan should provide an approval process for the team to advance through the approach and on-site evaluation stages of the characterization, to ensure that the team is not advancing into a hazardous situation. Communication devices (e.g., cell phone, two-way radio, or panic button) can be used to alert incident command of problems/observations encountered in the field. The communication section of the generic plan should also discuss coordination with other agencies (e.g., law enforcement, fire department) and contingencies for contacting HazMat responders.

Field testing and sampling may be handled in the generic plan by presenting a menu that covers all potential options available to the utility, based on both internal and external capabilities. In developing a customized plan, the incident commander can simply check off the field tests and sampling requirements that are appropriate for the specific situation. The site characterization plan may also need to be revised in the field based on the observations of the team.

Many of the elements of a generic site characterization plan are captured in the "Site Characterization Plan Template" (see Appendix 8.1). The plan is customized by simply filling in the form based on the specific circumstances of the threat. (RPTB Module 3, pp. 30-31)

Site Characterization Plan Template (RPTB Module 3, pp. 71-74)

INSTRUCTIONS

This form is intended to support in the development of a customized site characterization plan developed in response to a specific water contamination threat. The incident commander and site characterization team leader should develop this plan jointly if possible. The completed form will be used to guide site characterization activities in the field; however, it may be necessary to revise the initial plan based on initial observations at the site. A form should be completed for each investigation site that will be characterized.

THREAT WARNING INFORMATION

Consult Module 2, Appendix 8.2 "Threat Evaluation Worksheet" for details about the threat.

Type of facility:			
☐ Source water	☐ Treatment plant	☐ Pump s	tation
☐ Ground storage tank reservoir	☐ Elevated storage tank		ed water
☐ Distribution main☐ Other	☐ Hydrant	☐ Service	connection
Address:			
Additional Site Information:			
Additional Site Information:	NT		
Additional Site Information: TAL HAZARD ASSESSME Are there any indicators of a	NT	□ Yes	
Additional Site Information: TAL HAZARD ASSESSME Are there any indicators of a If "Yes," notify law enforce	NT n explosive hazard?	□ Yes	
Additional Site Information: TAL HAZARD ASSESSME Are there any indicators of a	NT n explosive hazard?	☐ Yes o the site.	

SITE CHARACTERIZATION TEAM

Name & Affiliation of Site Characterization Team Leader:

☐ Water quality specialist	Name:	
☐ Security specialist	Name:	
☐ Operations specialist	Name:	
☐ Other	Name:	
Representatives from other ag		
☐ Local law enforcement	-	☐ HazMat
\square US EPA	□ FBI	☐ Other
MMUNICATION PROCEDII	REC	
	RES	
MMUNICATION PROCEDU Mode of communication: Phone	RES	☐ Digital
Mode of communication:	☐ 2-way radio	□ Digital
Mode of communication: ☐ Phone ☐ Facsimile	☐ 2-way radio	C
Mode of communication: ☐ Phone ☐ Facsimile Reporting events:	☐ 2-way radio	C
☐ Phone ☐ Facsimile	☐ 2-way radio	C
Mode of communication: ☐ Phone ☐ Facsimile Reporting events:	☐ 2-way radio ☐ Other	

FIELD SCREENING CHECKLIST

U	Parameter ¹	Screen ²	Meter/Kit ID ³	Check Date ⁴	Reference Value ⁵
	Radiation	Both			
	Chlorine residual	Water			
	pH / conductivity	Water			
	Cyanide	Water			
	Volatile	Safety			
	chemicals				
	Chemical	Both			
	weapons				
	Biotoxins	Water			
	Pathogens	Water			
			_	_	
				_	

- 1. List the parameters that will be evaluated as part of field screening (examples are listed).
- 2. Screening may be conducted for safety, rapid water testing, or both.
- 3. Report the unique identifier for the meter or kit used during screening.
- 4. Report date of last calibration, expiration date, or date of last equipment check as appropriate.

5. List any reference value that would trigger a particular action, such as exiting the site.

SAMPLING CHECKLIST

U Analyte ¹	No.	Sample Preservation ²
	Samples	-
Standard VOCs		
Semi-volatiles		
Quartenary nitrogen		
compounds		
Cyanide		
Carbamate pesticides		
Metals/elements		
Organometallic compounds		
Cyanide		
Radionuclides		
Non-target VOCs		
Non-target organic		
compounds		
Non-target inorganic		
compounds		
Immunoassays		
Pathogens – culture		
Pathogens – PCR		
Water quality – bacteria		
Water quality – chemistry		
. List the parameters that will be	sampled during	g site characterization (examples are

- 1. List the parameters that will be sampled during site characterization (examples are listed).
- 2. List preservatives and dechlorinating agents and indicate if they are to be added in the field.

EQUIPMENT CHECKLIST

Completed Site Characterization Plan	Additional documentation
Emergency Water Sampling Kit (Table 3-1)	Field Testing Kit (Table 3-3)
Reagents (if stored separately)	Bags of ice or freezer packs
Laboratory grade water (5 gal)	Rinse water (20 liters)
Special equipment for the specific site	Disposable camera
Other	

SAMPLE HANDLING INSTRUCTIONS

Sample delivery:	
☐ Return samples to water utili	
☐ Ship samples to specified loc	
	recipient (e.g., laboratory, law enforcement, shipping co.,
etc.)	
Name of recipient:	
Phone No.:	Fax No.:
Delivery address:	
Sample storage and security: Describe any special precautions	s or instructions related to sample storage and security:
SIGNOFF	
Incident Commander (or designee resp	ponsible for developing Site Characterization Plan):
Print name	
Signature	Date/Time:
Site Characterization Team Leader:	
Print name	
Signature	Date/Time:

Site Characterization Report Form

Assuming that permission to proceed with site characterization has been granted, the site characterization team should cautiously approach the site, from upwind if possible. The team should begin the investigation by looking for signs that unauthorized individuals might still be at the site. Potential signs of the presence of intruders include visual observation of individuals, unexplained vehicles at the site, voices or other noises coming from the site, or unexplained equipment or materials left at the site.

While approaching the site, all team members should look for indicators of contamination. These include general evidence of contamination as well as signs specific to the presence of chemical contaminants.

General evidence of contamination, including chemical, biological, and radiological material, may include:

- Discarded PPE such as gloves, masks, goggles, and protective outerwear.
- Discarded equipment such as tubing, hoses, pumps, sprayers, lab equipment, etc.
- Empty containers unusual for the site (i.e., not litter or other items typically discarded in the area). Be aware of containers with labels for biohazards, radiological hazards, or chemical hazards.
- Unexplained or unusual residual material around the site, such as powders, granules, oily liquids, and metallic debris. Such residual material should be considered a potential hazard and should only be handled or sampled by properly equipped HazMat responders.
- Unexplained or unusual water conditions, such as oily films, foaming, or discoloration.

Signs specific to the presence of chemical contamination include:

- Evidence of dead/dying/sick animals, beyond normal carrion (e.g., road kill).
- Numerous dead insects in a localized area that are not a result of a local pest control program (e.g., spraying for mosquitoes).
- Isolated areas at the site where vegetation (bushes, lawns, trees, shrubs, food crops, weeds), are dead, discolored, or withered (assuming no drought conditions).
- Numerous oily liquid droplets on surfaces or an oily film on the water surface.
- Unusual odors, such as those listed in Table 3-4. It is important to consider whether the particular odor is unexpected or unusual for the surrounding area.
- A low-lying fog that is not explained by current weather conditions.

Specific signs of radiological and biological contamination are less obvious than those associated with chemical contamination; however, the general evidence of contamination listed above still applies. The lack of obvious signs of radiological contamination underscores the importance of including field testing for elevated levels of radioactivity. While there may be no reliable indicators specific to biological contamination, a disinfectant residual can offer protection against many pathogens, thus field testing for disinfectant residual is recommended (see Section 4.3.2).

Table 3-4. Characteristics of Example Chemical Contaminants¹

Chemical	Physical State	Odor	Color
Aldicarb	Solid or powder	Sulfur	
Chloropicrin	Oily liquid	Sharp and irritating	Colorless
Cyanide	Solid or powder	Bitter almonds	
Dicrotophos	Liquid	Ester	Yellow-brown
Lewisite	Liquid	Geraniums	
Mustard	Liquid	Garlic	
Oxamyl	Crystalline solid	Sulfur	White
Phorate	Liquid	Skunky	Colorless
Sarin	Liquid	Fruity	Colorless
Soman	Liquid	Fruity	Colorless
TEPP	Liquid	Fruity	Yellow
VX	Oily liquid	Sulfur	Colorless

^{1:} These are characteristics of the concentrated chemical and may not be evident if diluted in water.

It is critical to rapidly relay information to incident command, thus the team should stay in constant communication with the incident commander and report the findings of the initial site evaluation immediately. The observations made during the approach to the site should be documented using a form such as the "Site Characterization Report Form" included in Appendix 8.2. (RPTB Module 3, pp. 50-52)

Site Characterization Report Form (RPTB Module 3, pp. 75-80)

INSTRUCTIONS

CENEDAL INFODMATION

Members of the site characterization team can use this form to record their observations at the investigation site. It also serves as a checklist for notifying incident command at key points during the characterization. Additional checklists are included in this form for sample collection and exiting the site. The completed form can also be used as a component of the site characterization report. A form should be completed for each investigation site that is characterized

ГЕ	
Treatment plant	☐ Pump station
Elevated storage tank	☐ Finished water
l Hydrant	☐ Service connection
•	
	Treatment plant Elevated storage tank Hydrant

APPROACH TO SITE		
Time of Approach to Site	:	
Initial Field Safety Screer	ning (as listed in the "Site Chara	cterization Plan''):
□ None	☐ Radiation	□ Volatile chemicals
☐ HAZCAT		☐ Biological agents
□ Other		
Report results of field s	safety screening in Appendix 8.3	"Field Testing Results
	ning result is above the correspondent command and do not proceed	
Initial Observation and A	ssessment of Immediate Hazard	ls
☐ Unauthorized individ	luals present at the site	
☐ Fire or other obvious	hazard	
☐ Signs of a potential e	explosive hazard (e.g., devices with	h exposed wires)
☐ Signs of a potential c	chemical hazard (e.g., dead animal	s, unusual fogs, unusual odors
	ined equipment at the site	
	diate hazard	
_		
If there are any indicate and do not proceed furt	ors of immediate hazard, immedia her into the site.	itely notify incident command
Domont initial absorpation		J
-	is and results to incident comma roceed further into the site?	nder. ☐ Yes ☐ No
SITE INVESTIGATION		
Time of Entry to Site:		
Repeat Field Safety Scree	ening	
□ None	☐ Radiation	☐ Volatile chemicals
☐ HAZCAT	☐ Chemical weapons	☐ Biological agents
□ Other	•	2 2
Report results of field s	safety screening in Appendix 8.3	"Field Testing Results
Form."	······································	
	ning result is above the correspon	adino reference value
	lent command and do not proceed	· ·
initional control of the control of	a ao 1101 p10000	~ j ··· ····· ····· ····· ···· ····

Signs of Hazard: ☐ None ☐ Unexplained dead or ☐ Unexplained liquids	stressed vegetation	☐ Unexplai	ined dead animals ined clouds or vapors
Describe signs of hazard	:		
Unexplained or Unusual (☐ None ☐ Sulfur ☐ Sweet/Fruity	Odors:	n hay	☐ Irritating ☐ Bitter almond ☐ Other
Describe unusual odor:			
Unusual Vehicles Found a ☐ Car/sedan ☐ Flatbed truck ☐ Other	□ SUV □ Construc		
Describe vehicles (inclumarkings):	•		1
Signs of Tampering: ☐ None ☐ Open/damaged gates ☐ Missing/damaged eq ☐ Other	uipment	☐ Facility i	maged access hatches
Signs of sequential intru ☐ Yes	sion (e.g., locks remo	oved from a ga	nte and hatch)? □ No
Describe signs of tampe	ring:		

Unusual Equipment: ☐ None ☐ Tools (e.g., wrenches, be) ☐ Lab equipment (e.g., be) ☐ Other	oolt cutters)	ded PPE (e.g., gloves, masks) are (e.g., valves, pipe) ag equipment
-		
Unusual Containers: Type of container: None Plastic bag Test Tube	☐ Drum/Barrel☐ Box/Bin☐ Bulk container	☐ Bottle/Jar ☐ Pressurized cylinder ☐ Other
Condition of container: ☐ Opened ☐ Unopened Size of container:	□ New □ Old	☐ Damaged/leaking ☐ Intact/dry
Describe labeling on cont	ainer:	
Describe visible contents	of container:	
Rapid Field Testing of the V None Cyanide Pesticides Other		tant □ pH / conductivity □ VOCs and SVOCs □ General toxicity
Results Form." If any field test result is ab	eld testing of the water in Appoor the corresponding referential for instruction regarding he	ace value, immediately notify
•	tigation to incident command ed with sample collection?	ler. □ Yes □ No

SAMPLI	NG
Time	Sampling was Initiated / Completed:/
Impl	ement Sampling Procedures Appropriate for the Hazard Conditions at the Site:
	Low hazard Chemical hazard
	Radiological hazard Biological hazard
If the	site is characterized as a chemical, radiological, or biological hazard (as described
in Mo	odule 3, Section 4.1.3), then special sampling and safety procedures should be
follov	ved.
Safet	y Checklist:
	Do not eat, drink, or smoke at the site.
	Do not taste or smell the water samples.
	Do use the general PPE included in the emergency water sampling kit.
	Avoid all contact with the water, and flush immediately with clean water in the case
_	of contact.
	Slowly fill sample bottles to avoid volatilization and aerosolization.
	Minimize the time that personnel are on site and collecting samples.
_	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
Gene	eral Sampling Guidelines:
	Properly label each sample bottle.
	Carefully flush sample taps prior to sample collection, if applicable.
	Collect samples according to method requirements (e.g., without headspace for
	VOCs).
	Add preservatives or dechlorinating agents as specified.
	Carefully close sample containers and verify that they don't leak.
	Wipe the outside of sample containers with a mild bleach solution if there was any
	spillage.
	Place sample containers into a sealable plastic bag.
	Place samples into an appropriate, rigid shipping container.
	Pack container with frozen ice packs.
	Complete "Sample Documentation Form" (Appendix 8.4).
	Complete "Chain of Custody Form" (Appendix 8.5).
	Secure shipping container with custody tape.
	Comply with any other sample security provisions required by participating agencies.

EXITING THE SITE Time of Site Exit:				
Site Exit Checklist				
☐ Verify that hatches, locks, etc. are properly secured.				
☐ Remove all samples, equipment, and materials from the site.				
☐ Verify that all samples are in the cooler and properly sea	al the cooler.			
☐ Remove all PPE at site perimeter.				
☐ Place disposable PPE and other trash into a heavy-duty	plastic trash bag.			
☐ Verify that the perimeter has been properly secured before	ore leaving the site.			
☐ Ensure that all documentation has been completed before				
☐ Comply with any site control measures required by part	1 0 0			
☐ Contact incident commander and inform them that the team is leaving the site.				
SIGNOFF				
Site Characterization Team Leader:				
Print name				
Signature	Date/Time:			

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ZENITH CITY OFFICIALS

The Zenith City Officials folder must contain the following files:		
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ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)	
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)	

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m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)