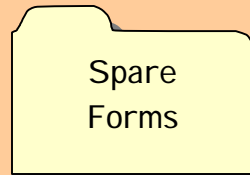
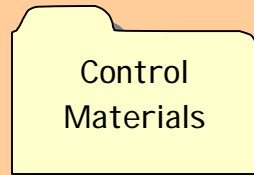


# SCENARIO 6

## Control (Facilitator's) Table

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



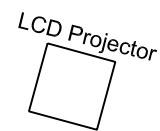
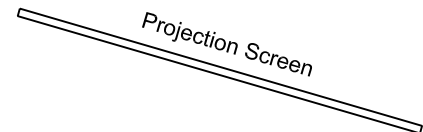
Some of the materials to be contained within each of these folders have been provided on the following pages. Other materials have not been provided as they have special printing instructions. These other materials are to be printed in steps 3 and 4 of the Printing Instructions. The contents of each 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).

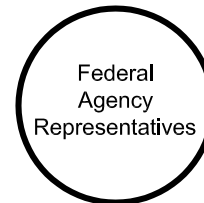
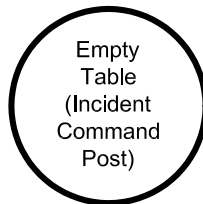
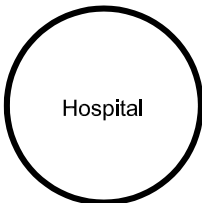
## CONTROL MATERIALS

The Control Materials folder must contain the following files:

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

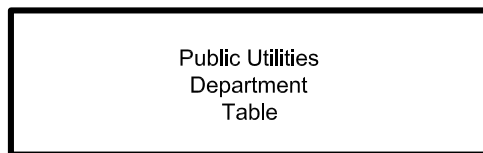
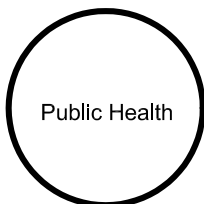


**Suggested Personnel:**  
Emergency Room Staff  
Physicians  
Nurses & Nurse Practitioners  
Hospital Administrators  
Medical Laboratory Staff  
Public Information Officer

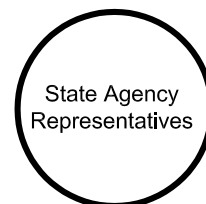


**Suggested Personnel:**  
EPA Staff  
FBI Staff  
FEMA Staff  
CDC Staff  
DHS Staff

**Suggested Personnel:**  
Health Officers  
Epidemiologists  
Technical Specialists  
Public Information Officer

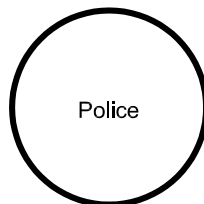


**Suggested Personnel:**  
Water/Wastewater Utility Managers  
Emergency Response Team Members  
Utility Operators  
IT/SCADA Operators  
Engineers  
Sampling Staff  
Administrative Staff

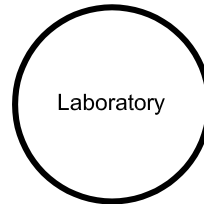


**Suggested Personnel:**  
State Environmental Agency Staff  
State Health Department Staff  
State Drinking Water Primacy Agency  
State Emergency Management Agency  
Governor's Office Representatives

**Suggested Personnel:**  
Fire Fighters  
HazMat Team Members  
EMS Workers  
911 Call Center Workers



**Suggested Personnel:**  
Police Officers  
Counter Terrorism Specialists

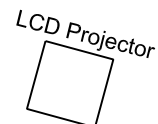
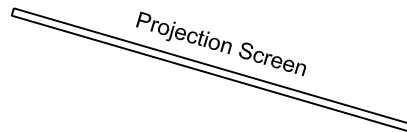


**Suggested Personnel:**  
Analysts / Technicians  
Laboratory Administrators

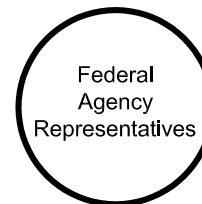
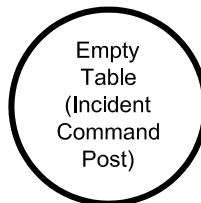
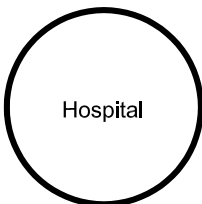


**Suggested Personnel:**  
Mayor and Elected Officials  
City Council Members  
LEPC Members  
Local Emerg. Man. Agency Staff

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

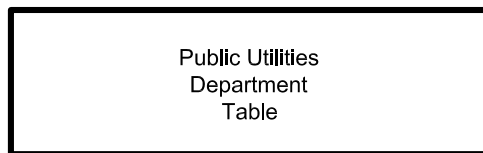
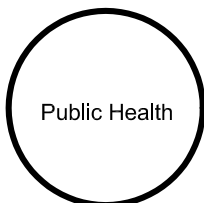


**Suggested Personnel:**  
 Emergency Room Staff  
 Physicians  
 Nurses & Nurse Practitioners  
 Hospital Administrators  
 Medical Laboratory Staff  
 Public Information Officer

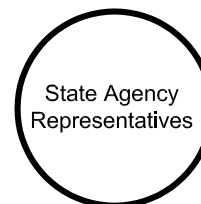


**Suggested Personnel:**  
 EPA Staff  
 FBI Staff  
 FEMA Staff  
 CDC Staff  
 DHS Staff

**Suggested Personnel:**  
 Health Officers  
 Epidemiologists  
 Technical Specialists  
 Public Information Officer

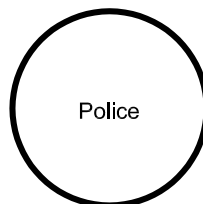


**Suggested Personnel:**  
 Water/Wastewater Utility Managers  
 Emergency Response Team Members  
 Utility Operators  
 IT/SCADA Operators  
 Engineers  
 Sampling Staff  
 Administrative Staff



**Suggested Personnel:**  
 State Environmental Agency Staff  
 State Health Department Staff  
 State Drinking Water Primacy Agency  
 State Emergency Management Agency  
 Governor's Office Representatives

**Suggested Personnel:**  
 Fire Fighters  
 HazMat Team Members  
 EMS Workers  
 911 Call Center Workers



**Suggested Personnel:**  
 Police Officers  
 Counter Terrorism Specialists



**Suggested Personnel:**  
 Mayor and Elected Officials  
 City Council Members  
 LEPC Members  
 Local Emerg. Man. Agency Staff

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

<i><b>EVENT DAY / TIME</b></i>	<i><b>ACTION</b></i>	<i><b>DATE</b></i>
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***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 proud.
- ❑ 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.

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<i><b>EVENT DAY 1</b></i>	<i><b>November 2</b></i>
---------------------------	--------------------------

\_\_\_\_\_ : *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.

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\_\_\_\_\_ : (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

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\_\_\_\_\_ : (ST + 0 hr. 45min.)

- ❑ 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.

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## EVENT DAY 2

**November 3**

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\_\_\_\_\_ : (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 day 2
- ❑ **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.

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\_\_\_\_\_ : (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**

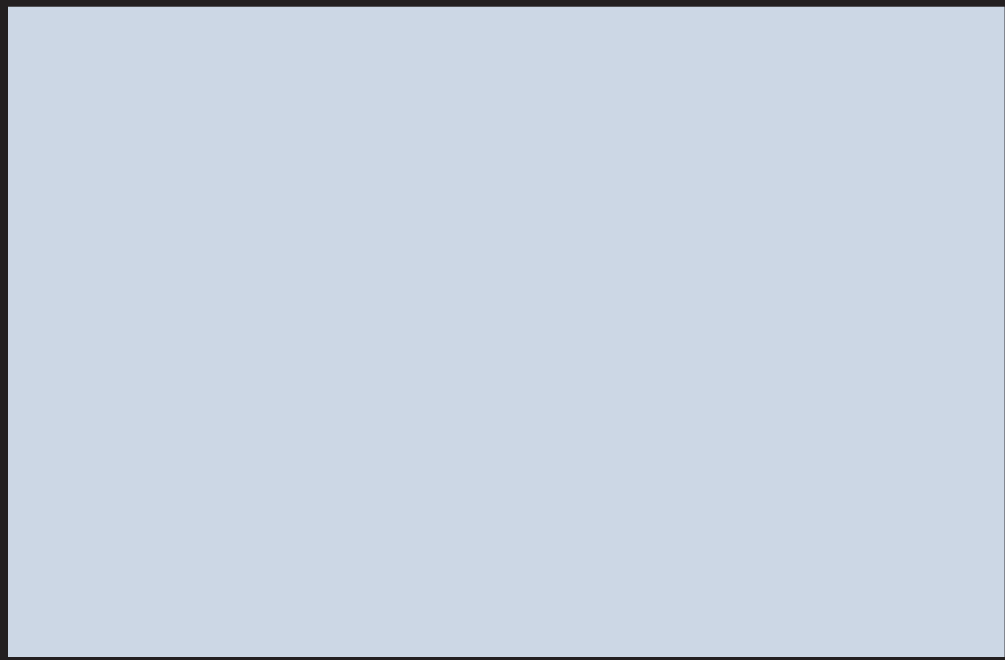
**Background:** It is fall during an election year and Governor Bryant, a Zenith City native, is a presidential candidate. Excitement is running high in the city in anticipation that a former resident may become the next president of the United States. Based on the high profile of the presidential election 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.

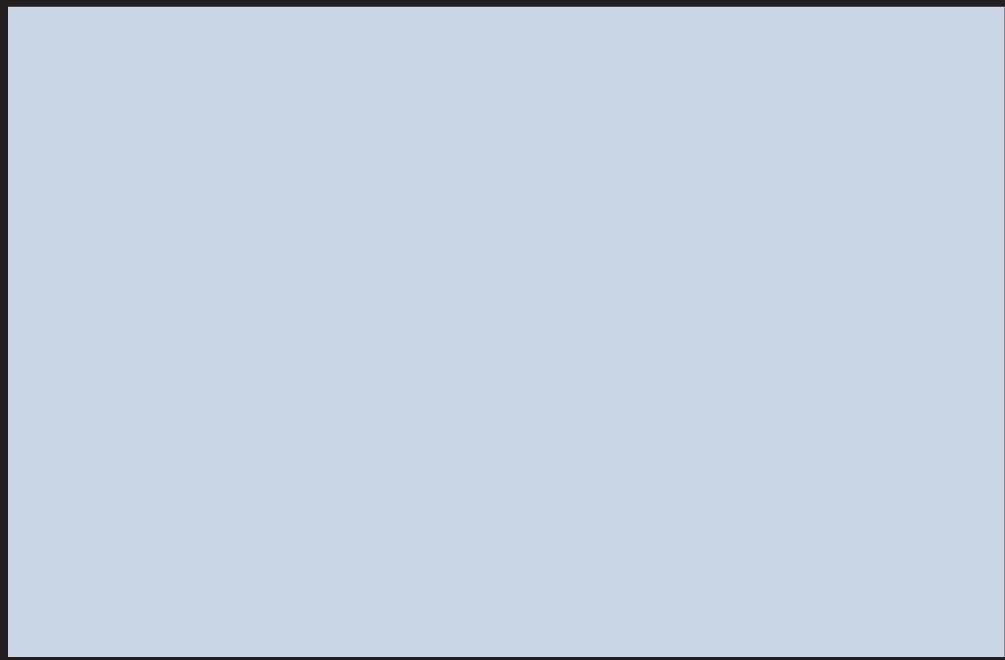


# Control



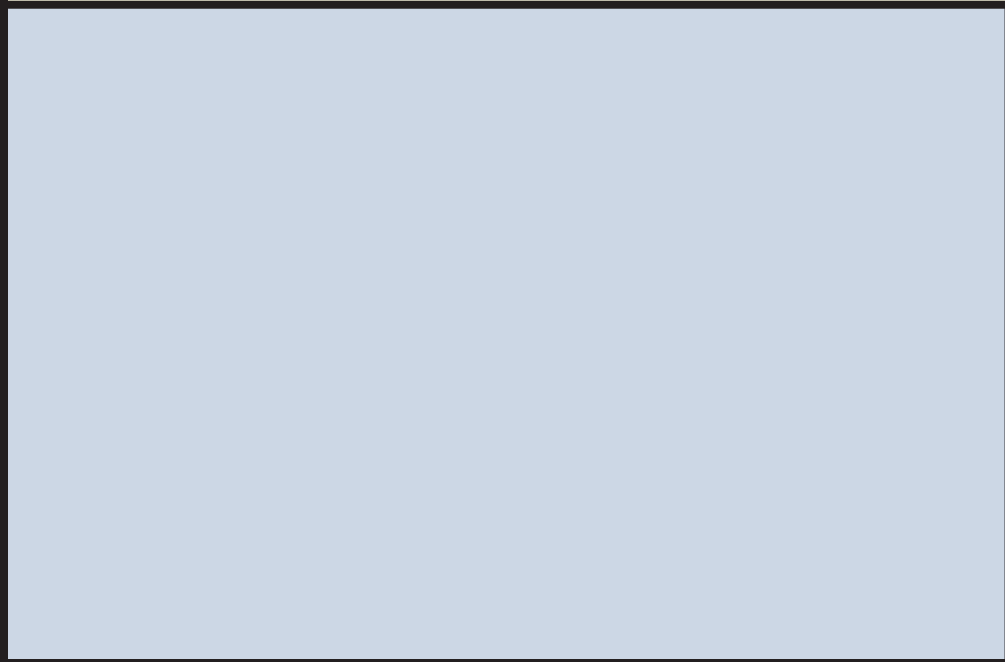


# Control



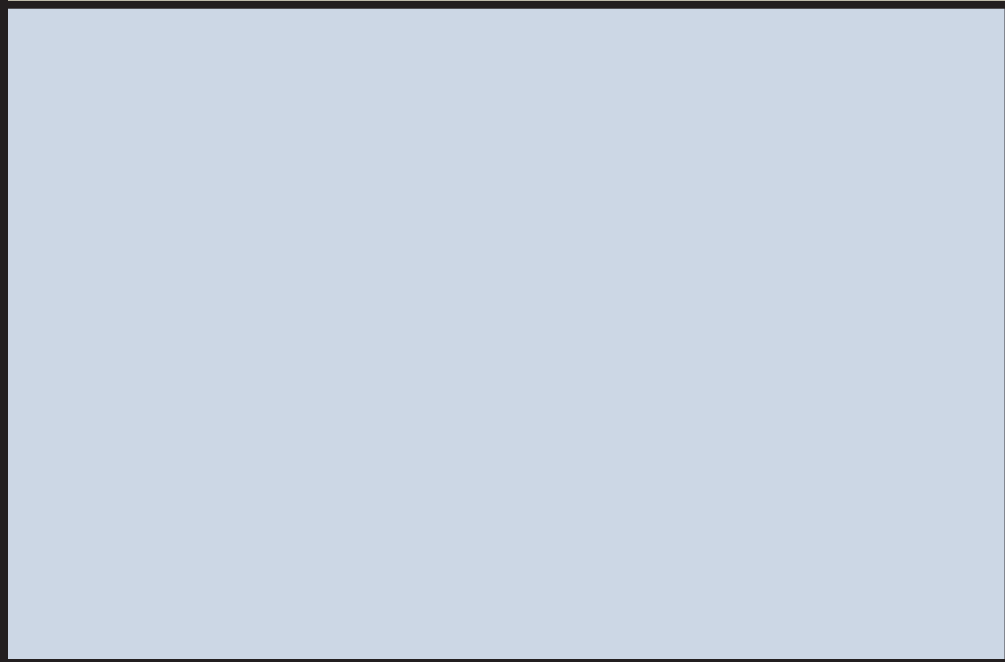


# State Agency Representatives



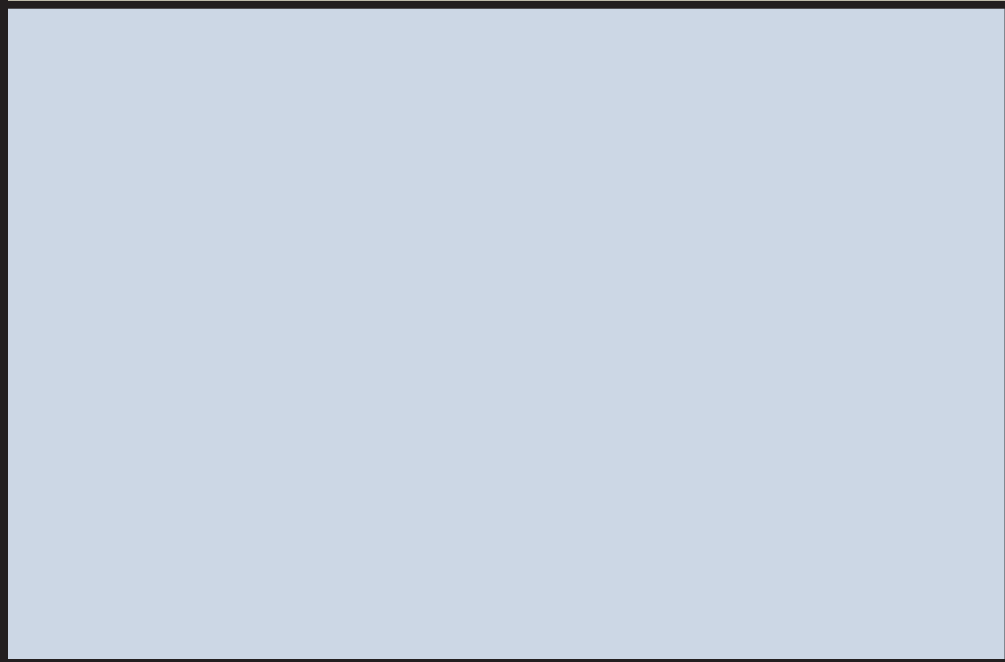


# State Agency Representatives



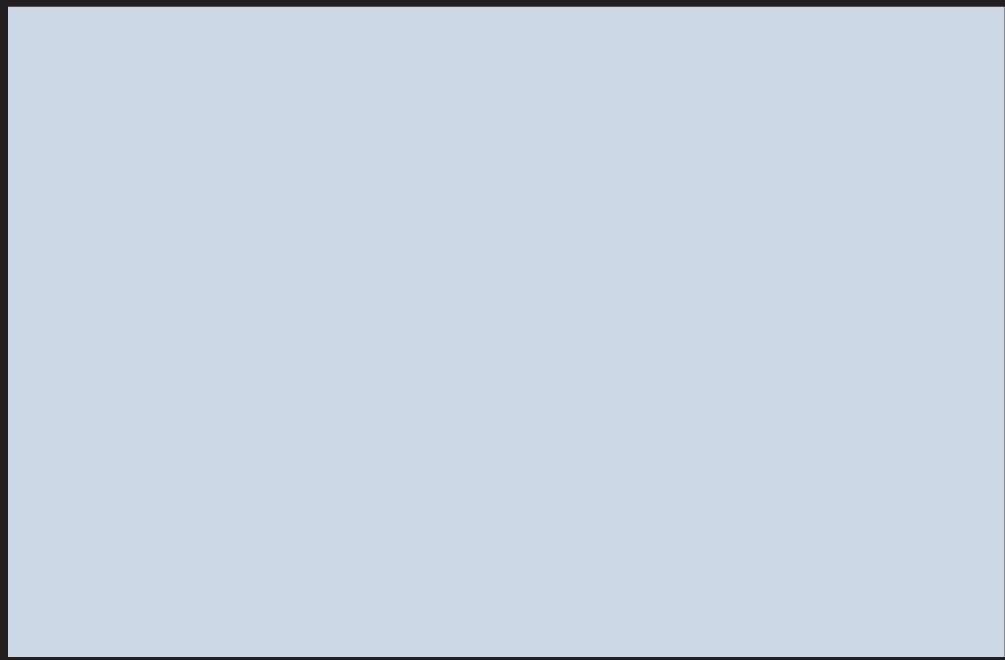


# Zenith City Police Department





# Zenith City Police Department





# Zenith City Officials

**City Council &  
Administration**







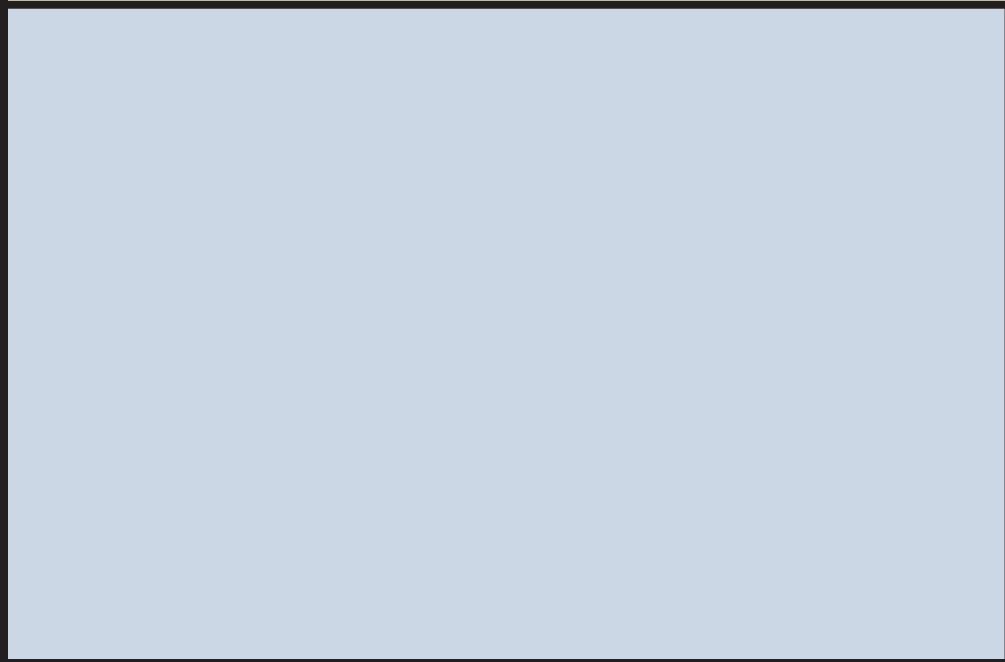
# Zenith City Officials

**City Council &  
Administration**



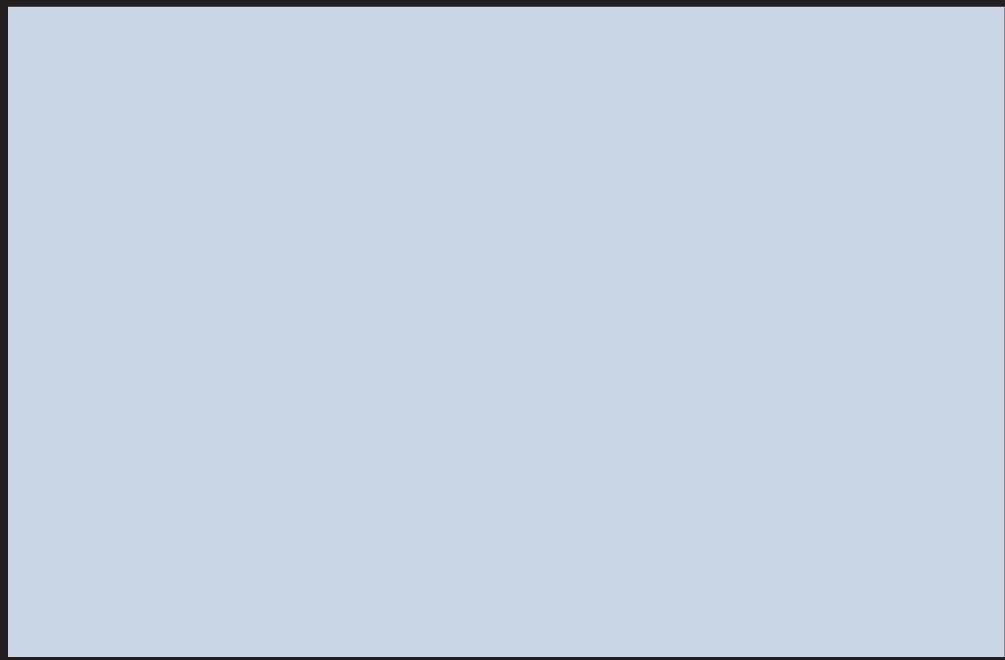


# Laboratory



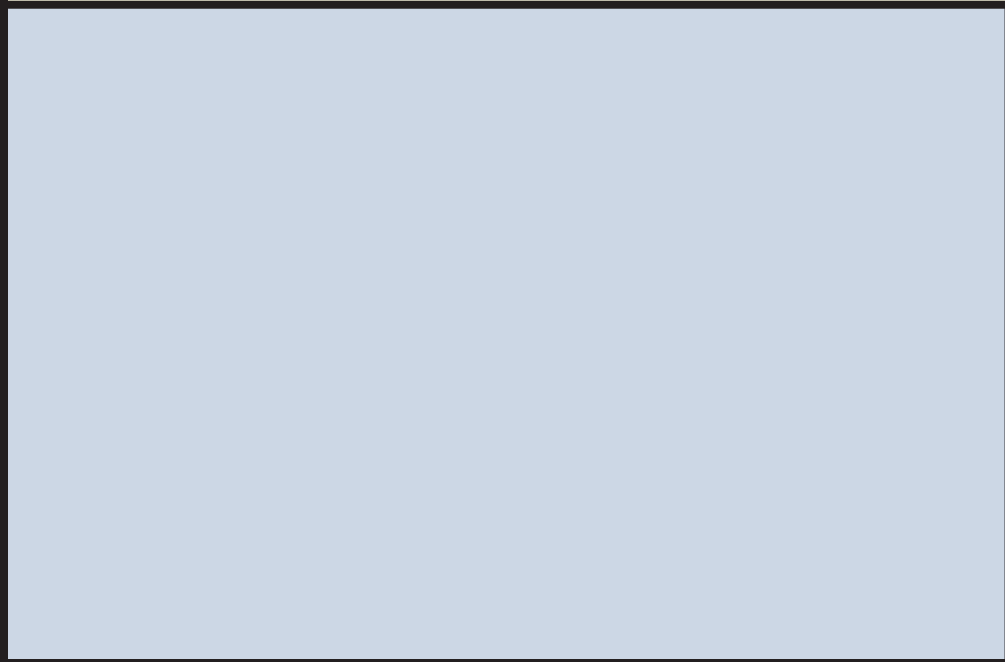


# Laboratory



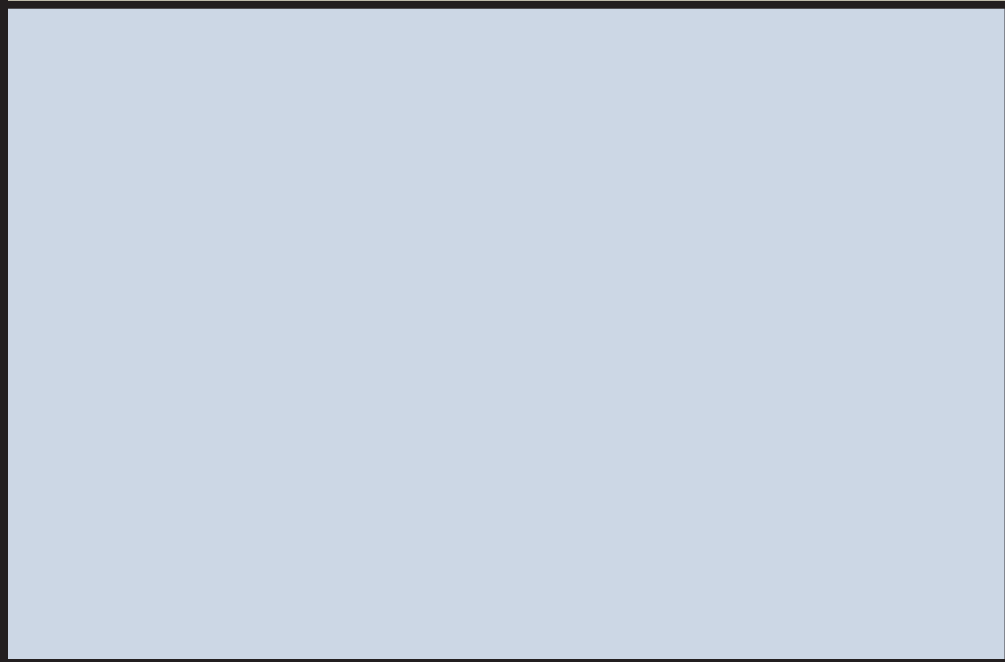


# KWSD Media





# 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







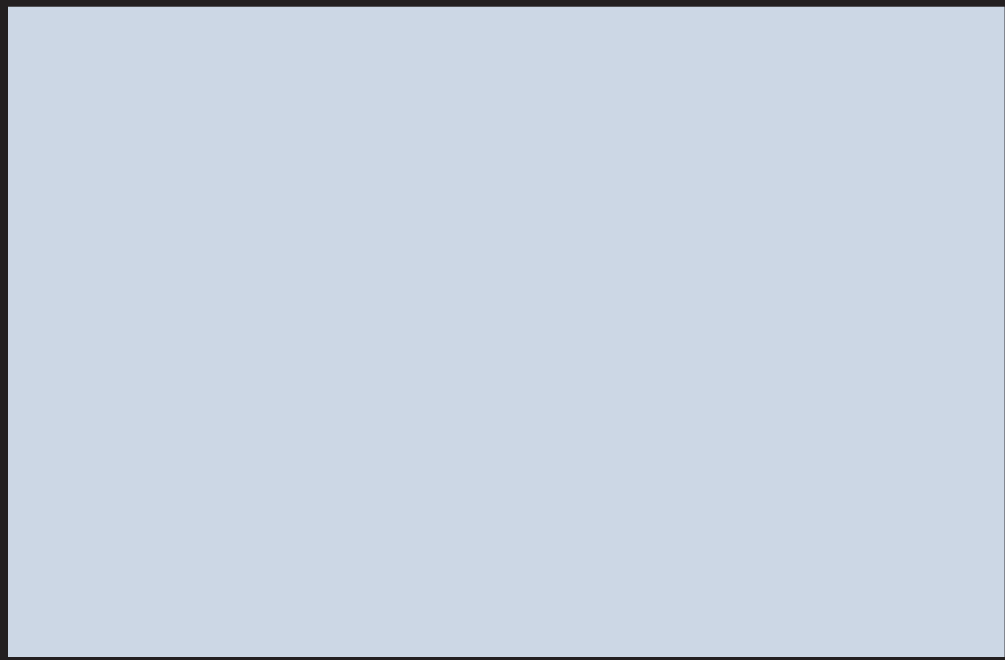
# Zenith City Health Department





# Zenith City

## Fire Dept., HAZMAT & EMS





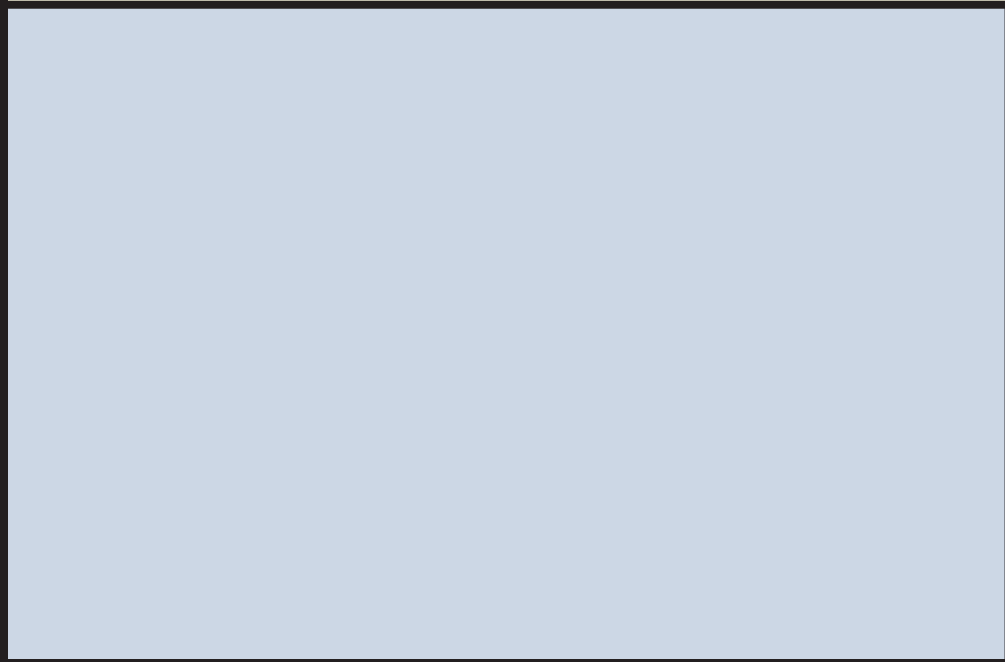
# Zenith City

## Fire Dept., HAZMAT & EMS



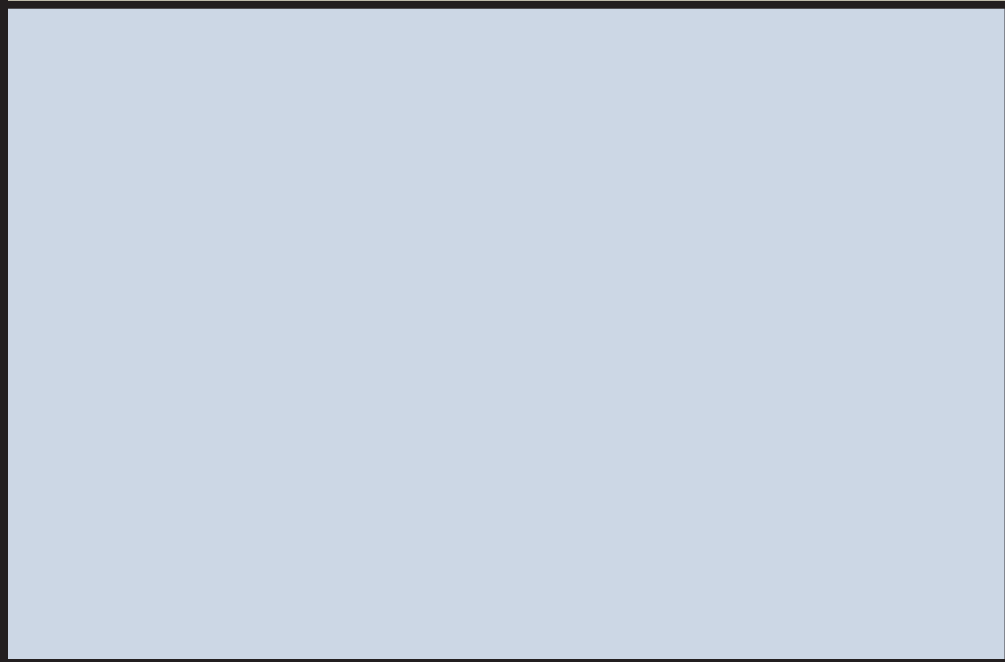


# Federal Agency Representatives





# Federal Agency Representatives





# Zenith City

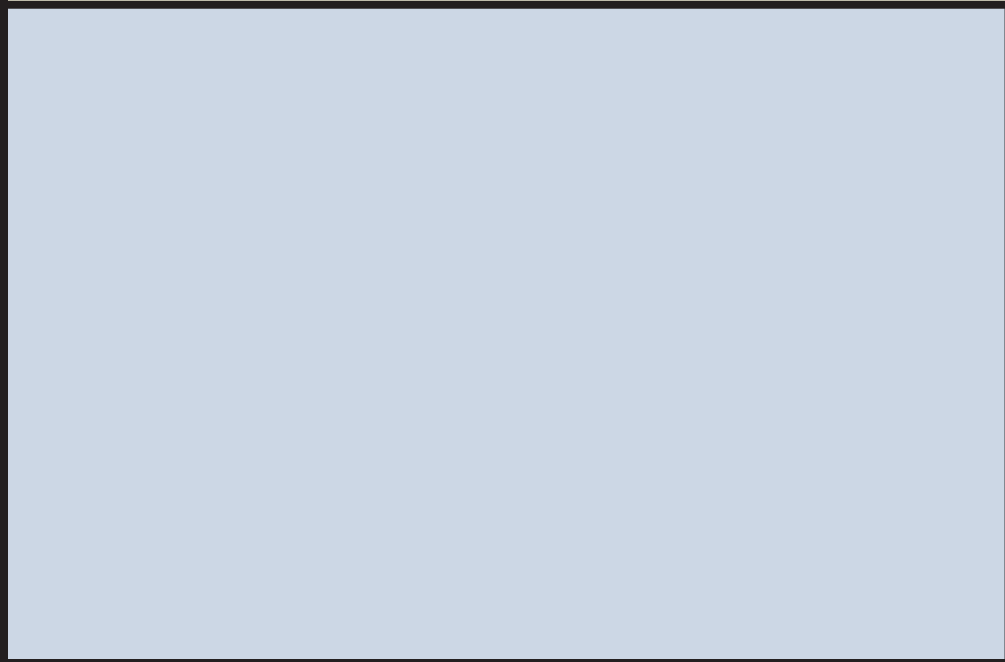
## Water Dept./Public Utilities





# Zenith City

## Water Dept./Public Utilities



## 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)
<input type="checkbox"/> ESc6-1-1	EMERGENCY ROOM LOG (PART 1) (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TABLE TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc6-1-2	POLICE LOGS (PART 1) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc6-1-3	911 LOGS (PART 1) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc6-1-4	911/POLICE/FIRE - 911 CALL FROM GATE GUARD AT UTILITY CONCERNING ACCIDENT (2 COPIES, 1 FOR 911/FIRE AND 1 FOR POLICE)
<input type="checkbox"/> ESc6-1-5	WATER UTILITY - RADIO CALL FROM GATE GUARD TO UTILITY MANAGER CONCERNING ACCIDENT
<input type="checkbox"/> ESc6-1-6	NEWS ALERT #1 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
<input type="checkbox"/> ESc6-1-7	WATER UTILITY - RADIO CALL FROM GATE GUARD TO UTILITY MANAGER CONCERNING EXPLOSION
<input type="checkbox"/> ESc6-1-8	POLICE - RADIO CALL FROM OFFICER ON-SCENE TO HEADQUARTERS ABOUT EXPLOSION
<input type="checkbox"/> ESc6-1-9	FIRE - RADIO CALL FROM LIEUTENANT ON-SCENE TO HEADQUARTERS ABOUT EXPLOSION
<input type="checkbox"/> ESc6-1-10	EMERGENCY ROOM LOG (PART 2) (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TABLE TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc6-1-11	POLICE LOGS (PART 2) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc6-1-12	911 LOGS (PART 2) (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc6-1-13	HAZMAT/HEALTH DEPT. - FIELD RESULTS FOR CHLORINE GAS LEVELS (2 COPIES PROVIDED TO HAZMAT AND/OR THE HEALTH DEPT. UPON REQUEST)
<input type="checkbox"/> ESc6-1-14	NEWS ALERT #2 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
<input type="checkbox"/> 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	M	86	10 Mark Rd.	TV	N/A	N/A	Medicare	No	diabetic seizure
3	11/02	1:19 AM	Donaldson	Stephen	M	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	M	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
5	11/02	2:28 AM	Christianson	Philip	M	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
6	11/02	2:42 AM	Patterson	Joe	M	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	M	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	M	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	M	7	7 Lush Lane	TV	N/A	N/A	Kaiser P.	No	stomach pain, fever
16	11/02	12:14 PM	Morris	Ken	M	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													
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	M	86	10 Mark Rd.	TV	N/A	N/A	Medicare	No	diabetic seizure
3	11/02	1:19 AM	Donaldson	Stephen	M	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	M	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
5	11/02	2:28 AM	Christianson	Philip	M	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
6	11/02	2:42 AM	Patterson	Joe	M	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	M	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	M	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	M	7	7 Lush Lane	TV	N/A	N/A	Kaiser P.	No	stomach pain, fever
16	11/02	12:14 PM	Morris	Ken	M	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													
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	M	86	10 Mark Rd.	TV	N/A	N/A	Medicare	No	diabetic seizure
3	11/02	1:19 AM	Donaldson	Stephen	M	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	M	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
5	11/02	2:28 AM	Christianson	Philip	M	6	14 Johns Road	FH	N/A	N/A	HMO Blue	No	fever, flu-like symptoms
6	11/02	2:42 AM	Patterson	Joe	M	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	M	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	M	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	M	7	7 Lush Lane	TV	N/A	N/A	Kaiser P.	No	stomach pain, fever
16	11/02	12:14 PM	Morris	Ken	M	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 Police Department Incident Reports**  
**Event Day 1, part 1**  
**November 2**

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	1:07 AM PM		M.R.S. Number:	1111		Record Number:	1
INCIDENT DATA										
Incident Type:	Noise complaint									
Address of Occurrence:	7 Blueberry Court									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Terry, Bill			Domestic:			
Type of Premises	Residence			Other Offices Notified:			Complaint Status:	Cleared with visit		
Copies To:							Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	12:07 A								
Date Reported	11-02		Call Received:	12:07 AM		Car Number:	15			
Time Reported:	12:07 AM		Time of Arrival:	12:15 AM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:			Point of Entry Visible to Patrol:				
REPORTING PARTY										
Name:	Miller, Stephanie									
Home Address:	5 Blueberry Court									
Occupation:	N/A									
Relation:	N/A									
SSN:	123-12-1212									
Date of Birth:	04-23	Sex:	M	F	Place of Birth:	CA				
Age:	18	Race:	Caucasian		Marital Status:	Single				
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	Kidd, William									
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 Length:	Long	Hospital:	No
Build:	Medium	Hair Style:	Curly	Hospital Disposition:	N/A
Complexion:	Tan	Facial Hair:	No	Conveyed By:	N/A
Eye Color:	Blue	AR#:		Injury Type:	N/A

**CHARGES**

**CHARGES**

RSMO USC	MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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

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

INCIDENT DATE/TIME											
Date Printed:	11-02		Time Printed:	2:30 AM PM		M.R.S. Number:	1112		Record Number:	2	
INCIDENT DATA											
Incident Type:	Breaking and entering, burglary										
Address of Occurrence:	17 Nathaniel Gould Road										
Originally Received As:	Phone in			Weapon or Objects Used:	Hammer						
How Received:			Reporting Officer:	Off. Frick, Robert			Domestic:	Yes			
Type of Premises	Residence			Other Offices Notified:			Complaint Status:	Cleared by arrest			
Copies To:	Zenith County Court						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	11-02	1:30 AM									
Date Reported	11-02		Call Received:	1:30 AM		Car Number:	15				
Time Reported:	1:31 AM		Time of Arrival:	1:45 AM		District:	The Glens				
Officer Assaulted or Killed:	No		GEO Code:	22		Processed By:	Tracey, D.				
BURGLARY DATA											
Method of Entry:	Unlawful Entry		Burglary Type:	Night (6 PM - 6 AM)		Point of Entry Visible to Patrol:	No				
REPORTING PARTY											
Name:	Schwartz, Mary										
Home Address:	Same as Above										
Occupation:	Waitress										
Relation:	N/A										
SSN:	562-45-8912										
Date of Birth:	04-29	Sex:	M	F	Place of Birth:	OK					
Age:	39	Race:	Caucasian		Marital Status:	Married					
VICTIM											
Name:	Same as Above										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:			Marital Status:						
KNOWN SUSPECT #1											
Name:	Powell, Harrison										
Date of Birth:	05-23	Sex:	male		SS#:	123-78-4567		Age:	29	Race:	Caucasian
Height:	6'4"	Hair Color:	Brown		Injured:	Yes, lacerations					

Weight:	205	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Crew	Hospital Disposition:	N/A
Complexion:	Tan	Facial Hair:	No	Conveyed By:	Police Cruiser
Eye Color:	Brown	AR#:	45	Injury Type:	

**CHARGES**

*UNLAWFUL ENTRY, SIMPLE BURGLARY*

RSMO 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 By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:	Same as above				
Item Number:	1				
Property Code:		Value:	\$1000		
Quantity:	1	Status:	lost		
Property Description:	Stereo	Owner's Name:	Same as above		

**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  
 Reviewing Officer: Det. Smith, Peter

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	3:10 AM PM		M.R.S. Number:	1113		Record Number:	3
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	Cobble Street Bar and Grill, 26 Cobble Street									
Originally Received As:	Phone in		Weapon or Objects Used:							
How Received:			Reporting Officer:		Off. Terry, Bill		Domestic:		No	
Type of Premises	Restaurant		Other Offices Notified:				Complaint Status:			
Copies To:			Fire Dept.				Arson Related:		No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	2:10 AM								
Date Reported	11-02		Call Received:	2:15 AM		Car Number:	N/A			
Time Reported:	2:15 AM		Time of Arrival:	2:27 AM		District:	The Glens			
Officer Assaulted or Killed:	No		GEO Code:	22		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY										
Name:	Wheaton, Carissa									
Home Address:	17 Rosewood Street									
Occupation:	Restaurant manager									
Relation:	Employer									
SSN:	123-12-1234									
Date of Birth:	10-14	Sex:	M	F	Place of Birth:	MN				
Age:	31	Race:	Black		Marital Status:	Single				
VICTIM										
Name:	Patterson, Joe									
Home Address:	5 Sandy Ridge Circle									
Occupation:	Bartender									
Relation:	Employee									
SSN:	223-56-7854									
Date of Birth:	12-15	Sex:	M	F	Place of Birth:	GA				
Age:	27	Race:	Caucasian		Marital Status:	Single				
KNOWN SUSPECT #1										
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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



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

INCIDENT DATE/TIME							
Date Printed:	11-02	Time Printed:	5:27	M.R.S. Number:	1114	Record Number:	4
			AM PM				

INCIDENT DATA							
Incident Type:	Arson/fire – 911 call						
Address of Occurrence:	64 Donovan Way						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Terry, Bill	Domestic:	No		
Type of Premises:	Unfinished residence	Other Offices Notified:		Complaint Status:			
Copies To:	Zenith County Court			Arson Related:	Yes		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	11-02	4:27 AM					
Date Reported	11-02	Call Received:	4:27 AM	Car Number:	9		
Time Reported:	4:27 AM	Time of Arrival:	4:37 AM	District:	The Village		
Officer Assaulted or Killed:	No	GEO Code:	33	Processed By:	Tracey, D.		

BURGLARY DATA					
Method of Entry:	Unlawful Entry	Burglary Type:	Night (6 PM – 6 AM)	Point of Entry Visible to Patrol:	No

REPORTING PARTY						
Name:	Johnson, Gregory					
Home Address:	66 Donovan Way					
Occupation:	Builder					
Relation:	neighbor					
SSN:	987-98-9874					
Date of Birth:	01-11	Sex:	M	F	Place of Birth:	NH
Age:	54	Race:	Black	Marital Status:	Divorced	

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

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

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>UNK</i>
Complexion:	<i>light</i>	Facial Hair:	<i>Beard</i>	Conveyed By:	
Eye Color:	<i>N/A</i>	AR#:		Injury Type:	
<b>CHARGES</b>					
<i>ARSON, UNLAWFUL ENTRY</i>					
RSMO USC		MO Code		F/M/C	
<i>52,603</i>		<i>4288</i>		<i>M</i>	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

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

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

INCIDENT DATE/TIME							
Date Printed:	11-02	Time Printed:	7:05	M.R.S. Number:	1115	Record Number:	
			AM    PM				5

INCIDENT DATA							
Incident Type:	<i>Injury – 911 call</i>						
Address of Occurrence:	<i>4 Meadow Lark Lane</i>						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	<i>Off. Frick, Robert</i>		Domestic:	<i>No</i>	
Type of Premises:	<i>Residence</i>		Other Offices Notified:		Complaint Status:		
Copies To:				Arson Related:	<i>No</i>		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
	<i>11-02</i>	<i>6:05 AM</i>					
Date Reported	<i>11-02</i>		Call Received:	<i>6:05 AM</i>		Car Number:	<i>N/A</i>
Time Reported:	<i>6:05 AM</i>		Time of Arrival:	<i>6:15 AM</i>		District:	<i>Forest Hills</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>44</i>		Processed By:	<i>Tracey, D.</i>

BURGLARY DATA						
Method of Entry:	<i>N/A</i>	Burglary Type:	<i>N/A</i>		Point of Entry Visible to Patrol:	<i>No</i>

REPORTING PARTY						
Name:	<i>Blake, Gladys</i>					
Home Address:	<i>Same as above</i>					
Occupation:	<i>Retired School Teacher</i>					
Relation:	<i>Victim</i>					
SSN:	<i>113-11-1244</i>					
Date of Birth:	<i>03-03</i>	Sex:	M	F	Place of Birth:	<i>KS</i>
Age:	<i>92</i>	Race:	<i>Caucasian</i>		Marital Status:	<i>Widow</i>

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

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

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

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>Ms. Blake says she fell off her bicycle in her driveway. She is in great pain and thinks she may have broken her arm. Ambulance dispatched.</i>

Reporting Officer: Off. Frick, Robert

Supervising Officer: Det. McCarthy, Henry

Reviewing Officer: Det. Smith, Peter

## Zenith City Police - 911

### Incident Report Form / Call Log Form

INCIDENT DATE/TIME								
Date Printed:	11-02	Time Printed:	1:28 AM PM	M.R.S. Number:	1116	Record Number:	6	
INCIDENT DATA								
Incident Type:	Grand theft auto							
Address of Occurrence:	Thompson's Liquors parking lot, 747 Main Street							
Originally Received As:	Phone in	Weapon or Objects Used:	N/A					
How Received:		Reporting Officer:	Off. Anderson, Richard	Domestic:	No			
Type of Premises:	Residence	Other Offices Notified:		Complaint Status:	Cleared with arrest			
Copies To:				Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No	
	11-02	10:28 A						
Date Reported	11-02	Call Received:	10:48 AM	Car Number:	7			
Time Reported:	10:48 AM	Time of Arrival:	11:00 AM	District:	The Village			
Officer Assaulted or Killed:	No	GEO Code:	33	Processed By:	Tracey, D.			
BURGLARY DATA								
Method of Entry:	Unlawful entry	Burglary Type:	Day ( 6 AM – 6 PM)	Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY								
Name:	Roper, Paul							
Home Address:	2 Fisher Road							
Occupation:	Software Engineer							
Relation:	N/A							
SSN:	456-45-4561							
Date of Birth:	08-11	Sex:	M F	Place of Birth:	IL			
Age:	33	Race:	Caucasian	Marital Status:	Single			
VICTIM								
Name:	Same as above							
Home Address:								
Occupation:								
Relation:								
SSN:								
Date of Birth:		Sex:	M F	Place of Birth:				
Age:		Race:		Marital Status:				
KNOWN SUSPECT #1								
Name:	Michelle Simpson							
Date of Birth:	03-03	Sex:	female	SS#: 173-72-1734	Age:	23	Race:	Caucasian
Height:	4'11"	Hair Color:	Blond	Injured:	No			
Weight:	95	Hair Length:	Long	Hospital:	No			

Build:	<i>Small</i>	Hair Style:	<i>Wavy</i>	Hospital Disposition:	<i>No</i>
Complexion:	<i>Tan</i>	Facial Hair:	<i>N/A</i>	Conveyed By:	<i>Police cruiser</i>
Eye Color:	<i>Blue</i>	AR#:	<i>76</i>	Injury Type:	<i>N/A</i>

**CHARGES**

*AUTO THEFT, SPEEDING, RECKLESS DRIVING*

RSMO USC	MO Code	F/M/C
<i>503, 505, 510</i>	<i>2463</i>	<i>F</i>

**KNOWN SUSPECT #2**

Name:	<i>Preston, Brittany</i>								
Date of Birth:	<i>06-17</i>	Sex:	<i>Female</i>	SS#:	<i>111-11-1111</i>	Age:	<i>22</i>	Race:	<i>Caucasian</i>
Height:	<i>5'6"</i>	Hair Color:	<i>Red</i>	Injured:	<i>No</i>				
Weight:	<i>125</i>	Hair Length:	<i>Medium</i>	Hospital:	<i>No</i>				
Build:	<i>Small</i>	Hair Style:	<i>Curly</i>	Hospital Disposition:	<i>No</i>				
Complexion:	<i>Light</i>	Facial Hair:	<i>N/A</i>	Conveyed By:	<i>Police cruiser</i>				
Eye Color:	<i>Blue</i>	AR#:	<i>80</i>	Injury Type:	<i>N/A</i>				

**CHARGES**

*AUTO THEFT*

RSMO USC	MO Code	F/M/C
<i>503</i>	<i>2463</i>	<i>F</i>

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**VEHICLE**

Owner's Name:	<i>Same as Above</i>				
Vehicle Number:	<i>1414TOB</i>	Vehicle Status:	<i>Recovered</i>	Code:	<i>GTA1</i>
Vehicle Make:	<i>Lexus</i>	Vehicle Style:	<i>Sedan</i>	Year:	<i>2000</i>
Vehicle Number:	<i>1432567jh8kd902</i>	Vehicle Status:		Code:	<i>13h</i>
Doors Locked:	<i>Yes</i>	Vehicle Value:	<i>\$30,000</i>	Other:	

**NARRATIVE**

*Both suspects apprehended after lengthy chase across town; suspects abandoned car and ran through abandoned trailer 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**

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

### INCIDENT DATE/TIME

Date Printed:	11-02	Time Printed:	3:10	M.R.S. Number:	1113	Record Number:	
			AM    PM				3

### INCIDENT DATA

Incident Type:	<i>Injury – 911 call</i>						
Address of Occurrence:	<i>Cobble Street Bar and Grill, 26 Cobble Street</i>						
Originally Received As:	<i>Phone in</i>		Weapon or Objects Used:				
How Received:			Reporting Officer:		<i>Off. Terry, Bill</i>		Domestic: <i>No</i>
Type of Premises:	<i>Restaurant</i>		Other Offices Notified:				Complaint Status:
Copies To:			Fire Dept.				Arson Related: <i>No</i>
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
	<i>11-02</i>	<i>2:10 AM</i>					
Date Reported	<i>11-02</i>		Call Received:	<i>2:15 AM</i>		Car Number:	<i>N/A</i>
Time Reported:	<i>2:15 AM</i>		Time of Arrival:	<i>2:27 AM</i>		District:	<i>The Glens</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>22</i>		Processed By:	<i>Tracey, D.</i>

### BURGLARY DATA

Method of Entry:	<i>N/A</i>	Burglary Type:	<i>N/A</i>	Point of Entry Visible to Patrol:	<i>N/A</i>
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### REPORTING PARTY

Name:	<i>Wheaton, Carissa</i>						
Home Address:	<i>17 Rosewood Street</i>						
Occupation:	<i>Restaurant manager</i>						
Relation:	<i>Employer</i>						
SSN:	<i>123-12-1234</i>						
Date of Birth:	<i>10-14</i>	Sex:	M	F	Place of Birth:	<i>MN</i>	
Age:	<i>31</i>	Race:	<i>Black</i>		Marital Status:	<i>Single</i>	

### VICTIM

Name:	<i>Patterson, Joe</i>						
Home Address:	<i>5 Sandy Ridge Circle</i>						
Occupation:	<i>Bartender</i>						
Relation:	<i>Employee</i>						
SSN:	<i>223-56-7854</i>						
Date of Birth:	<i>12-15</i>	Sex:	M	F	Place of Birth:	<i>GA</i>	
Age:	<i>27</i>	Race:	<i>Caucasian</i>		Marital Status:	<i>Single</i>	

### KNOWN SUSPECT #1

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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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

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

INCIDENT DATE/TIME							
Date Printed:	11-02	Time Printed:	5:27	M.R.S. Number:	1114	Record Number:	4
			AM PM				

INCIDENT DATA							
Incident Type:	Arson/fire – 911 call						
Address of Occurrence:	64 Donovan Way						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:		Off. Terry, Bill	Domestic:	No	
Type of Premises	Unfinished residence	Other Offices Notified:			Complaint Status:		
Copies To:	Zenith County Court				Arson Related:	Yes	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	11-02	4:27 AM					
Date Reported	11-02		Call Received:	4:27 AM		Car Number:	9
Time Reported:	4:27 AM		Time of Arrival:	4:37 AM		District:	The Village
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Tracey, D.

BURGLARY DATA					
Method of Entry:	Unlawful Entry	Burglary Type:	Night (6 PM – 6 AM)	Point of Entry Visible to Patrol:	No

REPORTING PARTY						
Name:	Johnson, Gregory					
Home Address:	66 Donovan Way					
Occupation:	Builder					
Relation:	neighbor					
SSN:	987-98-9874					
Date of Birth:	01-11	Sex:	M	F	Place of Birth:	NH
Age:	54	Race:	Black		Marital Status:	Divorced

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

KNOWN SUSPECT #1							
Name:	UNK						
Date of Birth:	UNK	Sex:	Male	SS#:	UNK	Age:	UNK
Height:	6'0"	Hair Color:	Brown	Injured:	UNK		

Weight:	180	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Crew	Hospital Disposition:	UNK
Complexion:	light	Facial Hair:	Beard	Conveyed By:	
Eye Color:	N/A	AR#:		Injury Type:	

**CHARGES**

*ARSON, UNLAWFUL ENTRY*

RSMO USC	MO Code	F/M/C
52,603	4288	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 By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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

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

INCIDENT DATE/TIME							
Date Printed:	11-02	Time Printed:	7:05	M.R.S. Number:	1115	Record Number:	5
			AM PM				

INCIDENT DATA							
Incident Type:	Injury – 911 call						
Address of Occurrence:	4 Meadow Lark Lane						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Frick, Robert	Domestic:	No		
Type of Premises:	Residence	Other Offices Notified:		Complaint Status:			
Copies To:				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	11-02	6:05 AM					
Date Reported	11-02	Call Received:	6:05 AM	Car Number:	N/A		
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 Address:	Same as above					
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:	

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

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

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>Ms. Blake says she fell off her bicycle in her driveway. She is in great pain and thinks she may have broken her arm. Ambulance dispatched.</i>

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

**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.

**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.

**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 returns 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.

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

Date: November 2

Time: 1:50 PM

**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 HAZMAT response.

**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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27	11/02	3:13 PM	Vicks	Tony	M	17	42 Propp Road	FH	402 Iroquois Avenue	SZ	Kaiser P.	No	chemical exposure: difficulty breathing
28	11/02	3:15 PM	Waterman	Douglas	M	68	5 Just Lane	SZ	N/A	N/A	HMO Blue	No	chemical exposure: watery eyes, blurred vision, burning sensation in nose, throat, eyes
29	11/02	3:16 PM	Steinberg	Mia	F	45	16 Poyant Rd.	LD	N/A	N/A	N/A	No	fractured femur
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31	11/02	3:29 PM	Jackson	Chris	M	49	5 Francis Road	TV	5 Francis Road	TV	Kaiser P.	No	severe lower back pain
32	11/02	3:23 PM	Nelson	Tristan	M	36	27 Hampshire Ave.	TV	16 Beaver Brook Road	SZ	Kaiser P.	No	chemical exposure: coughing, chest tightness, watery eyes, blurred vision



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36	11/02	3:49 PM	Carnegie	Preston	M	17	4 Aspen Road	FH	5 Edison Street	LD	HMO Blue	No	fever, nausea, rash
37	11/02	3:52 PM	Hukami	Shuji	M	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: difficulty 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	chemical exposure: coughing, chest tightness, burning sensation in the nose and throat
42	11/02	4:10 PM	Coughlin	Gavin	M	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	M	27	192 Main Street	SZ	515 Industrial Park Dr.	SZ	N/A	No	chemical exposure: difficultly breathing, chest pain
45	11/02	4:45 PM	Bankowski	Benjamin	M	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

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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, vomiting, burning sensation in eyes and nose
50	11/02	6:59 PM	Weaver	Bart	M	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	M	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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22	11/02	2:45 PM	Bradley	Tad	M	10	3 Pheasant Wood Rd.	SZ	N/A	N/A	Aetna	No	chemical exposure: coughing, tightness in chest
23	11/02	2:46 PM	Thompson	Beverly	F	34	34 Reagan Drive	SZ	49 Old Post Road	TG	HMO Blue	No	chemical exposure: watery eyes, blurred vision, burning sensation in nose, throat, eyes
24	11/02	2:50 PM	Freemont	Kelsy	F	36	17 Jurgensen Ave.	SZ	906 Industrial Park Dr.	SZ	HMO Blue	No	chemical exposure: difficulty breathing and shortness of breath
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36	11/02	3:49 PM	Carnegie	Preston	M	17	4 Aspen Road	FH	5 Edison Street	LD	HMO Blue	No	fever, nausea, rash
37	11/02	3:52 PM	Hukami	Shuji	M	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: difficulty breathing, chest pain
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 District    TG = The Glens    TV = The Village    SZ = South Zenith													
40	11/02	4:06 PM	Lewis	Michaela	F	3	4 Manns Hill Road	FH	N/A	N/A	Aetna	Yes	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	chemical exposure: coughing, chest tightness, burning sensation in the nose and throat
42	11/02	4:10 PM	Coughlin	Gavin	M	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	M	27	192 Main Street	SZ	515 Industrial Park Dr.	SZ	N/A	No	chemical exposure: difficulty breathing, chest pain
45	11/02	4:45 PM	Bankowski	Benjamin	M	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 District    TG = The Glens    TV = The Village    SZ = South Zenith													
48	11/02	6:01 PM	Stanton	Timothy	M	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, vomiting, burning sensation in eyes and nose
50	11/02	6:59 PM	Weaver	Bart	M	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	M	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**



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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	2:37 AM PM		M.R.S. Number:	1117		Record Number:	7
INCIDENT DATA										
Incident Type:	Vehicular Accident – 911 Call									
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Anderson, Richard			Domestic:	No		
Type of Premises	Water Treatment Plant			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	1:37 PM								
Date Reported	11-02		Call Received:	1:39 PM		Car Number:	7			
Time Reported:	1:40 PM		Time of Arrival:	1:46 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Matthews, Christopher									
Home Address:	27 Washington Street									
Occupation:	Gate guard									
Relation:	Treatment plant employee									
SSN:	246-85-9135									
Date of Birth:	02-16	Sex:	M	F	Place of Birth:	VT				
Age:	42	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Saunders, Jeffrey									
Home Address:	42 Congress Street									
Occupation:	Speedy-ship delivery driver									
Relation:	Treatment plant delivery service									
SSN:	468-92-1345									
Date of Birth:	06-25	Sex:	M	F	Place of Birth:	OK				
Age:	36	Race:	Caucasian		Marital Status:	Single				
KNOWN SUSPECT #1										
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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

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

INCIDENT DATE/TIME												
Date Printed:	11-02		Time Printed:	2:49 AM PM		M.R.S. Number:	1118		Record Number:	8		
INCIDENT DATA												
Incident Type:	Noise complaint – 911 call											
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road											
Originally Received As:	Phone in			Weapon or Objects Used:	N/A							
How Received:			Reporting Officer:	Off. Terry, Bill			Domestic:	No				
Type of Premises	WTP			Other Offices Notified:				Complaint Status:				
Copies To:								Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:						
	11-02	1:50 PM										
Date Reported	11-02			Call Received:	1:52 PM			Car Number:	11			
Time Reported:	1:53 PM			Time of Arrival:	1:59 PM			District:	South Zenith			
Officer Assaulted or Killed:	No			GEO Code:	55			Processed By:	Tracey, D.			
BURGLARY DATA												
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY												
Name:	Willis, Justine											
Home Address:	1 Beaver Brook Road											
Occupation:	Housewife											
Relation:	resident											
SSN:	246-85-6493											
Date of Birth:	09-27		Sex:	M	F	Place of Birth:	WI					
Age:	49		Race:	Black		Marital Status:	Married					
VICTIM												
Name:												
Home Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:			Sex:	M	F	Place of Birth:						
Age:			Race:			Marital Status:						
KNOWN SUSPECT #1												
Name:												
Date of Birth:			Sex:			SSN:			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**

**CHARGES**

RSMO USC	MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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.*

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

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	2:53		M.R.S. Number:	1119		Record Number:	9
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Madison, Daniel			Domestic:	No		
Type of Premises	Water Treatment Plant			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	1:49 PM								
Date Reported	11-02		Call Received:	1:53 PM		Car Number:	13			
Time Reported:	1:54 PM		Time of Arrival:	2:00 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Nickerson, Sharon									
Home Address:	2 Birchwood Circle									
Occupation:	Secretary									
Relation:	Employee at treatment plant									
SSN:	411-58-8663									
Date of Birth:	05-30	Sex:	M	F	Place of Birth:	MO				
Age:	27	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Drake, Pamela									
Home Address:	13 Klein Street									
Occupation:	Lab Tech									
Relation:	Employee at treatment plant									
SSN:	456-89-1234									
Date of Birth:	06-17	Sex:	M	F	Place of Birth:	MO				
Age:	36	Race:	Black		Marital Status:	Married				
KNOWN SUSPECT #1										
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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					
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>Ms. Nickerson, a distressed caller from the WTP, reports Pamela Drake, a fellow employee, has been injured due to an explosion at the WTP. She appears to be unconscious and her head is bleeding. Backup Fire and EMS dispatched.</i>

Reporting Officer: Off. Madison, Daniel

Supervising Officer: Det. Andrews, Brian

Reviewing Officer: Det. Reynolds, Tracy

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

INCIDENT DATE/TIME							
Date Printed:	11-02	Time Printed:	3:13	M.R.S. Number:	1120	Record Number:	10
			AM PM				

INCIDENT DATA							
Incident Type:	Injury – 911 call						
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road						
Originally Received As:	Phone In	Weapon or Objects Used:	N/A				
How Received:		Reporting Officer:	Off. Alexander, Michael		Domestic:	No	
Type of Premises	Water Treatment Plant	Other Offices Notified:			Complaint Status:		
Copies To:					Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	11-02	2:03 PM					
Date Reported	11-02	Call Received:	2:13 PM		Car Number:	5	
Time Reported:	2:13 PM	Time of Arrival:	2:19 PM		District:	South Zenith	
Officer Assaulted or Killed:	No	GEO Code:	55		Processed By:	Tracey, D.	

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

REPORTING PARTY						
Name:	Rogers, Tyler					
Home Address:	3 Polk Ave.					
Occupation:	Lab tech					
Relation:	Employee at WTP					
SSN:	747-56-7893					
Date of Birth:	06-19	Sex:	M	F	Place of Birth:	UT
Age:	25	Race:	Caucasian		Marital Status:	Single

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

KNOWN SUSPECT #1							
Name:							
Date of Birth:		Sex:		SS#:		Age:	
Height:		Hair Color:		Injured:		Race:	
Weight:		Hair Length:		Hospital:			

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

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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



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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	4:17		M.R.S. Number:	1121		Record Number:	11
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	1 Beaver Brook Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Truman, Jean			Domestic:	No		
Type of Premises	Residence			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	3:12 PM								
Date Reported	11-02		Call Received:	3:17 PM		Car Number:				
Time Reported:	3:17 PM		Time of Arrival:	3:26 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Willis, Justine									
Home Address:	Same as above									
Occupation:	Housewife									
Relation:	Resident									
SSN:	249-98-3259									
Date of Birth:	09-27	Sex:	M	F	Place of Birth:	WI				
Age:	49	Race:	Black		Marital Status:	Married				
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:										
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

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

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	4:21		M.R.S. Number:	1122		Record Number:	12
			AM	PM						
INCIDENT DATA										
Incident Type:	Suspicious person									
Address of Occurrence:	South Zenith High School, 36 Congress Street									
Originally Received As:	Phone In			Weapon or Objects Used:						
How Received:				Reporting Officer:			Off. Franklin, Stephen		Domestic:	No
Type of Premises	School			Other Offices Notified:						Complaint Status:
Copies To:							Arson Related:			No
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:				No
	11-02	3:21 PM								
Date Reported	11-02			Call Received:	3:22 PM		Car Number:	3		
Time Reported:	3:23 PM			Time of Arrival:	3:28 PM		District:	South Zenith		
Officer Assaulted or Killed:	No			GEO Code:	55		Processed By:	Tracey, D.		
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY										
Name:	McElroy, Patrick									
Home Address:	6 Spring Lane									
Occupation:	Grounds keeper									
Relation:	Witness									
SSN:	654-65-6543									
Date of Birth:	10-09	Sex:	M	F	Place of Birth:	NY				
Age:	41	Race:	Caucasian		Marital Status:	Divorced				
VICTIM										
Name:										
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		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					
CHARGES					
RSMO USC		MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

Reporting Officer: Off. Franklin, Stephen

Supervising Officer: Det. Hardy, Brandon

Reviewing Officer: Off. Tucker, Marshall

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	4:25		M.R.S. Number:	1123		Record Number:	13
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	527 Iroquois Avenue									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Martin, Maxwell			Domestic:			
Type of Premises	Residence			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	3:20 PM								
Date Reported				Call Received:	3:25 PM		Car Number:	4		
Time Reported:	3:25 PM			Time of Arrival:	3:37 PM		District:	South Zenith		
Officer Assaulted or Killed:	No			GEO Code:	55		Processed By:	Tracey, D.		
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Hukami, Shuji									
Home Address:	Same as above									
Occupation:	Writer									
Relation:	N/A									
SSN:	656-65-6565									
Date of Birth:	05-06		Sex:	M	F	Place of Birth:	Japan			
Age:	56		Race:	Asian		Marital Status:	Single			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:										
Date of Birth:			Sex:			SS#:			Age:	
Height:			Hair Color:				Injured:			
Weight:			Hair Length:				Hospital:			

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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</i></p>					

Reporting Officer: Off. Maritn, Maxwell

Supervising Officer: Det. Hardy, Brandon

Reviewing Officer: Off. Tucker, Marshall

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	4:45 AM PM		M.R.S. Number:	1124		Record Number:	14
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	3 Pheasant Wood Road									
Originally Received As:	Phone in		Weapon or Objects Used:	No						
How Received:			Reporting Officer:	Off. McDaniel, Sean		Domestic:				
Type of Premises	Residence		Other Offices Notified:			Complaint Status:				
Copies To:						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	3:15 PM								
Date Reported	11-02		Call Received:	3:45 PM		Car Number:				
Time Reported:	3:46 PM		Time of Arrival:	3:52 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY										
Name:	Smart, Betty									
Home Address:	Same as Above									
Occupation:	Daycare Provider									
Relation:	N/A									
SSN:	774-659-9966									
Date of Birth:	05-02	Sex:	M	F	Place of Birth:	ME				
Age:	45	Race:	Caucasian		Marital Status:	Married				

VICTIM									
Name:	Same as above, and Smart, Kyle; Lewis, Michaela; Martin, Ryan; Martin, Cindy; Poppish, Taylor								
Home Address:									
Occupation:									
Relation:									
SSN:									
Date of Birth:		Sex:	M	F	Place of Birth:				
Age:		Race:			Marital Status:				

KNOWN SUSPECT #1									
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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



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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	5:26		M.R.S. Number:	1125		Record Number:	15
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	Lulu's Lunch Box, 902 Iroquois Ave.									
Originally Received As:	Phone in			Weapon or Objects Used:	No					
How Received:			Reporting Officer:	Off. Pratt, Stanley			Domestic:	No		
Type of Premises	Restaurant			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	3:50 PM								
Date Reported	11-02		Call Received:	4:26 PM		Car Number:	10			
Time Reported:	4:27 PM		Time of Arrival:	4:35 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Damon, John									
Home Address:	32 Trout Brook Road									
Occupation:	Restaurant Owner									
Relation:	Owner									
SSN:	468-96-5321									
Date of Birth:	08-17	Sex:	M	F	Place of Birth:	MN				
Age:	51	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Damon, Louise									
Home Address:	32 Trout Brook Road									
Occupation:	Restaurant owner									
Relation:	Owner and wife									
SSN:	636-568-0120									
Date of Birth:	02-14	Sex:	M	F	Place of Birth:	MN				
Age:	47	Race:	Caucasian		Marital Status:	married				
KNOWN SUSPECT #1										
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

Reporting Officer: Off. Pratt, Stanley

Supervising Officer: Det. Rodman, Dennis

Reviewing Officer: Det. Jordan, Michael

## Zenith City Police - 911

### Incident Report Form / Call Log Form

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	6:42 AM PM		M.R.S. Number:	1126		Record Number:	16
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	12 Wood Drive									
Originally Received As:	Phone in		Weapon or Objects Used:	No						
How Received:			Reporting Officer:	Off. Cherry, Terrance		Domestic:				
Type of Premises	Residence		Other Offices Notified:				Complaint Status:			
Copies To:				Arson Related:	No					
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	4:30 PM								
Date Reported	11-02		Call Received:	5:42 PM		Car Number:	2			
Time Reported:	5:43 PM		Time of Arrival:	5:49		District:	Lake District			
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY										
Name:	Stanton, Timothy									
Home Address:	12 Wood Drive									
Occupation:	Landscape									
Relation:	N/A									
SSN:	78-787-7878									
Date of Birth:	02-13		Sex:	M	F	Place of Birth:	MA			
Age:	27		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:										
Date of Birth:			Sex:			SS#:			Age:	
Height:			Hair Color:				Injured:			
Weight:			Hair Length:				Hospital:			

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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					
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<p><i>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.</i></p>

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

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

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	2:37 AM PM		M.R.S. Number:	1117		Record Number:	7
INCIDENT DATA										
Incident Type:	Vehicular Accident – 911 Call									
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Anderson, Richard		Domestic:	No			
Type of Premises	Water Treatment Plant			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	1:37 PM								
Date Reported	11-02		Call Received:	1:39 PM		Car Number:	7			
Time Reported:	1:40 PM		Time of Arrival:	1:46 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Matthews, Christopher									
Home Address:	27 Washington Street									
Occupation:	Gate guard									
Relation:	Treatment plant employee									
SSN:	246-85-9135									
Date of Birth:	02-16	Sex:	M	F	Place of Birth:	VT				
Age:	42	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Saunders, Jeffrey									
Home Address:	42 Congress Street									
Occupation:	Speedy-ship delivery driver									
Relation:	Treatment plant delivery service									
SSN:	468-92-1345									
Date of Birth:	06-25	Sex:	M	F	Place of Birth:	OK				
Age:	36	Race:	Caucasian		Marital Status:	Single				
KNOWN SUSPECT #1										
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**

**CHARGES**

RSMO USC	MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	2:49 AM PM		M.R.S. Number:	1118		Record Number:	8
INCIDENT DATA										
Incident Type:	Noise complaint – 911 call									
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Terry, Bill			Domestic:	No		
Type of Premises	WTP			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:				
	11-02	1:50 PM								
Date Reported	11-02			Call Received:	1:52 PM			Car Number:	11	
Time Reported:	1:53 PM			Time of Arrival:	1:59 PM			District:	South Zenith	
Officer Assaulted or Killed:	No			GEO Code:	55			Processed By:	Tracey, D.	
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Willis, Justine									
Home Address:	1 Beaver Brook Road									
Occupation:	Housewife									
Relation:	resident									
SSN:	246-85-6493									
Date of Birth:	09-27	Sex:	M	F	Place of Birth:	WI				
Age:	49	Race:	Black		Marital Status:	Married				
VICTIM										
Name:										
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:										
Date of Birth:		Sex:			SSN:		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**

**CHARGES**

RSMO USC	MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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.*

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

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	2:53		M.R.S. Number:	1119		Record Number:	9
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Madison, Daniel			Domestic:	No		
Type of Premises	Water Treatment Plant			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	1:49 PM								
Date Reported	11-02		Call Received:	1:53 PM		Car Number:	13			
Time Reported:	1:54 PM		Time of Arrival:	2:00 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Nickerson, Sharon									
Home Address:	2 Birchwood Circle									
Occupation:	Secretary									
Relation:	Employee at treatment plant									
SSN:	411-58-8663									
Date of Birth:	05-30	Sex:	M	F	Place of Birth:	MO				
Age:	27	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Drake, Pamela									
Home Address:	13 Klein Street									
Occupation:	Lab Tech									
Relation:	Employee at treatment plant									
SSN:	456-89-1234									
Date of Birth:	06-17	Sex:	M	F	Place of Birth:	MO				
Age:	36	Race:	Black		Marital Status:	Married				
KNOWN SUSPECT #1										
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>Ms. Nickerson, a distressed caller from the WTP, reports Pamela Drake, a fellow employee, has been injured due to an explosion at the WTP. She appears to be unconscious and her head is bleeding. Backup Fire and EMS dispatched.</i></p>					

Reporting Officer: Off. Madison, Daniel

Supervising Officer: Det. Andrews, Brian

Reviewing Officer: Det. Reynolds, Tracy

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	3:13 AM PM		M.R.S. Number:	1120		Record Number:	10
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	Zenith City Water Treatment Plant, 217 Rugged Road									
Originally Received As:	Phone In		Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Alexander, Michael		Domestic:	No			
Type of Premises	Water Treatment Plant		Other Offices Notified:				Complaint Status:			
Copies To:						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	2:03 PM								
Date Reported	11-02		Call Received:	2:13 PM		Car Number:	5			
Time Reported:	2:13 PM		Time of Arrival:	2:19 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:				Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Rogers, Tyler									
Home Address:	3 Polk Ave.									
Occupation:	Lab tech									
Relation:	Employee at WTP									
SSN:	747-56-7893									
Date of Birth:	06-19		Sex:	M	F	Place of Birth:	UT			
Age:	25		Race:	Caucasian		Marital Status:	Single			

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

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

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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

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

INCIDENT DATE/TIME											
Date Printed:	11-02		Time Printed:	4:17		M.R.S. Number:	1121		Record Number:	11	
			AM	PM							
INCIDENT DATA											
Incident Type:	Injury – 911 call										
Address of Occurrence:	1 Beaver Brook Road										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:				Reporting Officer:	Off. Truman, Jean			Domestic:	No		
Type of Premises	Residence			Other Offices Notified:				Complaint Status:			
Copies To:											
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	11-02	3:12 PM									
Date Reported	11-02		Call Received:	3:17 PM		Car Number:					
Time Reported:	3:17 PM		Time of Arrival:	3:26 PM		District:	South Zenith				
Officer Assaulted or Killed:	No			GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA											
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY											
Name:	Willis, Justine										
Home Address:	Same as above										
Occupation:	Housewife										
Relation:	Resident										
SSN:	249-98-3259										
Date of Birth:	09-27		Sex:	M	F	Place of Birth:	WI				
Age:	49		Race:	Black		Marital Status:	Married				

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

KNOWN SUSPECT #1											
Name:											
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

Reporting Officer: Off. Truman, Jean

Supervising Officer: Det. Franks, Norman

Reviewing Officer: Det. Dugan, Paul

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	4:25		M.R.S. Number:	1123		Record Number:	13
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	527 Iroquois Avenue									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Martin, Maxwell			Domestic:			
Type of Premises	Residence			Other Offices Notified:			Complaint Status:			
Copies To:							Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	3:20 PM								
Date Reported			Call Received:	3:25 PM		Car Number:	4			
Time Reported:	3:25 PM		Time of Arrival:	3:37 PM		District:	South Zenith			
Officer Assaulted or Killed:	No			GEO Code:	55		Processed By:	Tracey, D.		
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY										
Name:	Hukami, Shuji									
Home Address:	Same as above									
Occupation:	Writer									
Relation:	N/A									
SSN:	656-65-6565									
Date of Birth:	05-06		Sex:	M	F	Place of Birth:	Japan			
Age:	56		Race:	Asian		Marital Status:	Single			

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

KNOWN SUSPECT #1											
Name:											
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					
CHARGES					
RSMO USC		MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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</i></p>					

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

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

INCIDENT DATE/TIME												
Date Printed:	11-02		Time Printed:	4:45		M.R.S. Number:	1124		Record Number:	14		
			AM	PM								
INCIDENT DATA												
Incident Type:	Injury – 911 call											
Address of Occurrence:	3 Pheasant Wood Road											
Originally Received As:	Phone in			Weapon or Objects Used:	No							
How Received:				Reporting Officer:	Off. McDaniel, Sean			Domestic:				
Type of Premises	Residence			Other Offices Notified:				Complaint Status:				
Copies To:								Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No					
	11-02	3:15 PM										
Date Reported	11-02		Call Received:	3:45 PM		Car Number:						
Time Reported:	3:46 PM		Time of Arrival:	3:52 PM		District:	South Zenith					
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.					
BURGLARY DATA												
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY												
Name:	Smart, Betty											
Home Address:	Same as Above											
Occupation:	Daycare Provider											
Relation:	N/A											
SSN:	774-659-9966											
Date of Birth:	05-02		Sex:	M	F	Place of Birth:	ME					
Age:	45		Race:	Caucasian		Marital Status:	Married					
VICTIM												
Name:	Same as above, and Smart, Kyle; Lewis, Michaela; Martin, Ryan; Martin, Cindy; Poppish, Taylor											
Home Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:			Sex:	M	F	Place of Birth:						
Age:			Race:			Marital Status:						
KNOWN SUSPECT #1												
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	5:26		M.R.S. Number:	1125		Record Number:	15
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	Lulu's Lunch Box, 902 Iroquois Ave.									
Originally Received As:	Phone in			Weapon or Objects Used:	No					
How Received:			Reporting Officer:	Off. Pratt, Stanley			Domestic:	No		
Type of Premises	Restaurant			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	3:50 PM								
Date Reported	11-02		Call Received:	4:26 PM		Car Number:	10			
Time Reported:	4:27 PM		Time of Arrival:	4:35 PM		District:	South Zenith			
Officer Assaulted or Killed:	No			GEO Code:	55		Processed By:	Tracey, D.		
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Damon, John									
Home Address:	32 Trout Brook Road									
Occupation:	Restaurant Owner									
Relation:	Owner									
SSN:	468-96-5321									
Date of Birth:	08-17	Sex:	M	F	Place of Birth:	MN				
Age:	51	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Damon, Louise									
Home Address:	32 Trout Brook Road									
Occupation:	Restaurant owner									
Relation:	Owner and wife									
SSN:	636-568-0120									
Date of Birth:	02-14	Sex:	M	F	Place of Birth:	MN				
Age:	47	Race:	Caucasian		Marital Status:	married				
KNOWN SUSPECT #1										
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

Reporting Officer: Off. Pratt, Stanley

Supervising Officer: Det. Rodman, Dennis

Reviewing Officer: Det. Jordan, Michael

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

INCIDENT DATE/TIME										
Date Printed:	11-02		Time Printed:	6:42 AM PM		M.R.S. Number:	1126		Record Number:	16
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	12 Wood Drive									
Originally Received As:	Phone in		Weapon or Objects Used:	No						
How Received:			Reporting Officer:	Off. Cherry, Terrance		Domestic:				
Type of Premises	Residence		Other Offices Notified:				Complaint Status:			
Copies To:							Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	4:30 PM								
Date Reported	11-02		Call Received:	5:42 PM		Car Number:	2			
Time Reported:	5:43 PM		Time of Arrival:	5:49		District:	Lake District			
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY										
Name:	Stanton, Timothy									
Home Address:	12 Wood Drive									
Occupation:	Landscape									
Relation:	N/A									
SSN:	78-787-7878									
Date of Birth:	02-13		Sex:	M	F	Place of Birth:	MA			
Age:	27		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:										
Date of Birth:			Sex:			SS#:			Age:	
Height:			Hair Color:				Injured:			
Weight:			Hair Length:				Hospital:			

Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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







## News Alert #2

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)
<input type="checkbox"/> ESc6-2-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc6-2-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc6-2-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc6-2-4	THREAT LETTER (3 COPIES, 2 ARE EXTRA FOR LOCAL OFFICIALS TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> 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**

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	11/03	12:13 AM	Cranston	Marvin	M	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	M	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	M	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	M	25	14 Bobs Lane	TV	496 Industrial Park Dr.	SZ	HMO Blue	No	head injury
8	11/03	6:27 AM	Thompson	Steven	M	6	47 Gavins Pond Road	TG	N/A	N/A	Kaiser P.	No	rash, fever, fatigue
9	11/03	6:43 AM	Franklin	Jacob	M	19	243 Main Street	TV	87 Albert Street	TV	Aetna	No	fever, nausea
10	11/03	7:19 AM	Uricelli	Peter	M	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
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	M	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	M	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	M	52	3 Pond View Circle	SZ	20 Gorwin Road	LD	N/A	No	nausea, vomiting
23	11/03	8:19 PM	Stone	Robert	M	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	M	45	17 Linda Road	TG	192 Main Street	TV	Kaiser P.	No	diabetic seizure

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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	M	17	3 Reeves Road	TG	13 Main Street	FH	PPO Blue	No	cardiac arrest



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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	M	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	M	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	M	25	14 Bobs Lane	TV	496 Industrial Park Dr.	SZ	HMO Blue	No	head injury
8	11/03	6:27 AM	Thompson	Steven	M	6	47 Gavins Pond Road	TG	N/A	N/A	Kaiser P.	No	rash, fever, fatigue
9	11/03	6:43 AM	Franklin	Jacob	M	19	243 Main Street	TV	87 Albert Street	TV	Aetna	No	fever, nausea
10	11/03	7:19 AM	Uricelli	Peter	M	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
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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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	M	27	7 Hickory Way	FH	47 Main Street	FH	N/A	No	sliced finger
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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	M	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	M	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	M	52	3 Pond View Circle	SZ	20 Gorwin Road	LD	N/A	No	nausea, vomiting
23	11/03	8:19 PM	Stone	Robert	M	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	M	45	17 Linda Road	TG	192 Main Street	TV	Kaiser P.	No	diabetic seizure

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													
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	M	17	3 Reeves Road	TG	13 Main Street	FH	PPO Blue	No	cardiac arrest



**Zenith City Police Department Incident Reports**  
**Event Day 2**  
**November 3**

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

INCIDENT DATE/TIME							
Date Printed:	11-03	Time Printed:	3:05	M.R.S. Number:	1131	Record Number:	1
			AM PM				

INCIDENT DATA							
Incident Type:	<i>Injury - 911 call</i>						
Address of Occurrence:	<i>2 Just Lane</i>						
Originally Received As:	<i>Phone in</i>	Weapon or Objects Used:	<i>N/A</i>				
How Received:		Reporting Officer:	<i>Off. Yates, Ken</i>		Domestic:		
Type of Premises	<i>Residence</i>	Other Offices Notified:				Complaint Status:	
Copies To:				Arson Related:	<i>No</i>		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
	<i>11-03</i>	<i>1:45 AM</i>					
Date Reported	<i>11-03</i>		Call Received:	<i>2:05 AM</i>		Car Number:	<i>5</i>
Time Reported:	<i>2:06 AM</i>		Time of Arrival:	<i>2:11 AM</i>		District:	<i>South Zenith</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>55</i>		Processed By:	<i>Jones, Cathy</i>

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

REPORTING PARTY						
Name:	<i>Connors, Bridget</i>					
Home Address:	<i>Same as Above</i>					
Occupation:	<i>Consultant</i>					
Relation:						
SSN:	<i>984-65-7325</i>					
Date of Birth:	<i>01-11</i>	Sex:	M	F	Place of Birth:	<i>WA</i>
Age:	<i>25</i>	Race:	<i>Caucasian</i>		Marital Status:	<i>Single</i>

VICTIM						
Name:	<i>Same as Above</i>					
Home Address:						
Occupation:						
Relation:						
SSN:						
Date of Birth:		Sex:	M	F	Place of Birth:	
Age:		Race:			Marital Status:	

KNOWN SUSPECT #1							
Name:	<i>N/A</i>						
Date of Birth:		Sex:		SS#:		Age:	
Height:		Hair Color:				Injured:	

Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>Victim reports she was awoken by difficulty breathing and nausea. Ambulance dispatched.</i></p>					

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

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

INCIDENT DATE/TIME											
Date Printed:	11-03		Time Printed:	8:47		M.R.S. Number:	1132		Record Number:	2	
			AM	PM							
INCIDENT DATA											
Incident Type:	Kidnapping – 911 call										
Address of Occurrence:	27 Oak Hill Drive										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:				Reporting Officer:	Off. Yates, Ken			Domestic:			
Type of Premises				Other Offices Notified:				Complaint Status:			
Copies To:								Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	11-03	7:46 AM									
Date Reported				Call Received:	7:47 AM		Car Number:	5			
Time Reported:	7:47 AM			Time of Arrival:	7:55 AM		District:	Forest Hills			
Officer Assaulted or Killed:	No			GEO Code:	44		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:	Schneider, Lisa										
Home Address:	4 Hickory Way										
Occupation:	Dental Hygenist										
Relation:	witness										
SSN:	963-96-9636										
Date of Birth:	09-16	Sex:	M	F	Place of Birth:	VT					
Age:	36	Race:	Caucasian		Marital Status:	Married					
VICTIM											
Name:	UNK										
Home Address:	UNK										
Occupation:	N/A										
Relation:	UNK										
SSN:	UNK										
Date of Birth:	UNK	Sex:	M	F	Place of Birth:	UNK					
Age:	10-12	Race:	Caucasian		Marital Status:	N/A					
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			Hospital:	No				

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>N/A</i>
Complexion:	<i>Fair</i>	Facial Hair:	<i>Beard</i>	Conveyed By:	<i>N/A</i>
Eye Color:	<i>UNK</i>	AR#:	<i>N/A</i>	Injury Type:	<i>N/A</i>
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

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

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

INCIDENT DATE/TIME										
Date Printed:	11-03		Time Printed:	1:16 AM PM		M.R.S. Number:	1133		Record Number:	3
INCIDENT DATA										
Incident Type:	Unlawful Entry									
Address of Occurrence:	5 Pole Plain Road									
Originally Received As:	Phone In		Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Yates, Ken		Domestic:				
Type of Premises	Residence		Other Offices Notified:			Complaint Status:				
Copies To:						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-02	6:30 PM		11-03	12:00 P					
Date Reported	11-03		Call Received:	12:15 PM		Car Number:	5			
Time Reported:	12:16 PM		Time of Arrival:	12:25 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Jones, Cathy			
BURGLARY DATA										
Method of Entry:	Unlawful Entry		Burglary Type:	UNK		Point of Entry Visible to Patrol:	No			
REPORTING PARTY										
Name:	Abbott, William									
Home Address:	Same as Above									
Occupation:	Salesman									
Relation:	Homeowner									
SSN:	753-75-7535									
Date of Birth:	06-25	Sex:	M	F	Place of Birth:	WA				
Age:	43	Race:	Caucasian		Marital Status:	Divorced				
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	UNK									
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					
CHARGES					
RSMO USC		MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:	<i>Abbott, William</i>				
Item Number:	<i>1</i>				
Property Code:		Value:	<i>\$2900</i>		
Quantity:	<i>1</i>	Status:	<i>lost</i>		
Property Description:	<i>Television</i>	Owner's Name:	<i>Same as Above</i>		

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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

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

INCIDENT DATE/TIME											
Date Printed:	11-03		Time Printed:	5:54 AM PM		M.R.S. Number:	1134		Record Number:	4	
INCIDENT DATA											
Incident Type:	Reckless Operation of a vehicle										
Address of Occurrence:	57 Riverdale Parkway										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Yates, Ken			Domestic:	No			
Type of Premises	Fair grounds			Other Offices Notified:		Complaint Status:	Cleared with Arrest				
Copies To:											
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:					
	11-03	4:34 PM		11-03	4:54 P						
Date Reported	11-03		Call Received:	4:54 PM		Car Number:	5				
Time Reported:	4:54 PM		Time of Arrival:	5:10 PM		District:	The Village				
Officer Assaulted or Killed:	No		GEO Code:	33		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:	Lawrence, Oliver										
Home Address:	5 Cow Hill Road										
Occupation:	Maintenance										
Relation:	witness										
SSN:	626-62-6526										
Date of Birth:	02-19		Sex:	M	F	Place of Birth:	MN				
Age:	64		Race:	Black		Marital Status:	Married				
VICTIM											
Name:	N/A										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:			Marital Status:						
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		Hospital:	No				



Build:	<i>Thin</i>	Hair Style:	<i>Straight</i>	Hospital Disposition:	<i>N/A</i>
Complexion:	<i>Fair</i>	Facial Hair:	<i>No</i>	Conveyed By:	<i>Police cruiser</i>
Eye Color:	<i>Brown</i>	AR#:	<i>46</i>	Injury Type:	<i>N/A</i>

**CHARGES**

*RECKLESS OPERATION*

RSMO USC	MO Code	F/M/C
<i>99</i>	<i>1342</i>	<i>M</i>

**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 By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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*

**Zenith City 911 Incident Reports  
Event Day 2  
November 3**

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

INCIDENT DATE/TIME										
Date Printed:	11-03		Time Printed:	3:05		M.R.S. Number:	1131		Record Number:	1
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	2 Just Lane									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Yates, Ken			Domestic:			
Type of Premises	Residence			Other Offices Notified:				Complaint Status:		
Copies To:										
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	11-03	1:45 AM								
Date Reported	11-03		Call Received:	2:05 AM		Car Number:	5			
Time Reported:	2:06 AM		Time of Arrival:	2:11 AM		District:	South Zenith			
Officer Assaulted or Killed:	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 Address:	Same as Above									
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				
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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					
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>Victim reports she was awoken by difficulty breathing and nausea. Ambulance dispatched.</i></p>					

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

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

INCIDENT DATE/TIME											
Date Printed:	11-03		Time Printed:	8:47		M.R.S. Number:	1132		Record Number:	2	
			AM	PM							
INCIDENT DATA											
Incident Type:	Kidnapping – 911 call										
Address of Occurrence:	27 Oak Hill Drive										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:				Reporting Officer:	Off. Yates, Ken			Domestic:			
Type of Premises				Other Offices Notified:				Complaint Status:			
Copies To:								Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	11-03	7:46 AM									
Date Reported				Call Received:	7:47 AM		Car Number:	5			
Time Reported:	7:47 AM			Time of Arrival:	7:55 AM		District:	Forest Hills			
Officer Assaulted or Killed:	No			GEO Code:	44		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:	Schneider, Lisa										
Home Address:	4 Hickory Way										
Occupation:	Dental Hygenist										
Relation:	witness										
SSN:	963-96-9636										
Date of Birth:	09-16	Sex:	M	F	Place of Birth:	VT					
Age:	36	Race:	Caucasian		Marital Status:	Married					
VICTIM											
Name:	UNK										
Home Address:	UNK										
Occupation:	N/A										
Relation:	UNK										
SSN:	UNK										
Date of Birth:	UNK	Sex:	M	F	Place of Birth:	UNK					
Age:	10-12	Race:	Caucasian		Marital Status:	N/A					
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			Hospital:	No				

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>N/A</i>
Complexion:	<i>Fair</i>	Facial Hair:	<i>Beard</i>	Conveyed By:	<i>N/A</i>
Eye Color:	<i>UNK</i>	AR#:	<i>N/A</i>	Injury Type:	<i>N/A</i>
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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

October 31

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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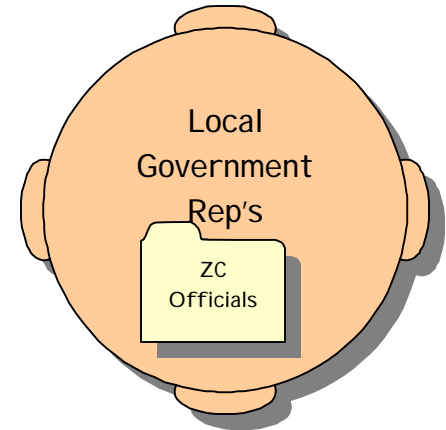
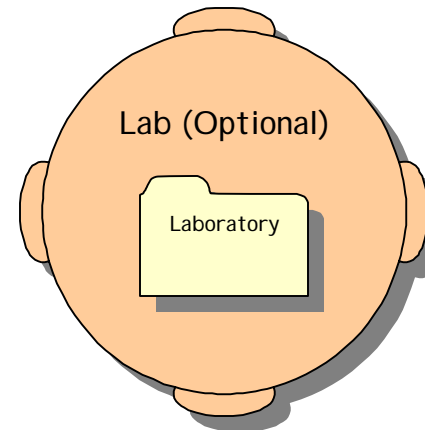
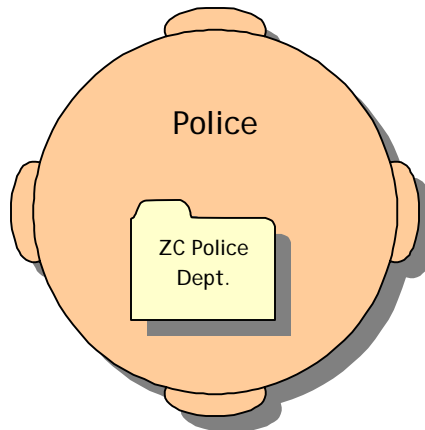
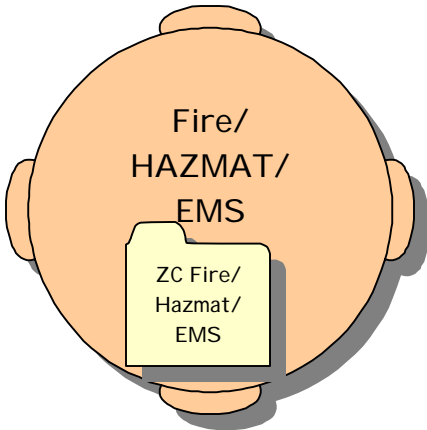
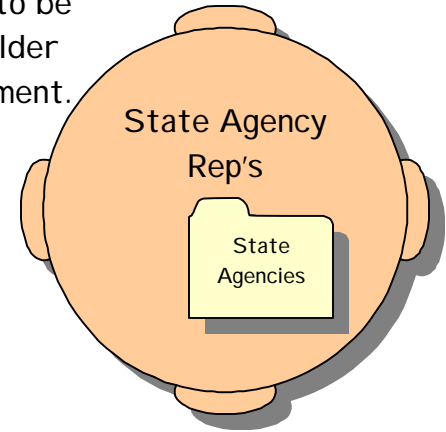
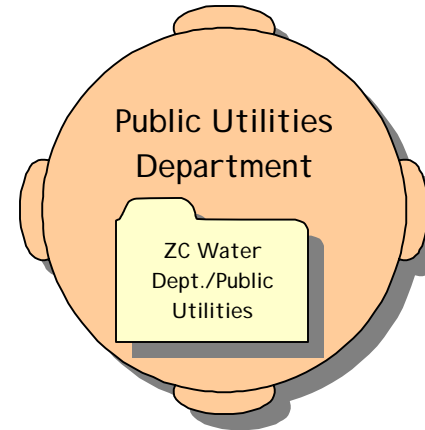
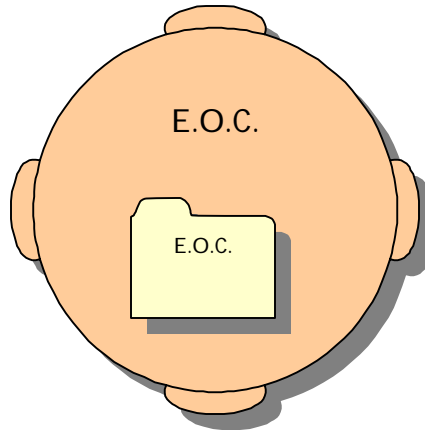
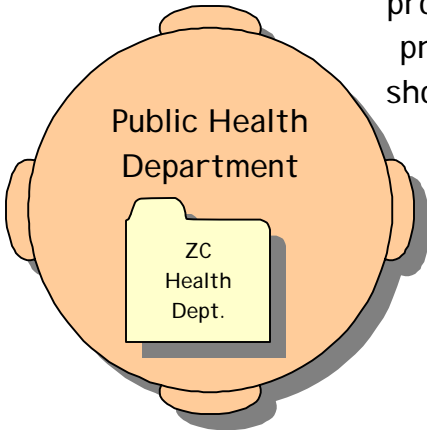
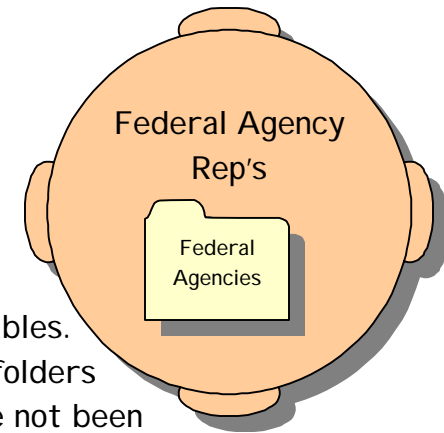
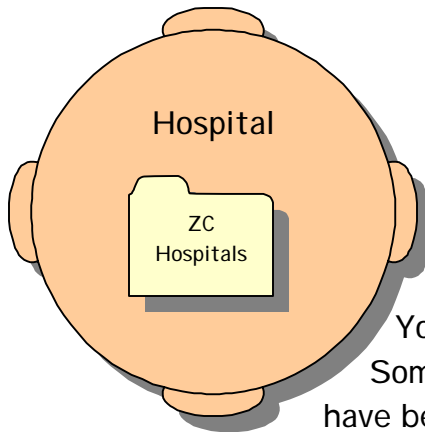
## SPARE FORMS

The Spare Forms folder must contain the following files:

<b>MATERIAL CODE</b>	<b>MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)</b>
<input type="checkbox"/> <b>ESc-f-1</b>	LAB RESULTS FORMS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> <b>ESc-f-2</b>	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> <b>ESc-f-3</b>	COMMUNICATION CARDS (NOT INCLUDED, 40 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> <b>ESc-f-4</b>	LABORATORY CHAIN OF CUSTODY FORMS (NOT INCLUDED, 10 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> <b>ESc-f-5</b>	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.



## EMERGENCY OPERATIONS CENTER

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

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

## ZENITH CITY HOSPITALS

The Zenith City Hospitals folder must contain the following files:

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> 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 CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-p-7	RESPONSE PROTOCOL TOOLBOX MODULE 5: PUBLIC HEALTH RESPONSE GUIDE MATERIALS
<input type="checkbox"/> 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)**

Entity		Purpose of the Notification
Public Health Agencies	State/local health and/or environmental department	To work with these officials in making the decision on 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 water supply, status of the water distribution system, selection of a short-term alternate water supply, and communicating the necessary public health information.
	Other associated system authorities (wastewater, water)	
	Poison Control Centers	
Emergency Responders	Emergency Medical Services (EMS)	To notify the organization of the need for assistance 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, these agencies should be provided with all information related to public health including: information on water notices, alternate water supplies, critical care facilities, and public health notifications.
	Fire Department	
	State and/or Local Office of Emergency Services	
Law	Federal, State, and local law enforcement	Local law enforcement should be notified immediately 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 Systems (i.e., public water systems that receive water from the water utility where the water contamination threat or incident occurred)		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 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)**

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	To provide information regarding restrictions on water use, alternate water supplies, and other public health information.
	Day Care Facilities	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

### 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**       Suspected       Known       Unknown

Describe \_\_\_\_\_

Contaminant properties (if known):

Toxic or infectious dose (LD<sub>50</sub>/ID<sub>50</sub>): \_\_\_\_\_

Route of exposure:

Ingestion       Inhalation       Dermal Contact

Other \_\_\_\_\_

Symptoms of exposure to high dose: \_\_\_\_\_

Symptoms of exposure to low dose: \_\_\_\_\_

Other: \_\_\_\_\_

### EVALUATION OF CONTAINMENT OPTIONS

Describe the location and extent of the contaminated area. \_\_\_\_\_

#### Containment options

Valve closures       Reverse flow conditions       By-pass

Isolate zone(s)

Other \_\_\_\_\_

#### Critical equipment within contaminated area

System equipment       Zones       Pump stations

Hydrants

Other \_\_\_\_\_

#### Customers with special needs within contaminated area

Critical Care Facilities

Hospitals

Clinics

Nursing Homes

Dialysis Centers

Other \_\_\_\_\_

Schools

Day Care Facilities

Businesses

Food and Beverage Manufacturers

Commercial Ice Manufacturers     

Restaurants

Agricultural Operations

Power Generation Facilities

Other \_\_\_\_\_

#### Effectiveness of containment options

Complete contaminant isolation

Reduction in spread of contaminant

- Unknown
- Other \_\_\_\_\_

Is containment expected to provide adequate public health protection?  
 Yes    No    Unknown

**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 Response Plan and Utility's ERP)**

- Public health agencies       Police departments       Fire departments
- Hospitals/clinics             Laboratories                 Drinking water primacy agency
- Regional Poison Control Center
- Other \_\_\_\_\_

**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?  Yes    No
- Is the contaminant known?  Yes    No
- If yes, identity of the contaminant \_\_\_\_\_
- Characteristics of the contaminant \_\_\_\_\_
- Restrictions on use \_\_\_\_\_
- Ingestion exposure       Inhalation exposure       Dermal exposure
- Exposure symptoms \_\_\_\_\_
- Medical treatments \_\_\_\_\_
- Transmission mode (if biological) \_\_\_\_\_
- Duration of restriction \_\_\_\_\_
- Alternate water supply \_\_\_\_\_
- Additional instructions to consumers \_\_\_\_\_
- Other information about the incident \_\_\_\_\_
- Other \_\_\_\_\_

**Notification to customers with special needs**

- Critical Care Facilities
  - Hospitals
  - Nursing Homes
  - Other \_\_\_\_\_
- Clinics
- Dialysis Centers

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- 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 than general population?

- 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 \_\_\_\_\_
- Government access channels
- Listserve email
- Letters by mail
- Phone banks
- Broadcast faxes
- Mass distribution through partners
- Door-to-door canvassing
- Conference calls

**Notification/restriction timeline**

Notification/restriction to begin: \_\_\_\_\_

Notification/restriction to end: \_\_\_\_\_

**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 centers (i.e., in the case of distribution system contamination)
- Other \_\_\_\_\_

What customers with special needs should be notified of the alternate water supply availability?

- 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

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**SIGNOFF**

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 Paraquat?**

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 CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-4	LABORATORY CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> 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 CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc6-p-1	PRE-EVENT POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)



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

INCIDENT DATE/TIME												
Date Printed:	10-30		Time Printed:	1:07 AM PM		M.R.S. Number:	1101		Record Number:	1		
INCIDENT DATA												
Incident Type:	Theft, assault – 911 Call											
Address of Occurrence:	496 Industrial Park Drive											
Originally Received As:	Phone in			Weapon or Objects Used:								
How Received:				Reporting Officer:			Off. Brown, Charles		Domestic:		No	
Type of Premises	Retail store			Other Offices Notified:						Complaint Status:		Cleared by arrest
Copies To:										Arson Related:		No
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No					
	10-30	12:04 PM										
Date Reported	10-30			Call Received:		12:06 PM		Car Number:		2		
Time Reported:	12:07 PM			Time of Arrival:		12:15 PM		District:		South Zenith		
Officer Assaulted or Killed:	No			GEO Code:		55		Processed By:		Thompson, Stanford		
BURGLARY DATA												
Method of Entry:	N/A			Burglary Type:		N/A		Point of Entry Visible to Patrol:		N/A		
REPORTING PARTY												
Name:	Burger, Frank											
Home Address:	14 Bobs Lane											
Occupation:	Store Owner											
Relation:	Owner											
SSN:	526-95-7853											
Date of Birth:	05-23		Sex:	M	F	Place of Birth:	CO					
Age:	41		Race:	Caucasian		Marital Status:	Married					
VICTIM												
Name:	Same as Above											
Home Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:			Sex:	M	F	Place of Birth:						
Age:			Race:			Marital Status:						
KNOWN SUSPECT #1												
Name:	Troy, Dimetrius											
Date of Birth:	02-21		Sex:	M		SS#:654-54-6543	Age:	21		Race:	Black	
Height:	6'3"		Hair Color:	Black		Injured:	No					

Weight:	210	Hair Length:	Short	Hospital:	no
Build:	Heavy	Hair Style:	Crew	Hospital Disposition:	N/A
Complexion:	Dark	Facial Hair:	no	Conveyed By:	Police cruiser
Eye Color:	Brown	AR#:	21	Injury Type:	N/A

**CHARGES**

**THEFT, ASSAULT**

RSMO USC	MO Code	F/M/C
484, 38	3512	M

**KNOWN SUSPECT #2**

Name:	Johnson, Jordan								
Date of Birth:	02-12	Sex:	M	SS#:	789-78-7894	Age:	22	Race:	Caucasian
Height:	6'5"	Hair Color:	Brown	Injured:	No				
Weight:	185	Hair Length:	Short	Hospital:	No				
Build:	Medium	Hair Style:	Crew	Hospital Disposition:	N/A				
Complexion:	Light	Facial Hair:	Mustache	Conveyed By:	Police cruiser				
Eye Color:	Brown	AR#:	25	Injury Type:	N/A				

**CHARGES**

**THEFT**

RSMO USC	MO Code	F/M/C
484	3512	M

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:	Burger, Frank						
Item Number:	1						
Property Code:		Value:	\$654				
Quantity:	1	Status:	returned				
Property Description:	Gold bracelet	Owner's Name:	Burger, Frank				

**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**

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

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

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

INCIDENT DATE/TIME										
Date Printed:	10-30		Time Printed:	12:32 AM PM		M.R.S. Number:	1102		Record Number:	2
INCIDENT DATA										
Incident Type:	Noise Complaint									
Address of Occurrence:	4 Johnson Drive									
Originally Received As:	Phone in		Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Brown, Charles		Domestic:	No			
Type of Premises:	Residence		Other Offices Notified:			Complaint Status:	Cleared with visit			
Copies To:						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	10-30	11:00 P		10-30	11:30 P					
Date Reported			Call Received:	11:31 PM		Car Number:	2			
Time Reported:	11:32 PM		Time of Arrival:	11:47 PM		District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	44		Processed By:	Thompson, Stanford			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY										
Name:	Markham, Denise									
Home Address:	6 Johnson Drive									
Occupation:	Nurse									
Relation:	Neighbor									
SSN:	635-98-1122									
Date of Birth:	06-12		Sex:	M	F	Place of Birth:	MA			
Age:	45		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	MacPherson, Casandra									
Date of Birth:	08-23		Sex:	F		SS#: 526-45-7891	Age:	23		
Height:	5'1"		Hair Color:	Blond		Injured:	No			
Weight:	115		Hair Length:	Long		Hospital:	No			

Build:	<i>Small</i>	Hair Style:	<i>Curly</i>	Hospital Disposition:	<i>N/A</i>
Complexion:	<i>Tan</i>	Facial Hair:	<i>N/A</i>	Conveyed By:	<i>N/A</i>
Eye Color:	<i>Blue</i>	AR#:	<i>N/A</i>	Injury Type:	<i>N/A</i>
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

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

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

INCIDENT DATE/TIME											
Date Printed:	10-31		Time Printed:	3:12 AM PM		M.R.S. Number:	1111		Record Number:	1	
INCIDENT DATA											
Incident Type:	Trespassing, Unlawful Entry – 911 call										
Address of Occurrence:	Forest Hills Country Club, 12 Queens Circle										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Brown, Charles			Domestic:	No			
Type of Premises			Other Offices Notified:				Complaint Status:	Cleared with Arrest			
Copies To:							Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:					
	10-31	2:10 AM									
Date Reported	10-31		Call Received:	2:11 AM			Car Number:				
Time Reported:	2:12 AM		Time of Arrival:	2:20 AM			District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	44			Processed By:	Thompson, Stanford			
BURGLARY DATA											
Method of Entry:	Unlawful Entry			Burglary Type:	Night (6 PM – 6 AM)			Point of Entry Visible to Patrol:	Yes, Bottom Left Rear Window		
REPORTING PARTY											
Name:	Summers, Stephen										
Home Address:	23 Kennedy Road										
Occupation:	Janitor										
Relation:	Employee										
SSN:	987-87-6543										
Date of Birth:	03-05		Sex:	M	F	Place of Birth:	MI				
Age:	59		Race:	Caucasian			Marital Status:	Divorced			

VICTIM							
Name:	N/A						
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:				Marital Status:	

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		

Weight:	145	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Crew	Hospital Disposition:	N/A
Complexion:	Fair	Facial Hair:	No	Conveyed By:	Police cruiser
Eye Color:	Brown	AR#:	42	Injury Type:	N/A

**CHARGES**

*UNLAWFUL ENTRY, TRESPASSING*

RSMO USC	MO Code	F/M/C
603, 602	1234	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 By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

*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

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

INCIDENT DATE/TIME										
Date Printed:	10-31		Time Printed:	1:12		M.R.S. Number:	1112		Record Number:	2
			AM	PM						
INCIDENT DATA										
Incident Type:	Accident – 911 call									
Address of Occurrence:	46 Trout Brook Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Avery, Mark			Domestic:	No		
Type of Premises			Other Offices Notified:				Complaint Status:			
Copies To:							Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	10-31	12:11 P								
Date Reported			Call Received:	12:12 PM		Car Number:	3			
Time Reported:	12:12 PM		Time of Arrival:	12:17 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	33		Processed By:	Adams, Brian			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Frye, Carrie									
Home Address:	10 Bobs Lane									
Occupation:	Teacher									
Relation:	witness									
SSN:	522-10-1205									
Date of Birth:	09-09	Sex:	M	F	Place of Birth:	ME				
Age:	34	Race:	Caucasian		Marital Status:	Single				
VICTIM										
Name:	Quinn, Ann Marie									
Home Address:	3 Bay Road									
Occupation:	N/A									
Relation:										
SSN:	015-12-1235									
Date of Birth:	05-06	Sex:	M	F	Place of Birth:	ME				
Age:	7	Race:	Caucasian		Marital Status:	N/A				
KNOWN SUSPECT #1										
Name:	UNK									
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					
CHARGES					
RSMO USC		MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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 Printed:	8:48 AM PM		M.R.S. Number:	1113		Record Number:	3	
INCIDENT DATA											
Incident Type:	Suspicious person										
Address of Occurrence:	10 Mulberry Road										
Originally Received As:	Phone in			Weapon or Objects Used:	No						
How Received:			Reporting Officer:	Off. Avery, Mark			Domestic:	No			
Type of Premises	Residential street			Other Offices Notified:				Complaint Status:			
Copies To:											
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:					
	10-31	6:45 P		10-31	7:45 P						
Date Reported				Call Received:	7:47 PM		Car Number:	3			
Time Reported:	7:48 PM			Time of Arrival:	7:57 PM		District:	The Glens			
Officer Assaulted or Killed:	No			GEO Code:	22		Processed By:	Adams, Brian			
BURGLARY DATA											
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY											
Name:	Fontaine, Monique										
Home Address:	12 Mulberry Road										
Occupation:	Pediatrician										
Relation:	Home Owner										
SSN:	561-02-9658										
Date of Birth:	04-05		Sex:	M	F	Place of Birth:	KS				
Age:	39		Race:	Black		Marital Status:	Married				
VICTIM											
Name:	N/A										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:			Marital Status:						
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			Hospital:	No				

Build:	Medium	Hair Style:	UNK	Hospital Disposition:	N/A
Complexion:	UNK	Facial Hair:	UNK	Conveyed By:	N/A
Eye Color:	UNK	AR#:		Injury Type:	N/A
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
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

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

INCIDENT DATE/TIME										
Date Printed:	11-01		Time Printed:	4:52		M.R.S. Number:	1121		Record Number:	1
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	106 Independence Blvd.									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Avery, Mark			Domestic:	No		
Type of Premises:	Conference Center			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:				
	11-01	3:50 PM								
Date Reported	11-01		Call Received:	3:52 PM		Car Number:	3			
Time Reported:	3:52 PM		Time of Arrival:	3:57 PM		District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	44		Processed By:	Adams, Brian			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Putnam, Janice									
Home Address:	14 Hawk Lane									
Occupation:	Secretary									
Relation:	Employee									
SSN:	542-85-9862									
Date of Birth:	12-25	Sex:	M	F	Place of Birth:	KY				
Age:	52	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Byrnes, Daniel									
Home Address:	2 Bay Berry Drive									
Occupation:	Town Official									
Relation:	Speaker									
SSN:	451-56-7865									
Date of Birth:	11-30	Sex:	M	F	Place of Birth:	IL				
Age:	56	Race:	Caucasian		Marital Status:	Married				
KNOWN SUSPECT #1										
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					
CHARGES					
RSMO USC		MO 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 Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
CHARGES					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>					
<p><i>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.</i></p>					

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)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-4	CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc6-p-2	PRE-EVENT FIRE DEPARTMENT LOGS
<input type="checkbox"/> ESc6-p-3	PRE-EVENT 911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> 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.
- 0200 Cunha and Roberts took Engines 1 and 2 for fill-up.
- 0517 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.
- 0103 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.
- 0700 Engine 1 leaking oil from transmission, mechanic notified.
- 0745 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 Ambulance 1 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 Printed:	1:07 AM PM		M.R.S. Number:	1101		Record Number:	1
INCIDENT DATA										
Incident Type:	Theft, assault – 911 Call									
Address of Occurrence:	496 Industrial Park Drive									
Originally Received As:	Phone in		Weapon or Objects Used:							
How Received:			Reporting Officer:	Off. Brown, Charles		Domestic:	No			
Type of Premises	Retail store		Other Offices Notified:				Complaint Status:	Cleared by arrest		
Copies To:						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	10-30	12:04 PM								
Date Reported	10-30		Call Received:	12:06 PM		Car Number:	2			
Time Reported:	12:07 PM		Time of Arrival:	12:15 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Thompson, Stanford			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY										
Name:	Burger, Frank									
Home Address:	14 Bobs Lane									
Occupation:	Store Owner									
Relation:	Owner									
SSN:	526-95-7853									
Date of Birth:	05-23	Sex:	M	F	Place of Birth:	CO				
Age:	41	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	Troy, Dimetrius									
Date of Birth:	02-21	Sex:	M		SS#:654-54-6543	Age:	21	Race:	Black	
Height:	6'3"	Hair Color:	Black		Injured:	No				

Weight:	210	Hair Length:	Short	Hospital:	no
Build:	Heavy	Hair Style:	Crew	Hospital Disposition:	N/A
Complexion:	Dark	Facial Hair:	no	Conveyed By:	Police cruiser
Eye Color:	Brown	AR#:	21	Injury Type:	N/A

**CHARGES**

**THEFT, ASSAULT**

RSMO USC	MO Code	F/M/C
484, 38	3512	M

**KNOWN SUSPECT #2**

Name:	Johnson, Jordan								
Date of Birth:	02-12	Sex:	M	SS#:	789-78-7894	Age:	22	Race:	Caucasian
Height:	6'5"	Hair Color:	Brown	Injured:	No				
Weight:	185	Hair Length:	Short	Hospital:	No				
Build:	Medium	Hair Style:	Crew	Hospital Disposition:	N/A				
Complexion:	Light	Facial Hair:	Mustache	Conveyed By:	Police cruiser				
Eye Color:	Brown	AR#:	25	Injury Type:	N/A				

**CHARGES**

**THEFT**

RSMO USC	MO Code	F/M/C
484	3512	M

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:	Burger, Frank								
Item Number:	1								
Property Code:		Value:	\$654						
Quantity:	1	Status:	returned						
Property Description:	Gold bracelet	Owner's Name:	Burger, Frank						

**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**

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

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



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

INCIDENT DATE/TIME											
Date Printed:	10-31		Time Printed:	3:12 AM PM		M.R.S. Number:	1111		Record Number:	1	
INCIDENT DATA											
Incident Type:	Trespassing, Unlawful Entry – 911 call										
Address of Occurrence:	Forest Hills Country Club, 12 Queens Circle										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Brown, Charles			Domestic:	No			
Type of Premises			Other Offices Notified:				Complaint Status:	Cleared with Arrest			
Copies To:							Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:					
	10-31	2:10 AM									
Date Reported	10-31		Call Received:	2:11 AM			Car Number:				
Time Reported:	2:12 AM		Time of Arrival:	2:20 AM			District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	44			Processed By:	Thompson, Stanford			
BURGLARY DATA											
Method of Entry:	Unlawful Entry		Burglary Type:	Night (6 PM – 6 AM)			Point of Entry Visible to Patrol:	Yes, Bottom Left Rear Window			
REPORTING PARTY											
Name:	Summers, Stephen										
Home Address:	23 Kennedy Road										
Occupation:	Janitor										
Relation:	Employee										
SSN:	987-87-6543										
Date of Birth:	03-05		Sex:	M	F	Place of Birth:	MI				
Age:	59		Race:	Caucasian			Marital Status:	Divorced			

VICTIM							
Name:	N/A						
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:				Marital Status:	

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		

Weight:	145	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Crew	Hospital Disposition:	N/A
Complexion:	Fair	Facial Hair:	No	Conveyed By:	Police cruiser
Eye Color:	Brown	AR#:	42	Injury Type:	N/A

**CHARGES**

*UNLAWFUL ENTRY, TRESPASSING*

RSMO USC	MO Code	F/M/C
603, 602	1234	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 By:	
Eye Color:		AR#:		Injury Type:	

**CHARGES**

RSMO USC	MO Code	F/M/C

**KNOWN SUSPECT #3**

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

**CHARGES**

RSMO USC	MO Code	F/M/C

**PROPERTY**

Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

**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**

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

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

INCIDENT DATE/TIME										
Date Printed:	10-31		Time Printed:	1:12		M.R.S. Number:	1112		Record Number:	2
			AM	PM						
INCIDENT DATA										
Incident Type:	Accident – 911 call									
Address of Occurrence:	46 Trout Brook Road									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:				Reporting Officer:	Off. Avery, Mark			Domestic:	No	
Type of Premises				Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	10-31	12:11 P								
Date Reported				Call Received:	12:12 PM		Car Number:	3		
Time Reported:	12:12 PM			Time of Arrival:	12:17 PM		District:	South Zenith		
Officer Assaulted or Killed:	No			GEO Code:	33		Processed By:	Adams, Brian		
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Frye, Carrie									
Home Address:	10 Bobs Lane									
Occupation:	Teacher									
Relation:	witness									
SSN:	522-10-1205									
Date of Birth:	09-09	Sex:	M	F	Place of Birth:	ME				
Age:	34	Race:	Caucasian		Marital Status:	Single				
VICTIM										
Name:	Quinn, Ann Marie									
Home Address:	3 Bay Road									
Occupation:	N/A									
Relation:										
SSN:	015-12-1235									
Date of Birth:	05-06	Sex:	M	F	Place of Birth:	ME				
Age:	7	Race:	Caucasian		Marital Status:	N/A				
KNOWN SUSPECT #1										
Name:	UNK									
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					
CHARGES					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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	
<b>KNOWN SUSPECT #3</b>					
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	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			
<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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:	11-01		Time Printed:	4:52		M.R.S. Number:	1121		Record Number:	1
			AM	PM						
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	106 Independence Blvd.									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Avery, Mark			Domestic:	No		
Type of Premises	Conference Center			Other Offices Notified:				Complaint Status:		
Copies To:								Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:				
	11-01	3:50 PM								
Date Reported	11-01		Call Received:	3:52 PM		Car Number:	3			
Time Reported:	3:52 PM		Time of Arrival:	3:57 PM		District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	44		Processed By:	Adams, Brian			
BURGLARY DATA										
Method of Entry:	N/A			Burglary Type:	N/A			Point of Entry Visible to Patrol:	N/A	
REPORTING PARTY										
Name:	Putnam, Janice									
Home Address:	14 Hawk Lane									
Occupation:	Secretary									
Relation:	Employee									
SSN:	542-85-9862									
Date of Birth:	12-25	Sex:	M	F	Place of Birth:	KY				
Age:	52	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Byrnes, Daniel									
Home Address:	2 Bay Berry Drive									
Occupation:	Town Official									
Relation:	Speaker									
SSN:	451-56-7865									
Date of Birth:	11-30	Sex:	M	F	Place of Birth:	IL				
Age:	56	Race:	Caucasian		Marital Status:	Married				
KNOWN SUSPECT #1										
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:	
<b>CHARGES</b>					
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #2</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	
<b>KNOWN SUSPECT #3</b>					
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:	
<b>CHARGES</b>					
RSMO USC		MO Code		F/M/C	

<b>PROPERTY</b>					
Owner's Name:					
Item Number:					
Property Code:		Value:			
Quantity:		Status:			
Property Description:		Owner's Name:			

<b>VEHICLE</b>					
Owner's Name:					
Vehicle Number:		Vehicle Status:		Code:	
Vehicle Make:		Vehicle Style:		Year:	
Vehicle Number:		Vehicle Status:		Code:	
Doors Locked:		Vehicle Value:		Other:	

<b>NARRATIVE</b>
<i>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.</i>

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)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3 )
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-4	CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc6-p-4	BACKGROUND WATER QUALITY DATA
<input type="checkbox"/> ESc-p-5	RESPONSE PROTOCOL TOOLBOX MODULE 2: CONTAMINATION THREAT MANAGEMENT GUIDE MATERIALS
<input type="checkbox"/> ESc-p-6	RESPONSE PROTOCOL TOOLBOX MODULE 3: SITE CHARACTERIZATION AND SAMPLING GUIDE MATERIALS
<input type="checkbox"/> m-1	ZENITH CITY WATER DISTRIBUTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-2	ZENITH CITY WASTEWATER COLLECTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-3	ZENITH CITY WATER DISTRIBUTION SYSTEM PROCESS SCHEMATIC (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-4	ZENITH CITY WATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-5	ZENITH CITY WASTEWATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

**Zenith City Water Treatment Plant - Water Quality Data - Turbidity, NTU**

<i>Sampling Point</i>	November	December	January	February	March	April	May	June	July	August	September	October
<b>Treatment Plant Samples</b>												
<b>Surface Water</b>												
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
<b>Groundwater</b>												
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
<b>Storage Tanks</b>												
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
<b>Public Building Samples</b>												
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/l**

<i>Sampling Point</i>	November	December	January	February	March	April	May	June	July	August	September	October
<b>Treatment Plant Samples</b>												
<b>Surface Water</b>												
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
<b>Groundwater</b>												
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
<b>Storage Tanks</b>												
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
<b>Public Building Samples</b>												
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**

<i>Sampling Point</i>	November	December	January	February	March	April	May	June	July	August	September	October
<b>Treatment Plant Samples</b>												
<b>Surface Water</b>												
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
<b>Groundwater</b>												
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
<b>Storage Tanks</b>												
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
<b>Public Building Samples</b>												
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**

<i>Sampling Point</i>	November	December	January	February	March	April	May	June	July	August	September	October
<b>Treatment Plant Samples</b>												
<b>Surface Water</b>												
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
<b>Groundwater</b>												
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
<b>Storage Tanks</b>												
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
<b>Public Building Samples</b>												
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, TCU**

<i>Sampling Point</i>	November	December	January	February	March	April	May	June	July	August	September	October
<b>Treatment Plant Samples</b>												
<b>Surface Water</b>												
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
<b>Groundwater</b>												
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
<b>Storage Tanks</b>												
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
<b>Public Building Samples</b>												
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**

<i>Sampling Point</i>	November	December	January	February	March	April	May	June	July	August	September	October
<b>Treatment Plant Samples</b>												
<b>Surface Water</b>												
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
<b>Groundwater</b>												
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
<b>Storage Tanks</b>												
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
<b>Public Building Samples</b>												
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.

Source: Response Protocol Toolbox - Module 2: Contamination Threat Management Guide  
[http://www.epa.gov/safewater/watersecurity/pubs/guide\\_response\\_module2.pdf](http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module2.pdf)

### *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)**

Incident			Response		
Credibility	Consequences		Other Considerations	Possible Actions	Anticipated Impacts on the public
	# people affected	Health 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.

### THREAT WARNING INFORMATION

Date/Time threat warning discovered: \_\_\_\_\_

Name of person who discovered threat warning: \_\_\_\_\_

**Type of threat warning:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Security breach | <input type="checkbox"/> Witness account     | <input type="checkbox"/> Phone threat               |
| <input type="checkbox"/> Written threat  | <input type="checkbox"/> Law enforcement     | <input type="checkbox"/> Unusual water quality      |
| <input type="checkbox"/> News media      | <input type="checkbox"/> Consumer complaints | <input type="checkbox"/> Public health notification |
| <input type="checkbox"/> Other _____     |  |   |

**Identity of the contaminant:**     Known         Suspected         Unknown

*If known or suspected, provide additional detail below*

Chemical                       Biological                       Radiological

Describe \_\_\_\_\_  
\_\_\_\_\_

**Time of contamination:**         Known         Estimated         Unknown

*If known or estimated, provide additional detail below*

Date and time of contamination: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Mode of contamination:**         Known         Suspected         Unknown

*If known or suspected, provide additional detail below*

Method of addition:     Single dose         Over time         Other \_\_\_\_\_

Amount of material: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Site of contamination:**             Known             Suspected             Unknown  
*If known or suspected, provide additional detail below*

Number of sites: \_\_\_\_\_  
*Provide the following information for each site.*

**Site #1**

Site Name: \_\_\_\_\_

Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

Additional Site Information: \_\_\_\_\_

**Site #2**

Site Name: \_\_\_\_\_

Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

Additional Site Information: \_\_\_\_\_

**Site #3**

Site Name: \_\_\_\_\_

Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

Additional Site Information: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Has there been a breach of security at the suspected site?**     Yes     No  
*If "Yes", review the completed 'Security Incident Report' (Appendix 8.3)*

**Are there any witness accounts of the suspected incident?**     Yes     No  
*If "Yes", review the completed 'Witness Account Report' (Appendix 8.4)*

**Was the threat made verbally over the phone?**     Yes     No  
*If "Yes", review the completed 'Phone Threat Report' (Appendix 8.5)*

**Was a written threat received?**     Yes     No  
*If "Yes", review the completed 'Written Threat Report' (Appendix 8.6)*

**Are there unusual water quality data or consumer complaints?**     Yes     No  
*If "Yes", review the completed 'Water Quality/Consumer Complaint Report' (Appendix 8.7)*

**Are there unusual symptoms or disease in the population?**     Yes     No  
*If "Yes", review the completed 'Public Health Report' (Appendix 8.8)*

**Is a 'Site Characterization Report' available?**     Yes     No  
*If "Yes", review the completed 'Site Characterization Report' (Module 3, Appendix 8.3)*

**Are results of sample analysis available?**     Yes     No  
*If "Yes", review the analytical results report, including appropriate QA/QC data*

**Is a 'Contaminant Identification Report' available?**     Yes     No  
*If "Yes", review the completed 'Sample Analysis Report' (Module 5, Appendix 8.1)*

**Is there relevant information available from external sources?**     Yes     No  
*Check all that apply*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Local law enforcement | <input type="checkbox"/> FBI                          | <input type="checkbox"/> DW primacy agency     |
| <input type="checkbox"/> Public health agency  | <input type="checkbox"/> Hospitals / 911 call centers | <input type="checkbox"/> US EPA / Water ISAC   |
| <input type="checkbox"/> Media reports         | <input type="checkbox"/> Homeland security alerts     | <input type="checkbox"/> Neighboring utilities |
| <input type="checkbox"/> Other                 | _____   |  |

Point of Contact: \_\_\_\_\_

Summary of key information from external sources (provide detail in attachments as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THREAT EVALUATION

**Has normal activity been investigated as the cause of the threat warning?**     Yes     No

Normal activities to consider

- |  |   |
|--|---|
| <input type="checkbox"/> Utility staff inspections   | <input type="checkbox"/> Routine water quality sampling           |
| <input type="checkbox"/> Construction or maintenance | <input type="checkbox"/> Contractor activity                      |
| <input type="checkbox"/> Operational changes         | <input type="checkbox"/> Water quality changes with a known cause |
| <input type="checkbox"/> Other _____                 |   |

**Is the threat 'possible'?**     Yes     No

Summarize the basis for this determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response to a 'possible' threat:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Site characterization | <input type="checkbox"/> Isolation/containment |
| <input type="checkbox"/> Increased monitoring/security | <input type="checkbox"/> Other _____           |  |

**Is the threat 'credible'?**     Yes     No

Summarize the basis for this determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response to a 'credible' threat:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sample analysis        | <input type="checkbox"/> Site characterization | <input type="checkbox"/> Isolation/containment          |
| <input type="checkbox"/> Partial EOC activation | <input type="checkbox"/> Public notification   | <input type="checkbox"/> Provide alternate water supply |
| <input type="checkbox"/> Other _____            |  |   |

**Has a contamination incident been confirmed?**     Yes     No

Summarize the basis for this determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response to a confirmed incident:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sample analysis                   | <input type="checkbox"/> Site characterization | <input type="checkbox"/> Isolation/containment          |
| <input type="checkbox"/> Full EOC activation               | <input type="checkbox"/> Public notification   | <input type="checkbox"/> Provide alternate water supply |
| <input type="checkbox"/> Initiate remediation and recovery |  |   |
| <input type="checkbox"/> Other _____                       |  |   |

**How do other organizations characterize the threat?**

Organization	Evaluation	Comment
<input type="checkbox"/> Local Law Enforcement	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> FBI	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Public Health Agency	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Drinking Water Primacy Agency	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Other	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> Confirmed	
<input type="checkbox"/> Other	<input type="checkbox"/> Possible <input type="checkbox"/> Credible <input type="checkbox"/> 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.

### DISCOVERY OF SECURITY INCIDENT

Date/Time security incident discovered: \_\_\_\_\_

Name of person who discovered security incident: \_\_\_\_\_

#### Mode of discovery:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alarm (building)   | <input type="checkbox"/> Alarm (gate/fence)        | <input type="checkbox"/> Alarm (access hatch) |
| <input type="checkbox"/> Video surveillance | <input type="checkbox"/> Utility staff discovery   | <input type="checkbox"/> Citizen discovery    |
| <input type="checkbox"/> Suspect confession | <input type="checkbox"/> Law enforcement discovery |   |
| <input type="checkbox"/> Other _____        |  |   |

Did anyone observe the security incident as it occurred?  Yes  No

If "Yes", complete the 'Witness Account Report' (Appendix 8.4)

### SITE DESCRIPTION

Site Name: \_\_\_\_\_

#### Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

Additional Site Information: \_\_\_\_\_

### BACKGROUND INFORMATION

Have the following "normal activities" been investigated as potential causes of the security incident?

- |  |  |
|--|--|
| <input type="checkbox"/> Alarms with known and harmless causes | <input type="checkbox"/> Utility staff inspections   |
| <input type="checkbox"/> Routine water quality sampling        | <input type="checkbox"/> Construction or maintenance |
| <input type="checkbox"/> Contractor activity                   | <input type="checkbox"/> Other _____                 |

**Was this site recently visited *prior to the security incident*?**  Yes  No  
*If "Yes," provide additional detail below*

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?**  Yes  No  
*If "Yes," provide additional detail below*

Date and time of most recent security incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the results of the threat evaluation for this incident?

'Possible'  'Credible'  'Confirmed'

**Have security incidents occurred at *other locations* recently?**  Yes  No  
*If "Yes," complete additional 'Security Incident Reports' (Appendix 8.3) for each site*

Name of 1<sup>st</sup> additional site: \_\_\_\_\_

Name of 2<sup>nd</sup> additional site: \_\_\_\_\_

Name of 3<sup>rd</sup> additional site: \_\_\_\_\_

## SECURITY INCIDENT DETAILS

**Was there an alarm(s) associated with the security incident?**  Yes  No  
*If "Yes," provide additional detail below*

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 incident?**  Yes  No  
*If "Yes," provide additional detail below*

Date and time of video surveillance: \_\_\_\_\_

Describe surveillance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Unusual equipment found at the site and time of discovery of the security incident:**

- |  |  |
|--|--|
| <input type="checkbox"/> Discarded PPE (e.g., gloves, masks)   | <input type="checkbox"/> Empty containers (e.g., bottles, drums) |
| <input type="checkbox"/> Tools (e.g., wrenches, bolt cutters)  | <input type="checkbox"/> Hardware (e.g., valves, pipe)           |
| <input type="checkbox"/> Lab equipment (e.g., beakers, tubing) | <input type="checkbox"/> Pumps or hoses                          |
| <input type="checkbox"/> None                                  | <input type="checkbox"/> Other _____                             |

Describe equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unusual vehicles found at the site and time of discovery of the security incident:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Car/sedan     | <input type="checkbox"/> SUV                  | <input type="checkbox"/> Pickup truck |
| <input type="checkbox"/> Flatbed truck | <input type="checkbox"/> Construction vehicle | <input type="checkbox"/> None         |
| <input type="checkbox"/> Other _____   |   |                                       |

Describe vehicles (including make/model/year/color, license plate #, and logos or markings): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signs of tampering at the site and time of discovery of the security incident:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cut locks/fences            | <input type="checkbox"/> Open/damaged gates, doors, or windows |
| <input type="checkbox"/> Open/damaged access hatches | <input type="checkbox"/> Missing/damaged equipment             |
| <input type="checkbox"/> Facility in disarray        | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Other _____                 |  |

Are there signs of sequential intrusion (e.g., locks removed from a gate and hatch)?  Yes  
 No

Describe signs of tampering: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signs of hazard at the site and time of discovery of the security incident:**

- |  |   |
|--|---|
| <input type="checkbox"/> Unexplained or unusual odors            | <input type="checkbox"/> Unexplained dead animals |
| <input type="checkbox"/> Unexplained dead or stressed vegetation | <input type="checkbox"/> Unexplained liquids      |
| <input type="checkbox"/> Unexplained clouds or vapors            | <input type="checkbox"/> None                     |
| <input type="checkbox"/> Other _____                             |   |

Describe signs of hazard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNOFF**

Name of person responsible for documenting the security incident:

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.*

**BASIC INFORMATION**

Date/Time of interview: \_\_\_\_\_

Name of person interviewing the witness: \_\_\_\_\_

**Witness contact information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day-time phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Reason the witness was in the vicinity of the suspicious activity: \_\_\_\_\_

\_\_\_\_\_

**WITNESS ACCOUNT**

Date/Time of activity: \_\_\_\_\_

**Location of activity:**

Site Name: \_\_\_\_\_

Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

\_\_\_\_\_

Additional Site Information: \_\_\_\_\_

\_\_\_\_\_

**Type of activity**

- Trespassing                       Vandalism                       Breaking and entering  
 Theft                                       Tampering                       Surveillance  
 Other \_\_\_\_\_

Additional description of the activity \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Description of suspects**

Were suspects present at the site?                       Yes                       No

How many suspects were present? \_\_\_\_\_

Describe each suspect's appearance:

Suspect #	Sex	Race	Hair color	Clothing	Voice
1					
2					
3					
4					
5					
6					

Where any of the suspects wearing uniforms?                       Yes                       No

If "Yes," describe the uniform(s): \_\_\_\_\_  
 \_\_\_\_\_

Describe any other unusual characteristics of the suspects: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did any of the suspects notice the witness?                       Yes                       No

If "Yes," how did they respond: \_\_\_\_\_  
 \_\_\_\_\_

**Vehicles at the site**

Were vehicles present at the site?                       Yes                       No

Did the vehicles appear to belong to the suspects?                       Yes                       No

How many vehicles were present? \_\_\_\_\_

Describe each vehicle:

Vehicle #	Type	Color	Make	Model	License plate
1					
2					
3					
4					
5					
6					

Where there any logos or distinguishing markings on the vehicles?  Yes  No  
 If "Yes," describe: \_\_\_\_\_

Provide any additional detail about the vehicles and how they were used (if at all): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Equipment at the site**

Was any unusual equipment present at the site?  Yes  No

- |  |   |
|--|---|
| <input type="checkbox"/> Explosive or incendiary devices       | <input type="checkbox"/> Firearms                             |
| <input type="checkbox"/> PPE (e.g., gloves, masks)             | <input type="checkbox"/> Containers (e.g., bottles, drums)    |
| <input type="checkbox"/> Tools (e.g., wrenches, bolt cutters)  | <input type="checkbox"/> Hardware (e.g., valves, pipe, hoses) |
| <input type="checkbox"/> Lab equipment (e.g., beakers, tubing) | <input type="checkbox"/> Pumps and related equipment          |
| <input type="checkbox"/> Other _____                           |   |

Describe the equipment and how it was being used by the suspects (if at all): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Unusual conditions at the site**

Were there any unusual conditions at the site?  Yes  No

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Explosions or fires      | <input type="checkbox"/> Fogs or vapors | <input type="checkbox"/> Unusual odors  |
| <input type="checkbox"/> Dead/stressed vegetation | <input type="checkbox"/> Dead animals   | <input type="checkbox"/> Unusual noises |
| <input type="checkbox"/> Other _____              |   |   |

Describe the site conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional observations**

Describe any additional details from the witness account: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**SIGNOFF**

Name of interviewer:

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date/Time: \_\_\_\_\_

Name of witness:

Print name \_\_\_\_\_

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](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 capture 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!**

**THREAT NOTIFICATION**

Name of person receiving the call: \_\_\_\_\_

Date phone call received: \_\_\_\_\_

Time phone call received: \_\_\_\_\_

Time phone call ended: \_\_\_\_\_

Duration of phone call: \_\_\_\_\_

Originating number: \_\_\_\_\_

Originating name: \_\_\_\_\_

*If the number/name is not displayed on the caller ID, press \*57 (or call trace) at the end of the call and inform law enforcement that the phone company may have trace information.*

Is the connection clear?  Yes  No

Could call be from a wireless phone?  Yes  No

**DETAILS OF THREAT**

Has the water already been contaminated?  Yes  No

Date and time of contaminant introduction known?  Yes  No

Date and time if known: \_\_\_\_\_

Location of contaminant introduction known?  Yes  No

Site Name: \_\_\_\_\_

Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

Additional Site Information: \_\_\_\_\_



**Name or type of contaminant known?**  Yes  No

Type of contaminant

Chemical  Biological  Radiological

Specific contaminant name/description: \_\_\_\_\_  
\_\_\_\_\_

**Mode of contaminant introduction known?**  Yes  No

Method of addition:  Single dose  Over time  Other \_\_\_\_\_

Amount of material: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Motive for contamination known?**  Yes  No

Retaliation/revenge  Political cause  Religious doctrine  
 Other \_\_\_\_\_

Describe motivation: \_\_\_\_\_  
\_\_\_\_\_

## CALLER INFORMATION

### Basic Information:

Stated name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Location/address: \_\_\_\_\_

### Caller's Voice:

Did the voice sound disguised or altered?  Yes  No

Did the call sound like a recording?  Yes  No

Did the voice sound?  Male /  Female  Young /  Old

Did the voice sound familiar?  Yes  No

If 'Yes,' who did it sound like? \_\_\_\_\_

Did the caller have an accent?  Yes  No

If 'Yes,' what nationality? \_\_\_\_\_

How did the caller sound or speak?

Educated  Well spoken  Illiterate  
 Irrational  Obscene  Incoherent  
 Reading a script  Other \_\_\_\_\_

What was the caller's tone of voice?

- |                                      |                                  |                                  |  |
|--------------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Angry   | <input type="checkbox"/> Lipping | <input type="checkbox"/> Stuttering/broken |
| <input type="checkbox"/> Excited     | <input type="checkbox"/> Nervous | <input type="checkbox"/> Sincere | <input type="checkbox"/> Insincere         |
| <input type="checkbox"/> Slow        | <input type="checkbox"/> Rapid   | <input type="checkbox"/> Normal  | <input type="checkbox"/> Slurred           |
| <input type="checkbox"/> Soft        | <input type="checkbox"/> Loud    | <input type="checkbox"/> Nasal   | <input type="checkbox"/> Clearing throat   |
| <input type="checkbox"/> Laughing    | <input type="checkbox"/> Crying  | <input type="checkbox"/> Clear   | <input type="checkbox"/> Deep breathing    |
| <input type="checkbox"/> Deep        | <input type="checkbox"/> High    | <input type="checkbox"/> Raspy   | <input type="checkbox"/> Cracking          |
| <input type="checkbox"/> Other _____ |                                  |                                  |  |

Were there background noises coming from the caller's end?

- |  |          |       |
|--|----------|-------|
| <input type="checkbox"/> Silence               |          |       |
| <input type="checkbox"/> Voices                | describe | _____ |
| <input type="checkbox"/> Children              | describe | _____ |
| <input type="checkbox"/> Animals               | describe | _____ |
| <input type="checkbox"/> Factory sounds        | describe | _____ |
| <input type="checkbox"/> Office sounds         | describe | _____ |
| <input type="checkbox"/> Music                 | describe | _____ |
| <input type="checkbox"/> Traffic/street sounds | describe | _____ |
| <input type="checkbox"/> Airplanes             | describe | _____ |
| <input type="checkbox"/> Trains                | describe | _____ |
| <input type="checkbox"/> Ships or large boats  | describe | _____ |
| <input type="checkbox"/> Other: _____          |          |       |

---

**SIGNOFF**

Name of call recipient:

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date/Time: \_\_\_\_\_

Name of person completing form (if different from call 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](http://www.usps.com/news/2001/press/pr01_1022gsa.htm)).

### THREAT NOTIFICATION

Name of person receiving the written threat: \_\_\_\_\_

Person(s) to whom threat was addressed: \_\_\_\_\_

Date threat received: \_\_\_\_\_ Time threat received: \_\_\_\_\_

#### How was the written threat received?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> US Postal service | <input type="checkbox"/> Delivery service | <input type="checkbox"/> Courier        |
| <input type="checkbox"/> Fax               | <input type="checkbox"/> E-mail           | <input type="checkbox"/> Hand delivered |
| <input type="checkbox"/> Other _____       |   |   |

If mailed, is the return address listed?  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

If mailed, what is the date and location of the postmark? \_\_\_\_\_  
\_\_\_\_\_

If delivered, what was the service used (list any tracking numbers)? \_\_\_\_\_  
\_\_\_\_\_

If Faxed, what is the number of the sending fax? \_\_\_\_\_

If E-mailed, what is the e-mail address of sender? \_\_\_\_\_  
\_\_\_\_\_

If hand-delivered, who delivered the message? \_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF THREAT**

**Has the water already been contaminated?**  Yes  No

**Date and time of contaminant introduction known?**  Yes  No  
Date and time if known: \_\_\_\_\_

**Location of contaminant introduction known?**  Yes  No  
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  
 Other \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Additional Site Information: \_\_\_\_\_  
\_\_\_\_\_

**Name or type of contaminant known?**  Yes  No  
Type of contaminant  
 Chemical  Biological  Radiological

Specific contaminant name/description: \_\_\_\_\_  
\_\_\_\_\_

**Mode of contaminant introduction known?**  Yes  No  
Method of addition:  Single dose  Over time  Other \_\_\_\_\_

Amount of material: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Motive for contamination known?**  Yes  No  
 Retaliation/revenge  Political cause  Religious doctrine  
 Other \_\_\_\_\_

Describe motivation: \_\_\_\_\_  
\_\_\_\_\_

**NOTE CHARACTERISTICS**

**Perpetrator Information:**

Stated name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Location/address: \_\_\_\_\_

**Condition of paper/envelop:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Marked personal         | <input type="checkbox"/> Marked confidential | <input type="checkbox"/> Properly addressed     |
| <input type="checkbox"/> Neatly typed or written | <input type="checkbox"/> Clean               | <input type="checkbox"/> Corrected or marked-up |
| <input type="checkbox"/> Crumpled or wadded up   | <input type="checkbox"/> Soiled/stained      | <input type="checkbox"/> Torn/tattered          |
| <input type="checkbox"/> Other: _____            |  |   |

**How was the note prepared?**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Handwritten in print | <input type="checkbox"/> Handwritten in script                     | <input type="checkbox"/> Computer typed |
| <input type="checkbox"/> Machine typed        | <input type="checkbox"/> Spliced (e.g., from other typed material) |   |
| <input type="checkbox"/> Other: _____         |  |   |

If handwritten, does writing look familiar?       Yes       No

\_\_\_\_\_

**Language:**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Clear English           | <input type="checkbox"/> Poor English |
| <input type="checkbox"/> Another language: _____ |                                       |
| <input type="checkbox"/> Mixed languages: _____  |                                       |

**Writing Style**

- |                                       |  |                                     |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Educated     | <input type="checkbox"/> Proper grammar        | <input type="checkbox"/> Logical    |
| <input type="checkbox"/> Uneducated   | <input type="checkbox"/> Poor grammar/spelling | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Use of slang | <input type="checkbox"/> Obscene               |                                     |
| <input type="checkbox"/> Other: _____ |  |                                     |

**Writing Tone**

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Clear         | <input type="checkbox"/> Direct     | <input type="checkbox"/> Sincere    |
| <input type="checkbox"/> Condescending | <input type="checkbox"/> Accusatory | <input type="checkbox"/> Angry      |
| <input type="checkbox"/> Agitated      | <input type="checkbox"/> Nervous    | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Other: _____  |                                     |                                     |

---

**SIGNOFF**

Name of individual who received the threat:

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of person completing form (if 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](http://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 complaint? 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?

Source: Response Protocol Toolbox - Module 2: Contamination Threat Management Guide  
[http://www.epa.gov/safewater/watersecurity/pubs/guide\\_response\\_module2.pdf](http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module2.pdf)

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 complaints are used to support the evaluation.*

*Note that in this form, water quality refers to both specific water quality parameters and the general aesthetic characteristics of the water that might result in consumer complaints.*

**Threat warning is based on:**     Water quality         Consumer complaints         Other

**What is the water quality parameter or complaint under consideration?**

**Are unusual consumer complaints corroborated by unusual water quality data?**

**Is the unusual water quality indicative of a particular contaminant of concern? For example, is the color, order, or taste associated with a particular contaminant?**

**Are consumers in the affected area experiencing any unusual health symptoms?**

**What is 'typical' for consumer complaints for the current season and water quality?**

Number of complaints.  
Nature of complaints.  
Clustering of complaints

**What is considered to be 'normal' water quality (i.e., what is the baseline water quality data or level of consumer complaints)?**

**What is reliability of the method or instrumentation used for the water quality analysis?**

Are standards and reagents OK?  
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.*

**PUBLIC HEALTH NOTIFICATION**

**Date and Time of notification:** \_\_\_\_\_

**Name of person who received the notification:** \_\_\_\_\_

**Contact information for individual providing the notification**

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Day-time phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Why is this person contacting the drinking water utility?** \_\_\_\_\_

\_\_\_\_\_

**Has the state or local public health agency been notified?**  Yes  No

If "No," the appropriate public health official should be immediately notified.

**DESCRIPTION OF PUBLIC HEALTH EPISODE**

**Nature of public health episode:**

Unusual disease (mild)  Unusual disease (severe)  Death

Other: \_\_\_\_\_

**Symptoms:**

Diarrhea  Vomiting/nausea  Flu-like symptoms

Fever  Headache  Breathing difficulty

Other: \_\_\_\_\_

Describe symptoms: \_\_\_\_\_

\_\_\_\_\_

**Causative Agent:**  Known  Suspected  Unknown

*If known or suspected, provide additional detail below*

Chemical  Biological  Radiological

Describe \_\_\_\_\_

Estimate of time between exposure and onset of symptoms: \_\_\_\_\_

**Exposed Individuals:**

Location where exposure is thought to have occurred

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Residence    | <input type="checkbox"/> Work          | <input type="checkbox"/> School           |
| <input type="checkbox"/> Restaurant   | <input type="checkbox"/> Shopping mall | <input type="checkbox"/> Social gathering |
| <input type="checkbox"/> 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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Single building | <input type="checkbox"/> Complex (several buildings) | <input type="checkbox"/> City block            |
| <input type="checkbox"/> Neighborhood    | <input type="checkbox"/> Cluster of neighborhoods    | <input type="checkbox"/> Large section of city |
| <input type="checkbox"/> Other: _____    |  |  |

Additional notes on extent of area: \_\_\_\_\_

Do the exposed individuals represent a disproportionate number of:

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Immune compromised  | <input type="checkbox"/> Elderly        | <input type="checkbox"/> Children |
| <input type="checkbox"/> Infants   | <input type="checkbox"/> Pregnant women | <input type="checkbox"/> Women    |
| <input type="checkbox"/> Other: _____  |   |                                   |
| <input type="checkbox"/> 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?**       Yes       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

**Were there any security incidents within the affected area?**       Yes       No

**SIGNOFF**

Name of person completing form:

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date/Time: \_\_\_\_\_

Source: Response Protocol Toolbox - Module 3: Site Characterization and Sampling Guide  
[http://www.epa.gov/safewater/watersecurity/pubs/guide\\_response\\_module3.pdf](http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module3.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.**

### INVESTIGATION SITE

**Site Name:** \_\_\_\_\_

**Type of facility:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Source water                     | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station       |
| <input type="checkbox"/> Ground storage tank<br>reservoir | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water     |
| <input type="checkbox"/> Distribution main                | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other                            | _____  |   |

**Address:** \_\_\_\_\_

**Additional Site Information:** \_\_\_\_\_

### INITIAL HAZARD ASSESSMENT

**Are there any indicators of an explosive hazard?**  Yes  No

*If “Yes,” notify law enforcement and do not send a team to the site.*

**Initial hazard categorization**

- |  |  |
|--|--|
| <input type="checkbox"/> Low hazard          | <input type="checkbox"/> Chemical hazard   |
| <input type="checkbox"/> Radiological hazard | <input type="checkbox"/> Biological hazard |

*If the initial hazard assessment indicates a chemical, radiological, or biological hazard (as described in Module 3, Section 4.1.3), then only teams trained to deal with such hazards should be sent to the site.*

**SITE CHARACTERIZATION TEAM**

**Name & Affiliation of Site Characterization Team Leader:**

---

**Drinking water utility staff:**

- Water quality specialist      Name: \_\_\_\_\_
- Security specialist              Name: \_\_\_\_\_
- Operations specialist            Name: \_\_\_\_\_
- Other \_\_\_\_\_                  Name: \_\_\_\_\_

**Representatives from other agencies:**

- Local law enforcement       Fire department               HazMat
- US EPA                               FBI                                   Other

**COMMUNICATION PROCEDURES**

**Mode of communication:**

- Phone                                       2-way radio                       Digital
- Facsimile                                   Other \_\_\_\_\_

**Reporting events:**

- Upon arrival at site                   During approach                   Site entry
- After site evaluation                   After field testing                   Site exit
- Other \_\_\_\_\_

**FIELD SCREENING CHECKLIST**

<b>U</b>	<b>Parameter<sup>1</sup></b>	<b>Screen<sup>2</sup></b>	<b>Meter/Kit ID<sup>3</sup></b>	<b>Check Date<sup>4</sup></b>	<b>Reference Value<sup>5</sup></b>
	Radiation	Both			
	Chlorine residual	Water			
	pH / conductivity	Water			
	Cyanide	Water			
	Volatile chemicals	Safety			
	Chemical weapons	Both			
	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.

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

### SAMPLING CHECKLIST

<b>U</b>	<b>Analyte<sup>1</sup></b>	<b>No. Samples</b>	<b>Sample Preservation<sup>2</sup></b>
	Standard VOCs		
	Semi-volatiles		
	Quaternary 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 site characterization (examples are listed).
- List preservatives and dechlorinating agents and indicate if they are to be added in the field.

### EQUIPMENT CHECKLIST

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



**SAMPLE HANDLING INSTRUCTIONS**

**Sample delivery:**

- Return samples to water utility
- Ship samples to specified location
- Deliver samples to specified 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 or instructions related to sample storage and security:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**SIGNOFF**

Incident Commander (or designee responsible 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 Contaminants<sup>1</sup>**

<b>Chemical</b>	<b>Physical State</b>	<b>Odor</b>	<b>Color</b>
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**

*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*

**GENERAL INFORMATION**

**Date:** \_\_\_\_\_ **Time arrived investigation at site:** \_\_\_\_\_

**Name of Site Characterization Team Leader:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**LOCATION OF INVESTIGATION SITE**

**Site Name:** \_\_\_\_\_

**Type of facility:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Source water                     | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station       |
| <input type="checkbox"/> Ground storage tank<br>reservoir | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water     |
| <input type="checkbox"/> Distribution main                | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection |
| <input type="checkbox"/> Other _____                      |  |   |

**Address:** \_\_\_\_\_

**Weather Conditions at Site:** \_\_\_\_\_

**Additional Site Information:** \_\_\_\_\_

## APPROACH TO SITE

**Time of Approach to Site:** \_\_\_\_\_

### Initial Field Safety Screening (as listed in the "Site Characterization Plan"):

- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> None   | <input type="checkbox"/> Radiation        | <input type="checkbox"/> Volatile chemicals |
| <input type="checkbox"/> HAZCAT | <input type="checkbox"/> Chemical weapons | <input type="checkbox"/> Biological agents  |
| <input type="checkbox"/> Other  | _____                                     |   |

**Report results of field safety screening in Appendix 8.3 "Field Testing Results Form."**

*If any field safety screening result is above the corresponding reference value, immediately notify incident command and do not proceed further into the site.*

### Initial Observation and Assessment of Immediate Hazards

- Unauthorized individuals present at the site
- Fire or other obvious hazard
- Signs of a potential explosive hazard (e.g., devices with exposed wires)
- Signs of a potential chemical hazard (e.g., dead animals, unusual fogs, unusual odors)
- Unusual and unexplained equipment at the site
- Other signs of immediate hazard \_\_\_\_\_

*If there are any indicators of immediate hazard, immediately notify incident command and do not proceed further into the site.*

**Report initial observations and results to incident commander.**

**Approval granted to proceed further into the site?**  Yes  No

## SITE INVESTIGATION

**Time of Entry to Site:** \_\_\_\_\_

### Repeat Field Safety Screening

- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> None   | <input type="checkbox"/> Radiation        | <input type="checkbox"/> Volatile chemicals |
| <input type="checkbox"/> HAZCAT | <input type="checkbox"/> Chemical weapons | <input type="checkbox"/> Biological agents  |
| <input type="checkbox"/> Other  | _____                                     |   |

**Report results of field safety screening in Appendix 8.3 "Field Testing Results Form."**

*If any field safety screening result is above the corresponding reference value, immediately notify incident command and do not proceed further into the site.*

**Signs of Hazard:**

- |  |   |
|--|---|
| <input type="checkbox"/> None                                    | <input type="checkbox"/> Unexplained dead animals     |
| <input type="checkbox"/> Unexplained dead or stressed vegetation | <input type="checkbox"/> Unexplained clouds or vapors |
| <input type="checkbox"/> Unexplained liquids                     | <input type="checkbox"/> Other _____                  |

Describe signs of hazard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unexplained or Unusual Odors:**

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None         | <input type="checkbox"/> Pungent      | <input type="checkbox"/> Irritating    |
| <input type="checkbox"/> Sulfur       | <input type="checkbox"/> Skunky       | <input type="checkbox"/> Bitter almond |
| <input type="checkbox"/> Sweet/Fruity | <input type="checkbox"/> New mown hay | <input type="checkbox"/> Other _____   |

Describe unusual odor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unusual Vehicles Found at the Site:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Car/sedan     | <input type="checkbox"/> SUV                  | <input type="checkbox"/> Pickup truck |
| <input type="checkbox"/> Flatbed truck | <input type="checkbox"/> Construction vehicle | <input type="checkbox"/> None         |
| <input type="checkbox"/> Other _____   |   |                                       |

Describe vehicles (including make/model/year/color, license plate #, and logos or markings): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signs of Tampering:**

- |  |  |
|--|--|
| <input type="checkbox"/> None                                  | <input type="checkbox"/> Cut locks/fences            |
| <input type="checkbox"/> Open/damaged gates, doors, or windows | <input type="checkbox"/> Open/damaged access hatches |
| <input type="checkbox"/> Missing/damaged equipment             | <input type="checkbox"/> Facility in disarray        |
| <input type="checkbox"/> Other _____                           |  |

Signs of sequential intrusion (e.g., locks removed from a gate and hatch)?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Describe signs of tampering: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unusual Equipment:**

- |  |  |
|--|--|
| <input type="checkbox"/> None                                  | <input type="checkbox"/> Discarded PPE (e.g., gloves, masks) |
| <input type="checkbox"/> Tools (e.g., wrenches, bolt cutters)  | <input type="checkbox"/> Hardware (e.g., valves, pipe)       |
| <input type="checkbox"/> Lab equipment (e.g., beakers, tubing) | <input type="checkbox"/> Pumping equipment                   |
| <input type="checkbox"/> Other _____                           |  |

Describe equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unusual Containers:**

**Type of container:**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> Drum/Barrel    | <input type="checkbox"/> Bottle/Jar           |
| <input type="checkbox"/> Plastic bag | <input type="checkbox"/> Box/Bin        | <input type="checkbox"/> Pressurized cylinder |
| <input type="checkbox"/> Test Tube   | <input type="checkbox"/> Bulk container | <input type="checkbox"/> Other _____          |
| _____                                |   |   |

**Condition of container:**

- |                                   |                              |  |
|-----------------------------------|------------------------------|--|
| <input type="checkbox"/> Opened   | <input type="checkbox"/> New | <input type="checkbox"/> Damaged/leaking |
| <input type="checkbox"/> Unopened | <input type="checkbox"/> Old | <input type="checkbox"/> Intact/dry      |

**Size of container:** \_\_\_\_\_

**Describe labeling on container:** \_\_\_\_\_  
\_\_\_\_\_

**Describe visible contents of container:** \_\_\_\_\_  
\_\_\_\_\_

**Rapid Field Testing of the Water**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> None        | <input type="checkbox"/> Residual disinfectant | <input type="checkbox"/> pH / conductivity |
| <input type="checkbox"/> Cyanide     | <input type="checkbox"/> Radiation             | <input type="checkbox"/> VOCs and SVOCs    |
| <input type="checkbox"/> Pesticides  | <input type="checkbox"/> Biotoxins             | <input type="checkbox"/> General toxicity  |
| <input type="checkbox"/> Other _____ |  |  |

**Report results of rapid field testing of the water in Appendix 8.3 "Field Testing Results Form."**

*If any field test result is above the corresponding reference value, immediately notify incident command and wait for instruction regarding how to proceed.*

**Report findings of site investigation to incident commander.**

**Approval granted to proceed with sample collection?**  Yes  No

## SAMPLING

**Time Sampling was Initiated / Completed:** \_\_\_\_\_ / \_\_\_\_\_

### **Implement Sampling Procedures Appropriate for the Hazard Conditions at the Site:**

- |  |  |
|--|--|
| <input type="checkbox"/> Low hazard          | <input type="checkbox"/> Chemical hazard   |
| <input type="checkbox"/> Radiological hazard | <input type="checkbox"/> Biological hazard |

*If the site is characterized as a chemical, radiological, or biological hazard (as described in Module 3, Section 4.1.3), then special sampling and safety procedures should be followed.*

### **Safety 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.

### **General 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 seal 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 leaving the site.
- Ensure that all documentation has been completed before leaving the site perimeter.
- Comply with any site control measures required by participating agencies.
- Contact incident commander and inform them that the team is leaving the site.

---

**SIGNOFF**

Site Characterization Team Leader:

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date/Time: \_\_\_\_\_

## ZENITH CITY OFFICIALS

The Zenith City Officials folder must contain the following files:

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

## STATE AGENCY REPRESENTATIVES

The State Agency Representatives folder must contain the following files:

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

## FEDERAL AGENCY REPRESENTATIVES

The Federal Agency Representatives folder must contain the following files:

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