SCENARIO 2

Control (Facilitator's) Table

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

Control Materials Spare Forms Event Day 1 Materials

Event Day 2 Materials

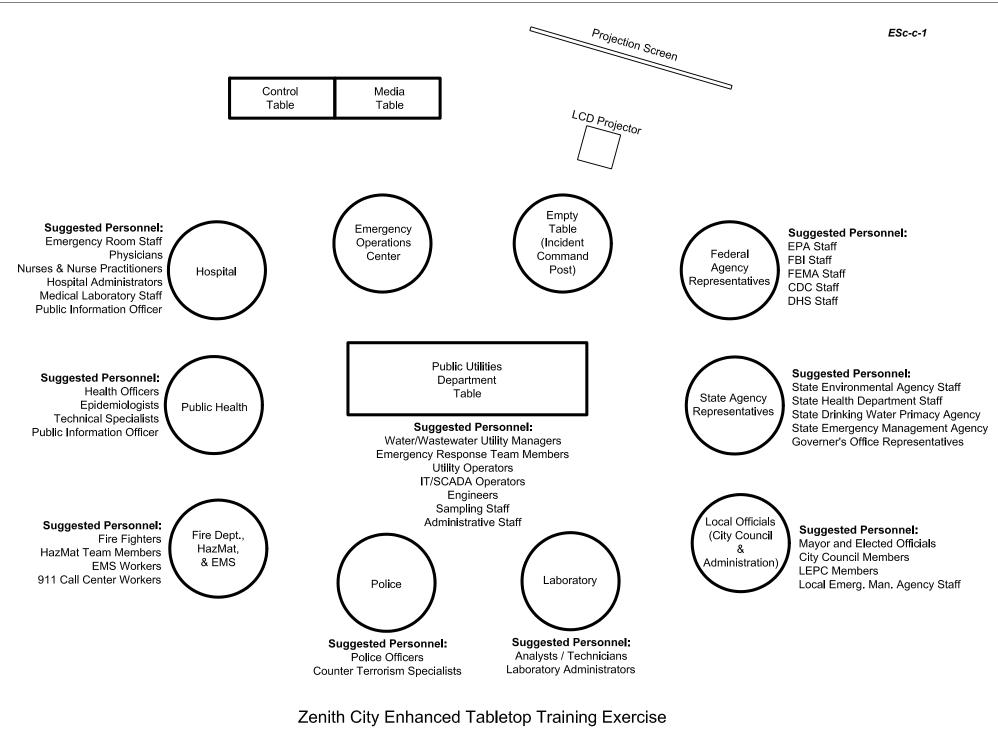
Some of the materials to be contained within each of these folders have been provided on the following pages. Other materials have not been provided as they have special printing instructions. These other materials are to be printed in steps 3 and 4 of the Printing Instructions. The contents of each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

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

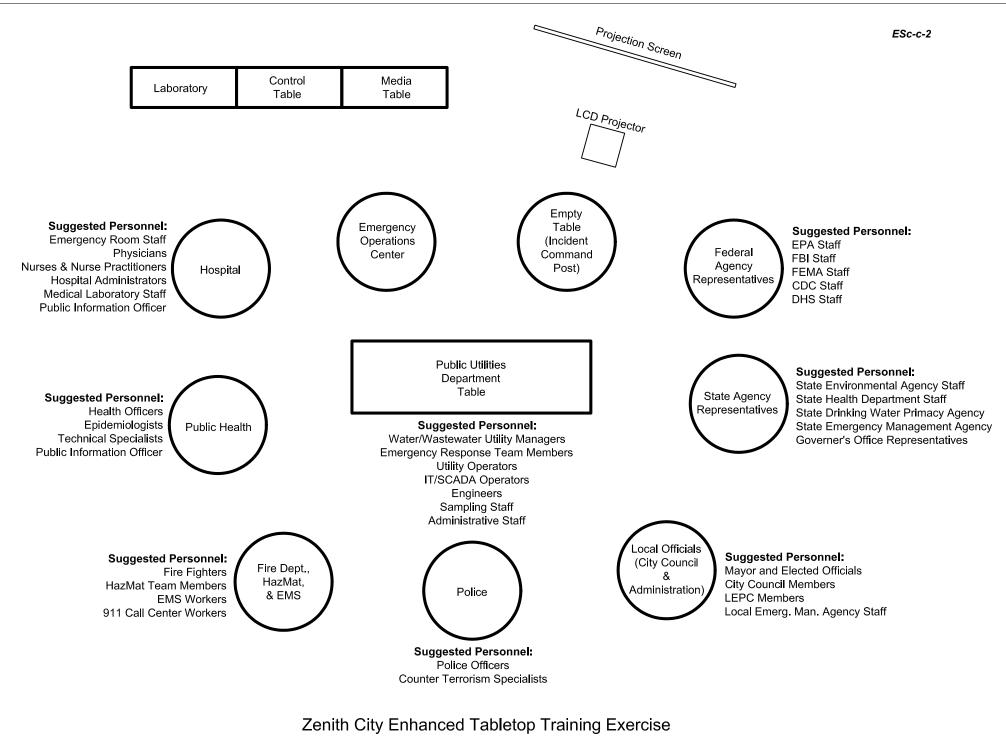
CONTROL MATERIALS

The Control Materials folder must contain the following files:

 MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-c-1	ROOM CONFIGURATION DIAGRAM WITH PARTICIPANT LAB ROLE
ESc-c-2	ROOM CONFIGURATION DIAGRAM WITHOUT PARTICIPANT LAB ROLE
ESc2-c-3	SCENARIO 2 EXERCISE TIMETABLE
ESc2-c-4	SCENARIO 2 DESCRIPTION
	D TABLE SIGNS (AFTER PRINTING, PLACE MATCHING PAGES BACK-TO- SHEET OF HEAVY PAPER IN-BETWEEN AND LAMINATE)



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



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

Instructions for the Controllers/Facilitators:

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

- Control;
- Laboratory; and
- Media.

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

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

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

Zenith City Tabletop Exercise Timetable

(For Controllers and Simulators Only)
Scenario 2

<u>EVE</u> N	T DAY / TIME ACTION DAT
PRE-I	EVENT
0	Present Zenith City background including the fact that the 20 th annual Zenith City fair is in town Discuss exercise rules and familiarize tables with exercise materials.
EVEN	T DAY 1 August
	: ST (START TIME)
	Announce it is Event Day 1.
	Inject ESc2-1-1 to "Zenith City Hospitals" table, 3 copies: emergency room logs with no
_	unusual activity – event day 1
	Inject ESc2-1-2 to "Zenith City Police Department" table, 1 copy: police incident reports noting
	no unusual activity – event day 1
	Inject ESc2-1-3 to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy: 911 incident report
	with no unusual activity – event day 1
	Inject ESc2-1-4 to "Zenith City Water Dept./Public Utilities" table, 1 copy: radio message to water utility emergency response manager (WUERM) from employee informing him/her of the open hatch with broken lock and rubber gloves.
	The utility should check inspection logs to confirm that tank hatch was secured at the time of last inspection.
	The utility should notify the police and initiate the Emergency Response Plan (ERP) breach procedures.
	The hospital should notify the health department of elevated Gastrointestinal (GI) illnesses reported to the emergency room (ER).
	: (ST + 0 hr. 20 min.)
	The police should investigate the breach and ask control for investigation results.
	The police and/or utility should inform the hospitals, public health and the wastewater utility of
	the possible contamination threat.
	The health department should notify the utility of the elevated GI illnesses in Zenith City
_	emergency rooms.
	The utility should isolate the tank and call in HazMat to sample. They should not sample
	themselves unless they are properly equipped (PPE, safety training, etc.) Incident Command should be established.
_	meldent Command should be established.

□ **Inject ESc2-1-5** to "Zenith City Police Department" table *if requested*, 3 copies, and **Inject ESc2-1-6** to "Zenith City Fire Dept., HazMat & EMS" table *if requested*, 3 copies: Investigation results – evidence of tank breach found by police and/or HazMat.

: (ST + 0 hr. 40 min.)

□ **Inject ESc2-1-7** to all participant tables, 1 copy: News Alert #1 – Utility-leaked story of tank break-in and possible contamination.

EVENT DAY 2 August 3

- $_$: (ST + 0 hr. 45 min.)
 - □ Announce it is Event Day 2.
 - □ **Inject ESc2-2-1** to "Zenith City Hospitals" table, 3 copies: Emergency room logs with no unusual activity event day 2
 - □ **Inject ESc2-2-2** to "Zenith City Police Department" table, 1 copy: Police incident reports noting no unusual activity event day 2
 - □ **Inject ESc2-2-3** to "Zenith City Fire Dept., HazMat & EMS" table, 1 copy: 911 incident reports with no unusual activity event day 2
- ☐ The hospital should inform the health department of more GI illness cases reported to emergency rooms.
- ☐ The health department should notify the utility of further illnesses.
 - : (ST + 1 hr. 00 min.)
- □ **Inject ESc2-2-4** to "Zenith City Police Department" table, 1 copy: Direct call to police teenager on his way to work at the fair witnessed suspicious activity at Strawberry Hill water tank yesterday morning, and describes the suspect to the police.
- □ **Inject ESc2-2-6** to all participant tables, 1 copy: News Alert #2 Hospital-leaked information regarding large number of GI illnesses reported in emergency rooms in Zenith City.
- ____: (ST + 1 hr. 15 min.)
- □ **Inject ESc2-2-7** to all participant tables, 1 copy: News Alert #3 Eyewitness account of suspicious activity on the tank and a description of the suspect released to the public.
- Utility should be locating an alternate water source, isolating the tank from the rest of the system, and sampling the tank water. Hyper-chlorination is an option since GI symptoms are typically caused by biological contamination.
- $__$: (ST + 1 hr. 30 min.)
 - □ Provide lab results (24-hour turn around time) to HazMat, water utility and/or public health. All water samples should test negative for all contaminants, and background values should fall within normal ranges. If the hospitals or health department decide to test the food at the fair (if they suspect that the GI symptoms are foodborne), or if they request results from stool samples, the lab should provide results that show the presence of *Salmonella spp*. The true source of the illnesses is the food at the fair, not the water supply.
 - (ST + 1 hr. 45 min.)
 - □ **Inject ESc2-2-5** to "Zenith City Police Department" table, 1 copy: Telephone confession by carnival performer to the pollice stating that he had climbed the tower as a stunt and has a video to prove that there was no contamination to the tank.
 - $\underline{}$: (ST + 2 hr. 00 min.)
 - □ **Inject ESc2-2-8** to all participant tables, 1 copy: News Alert #4 Public notification that the tank incident investigation is resolved, and there is no contamination of the Zenith City water supply. The news report also confirms that the source of the illness is food borne from a certain vendor at the fair (*NOTE: only read this portion of the news alert if the health department has tested the food at the fair and received notification from the lab that *Salmonella spp*. was detected).

^{*} 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, Witness Account Scenario Scenario #2

Background: It is August in Zenith City, and the hazy heat has left many residents feeling lethargic. However, the city is hosting its 20th annual fair and many residents are taking advantage of the rides, exhibits, contests, games, food, and entertainment that it offers. The national threat level is yellow. The city has recently increased its visual inspections of the water distribution system's key components based on both the threat level and the presence of the city's fair, which draws many non-residents to the city.

The Event: On July 27, painting contractors hired by the Zenith City Water Treatment Plant finish painting the Strawberry Hill Standpipe. One of the painters takes off his latex gloves and throws them down on the platform at the top. He changes out of his painter's suit, packs up his gear, and descends from the top of the tank to catch a ride home with his workmates, leaving the latex gloves behind.

Early in the morning on August 2, a couple of acrobats performing at the fair decide to scale the fence at the water supply tank located near the city fairgrounds. One of the acrobats, dressed in a white outfit, throws a grappling hook attached to a climber's rope up to the water tank's ladder. He successfully climbs up to the catwalk platform at the top of the tank. He then proceeds to pick the tank hatch's locking mechanism. After successfully breaking open the hatch, he repels down the side of the tank and flees the site. The perpetrator's acrobat counterpart videotapes the entire stunt.

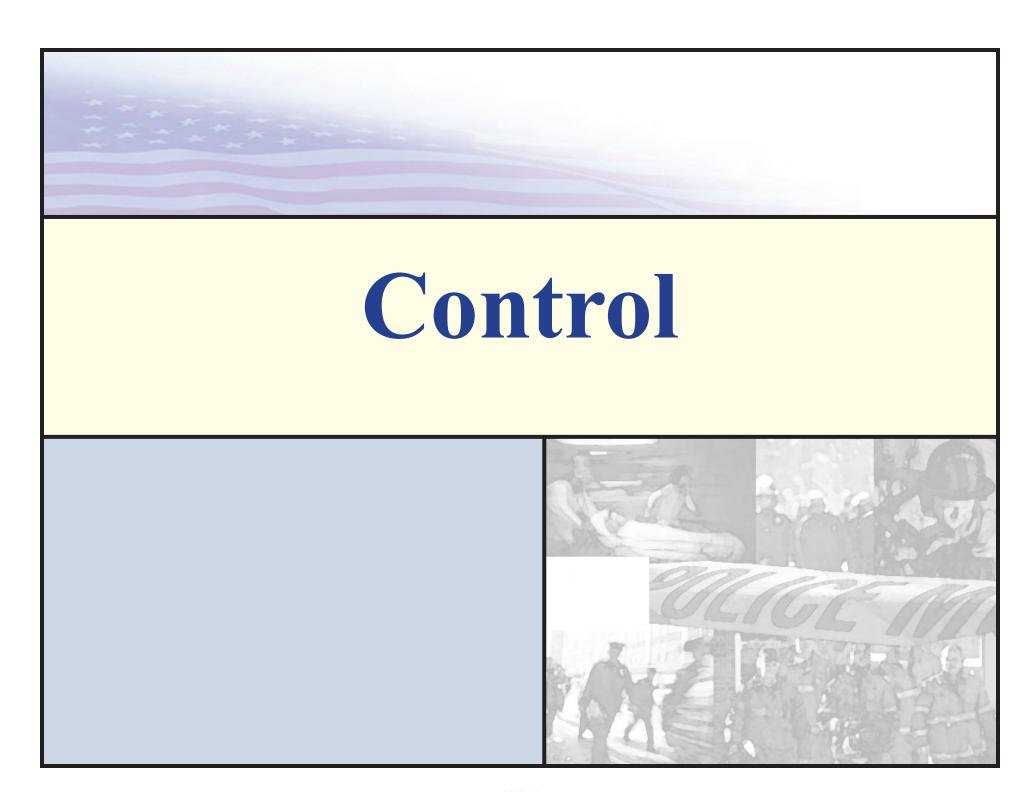
Later that morning, a water utility inspector making her rounds notices that a hatch is open on the top of the Strawberry Hill Standpipe. There are no other indications of a break-in at the tank. Thinking a fellow employee must have accidentally left the hatch open, she unlocks both the perimeter fence and the ladder guard to gain access to the tank. After climbing the ladder to the top of the tank, she notices a pair of latex gloves lying to one side of the open hatch, wedged into the platform grate. Not expecting this, she decides to descend from the tank to call her utility manager to report what she has found.

The Results: The emergency rooms around the city note a rise in visits from people from all parts of Zenith City who are complaining of gastrointestinal illness. It is speculated by the media that the illnesses might be related to the security breach at the water tank. The true source of the illnesses is foodborne. The concessions at the city fair were serving improperly preserved food to the fairgoers of Zenith City.



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











KWSD Media

KWSD Media

Zenith City Hospitals

St. Michael's
Zenith City
Sacred Heart
North End

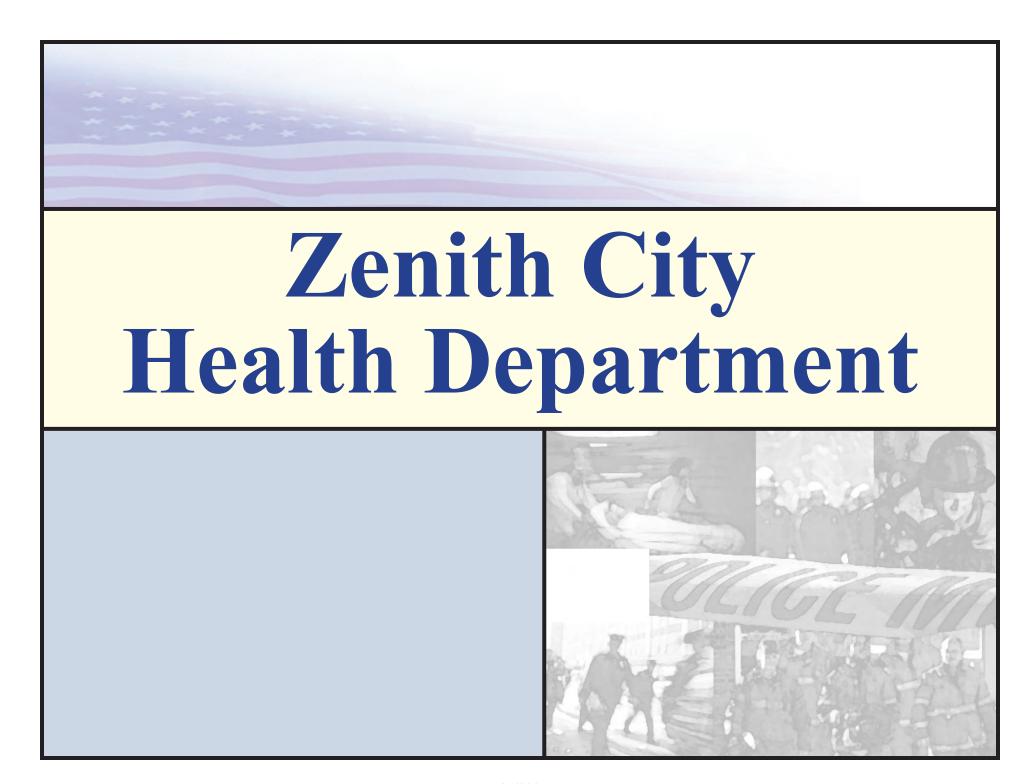


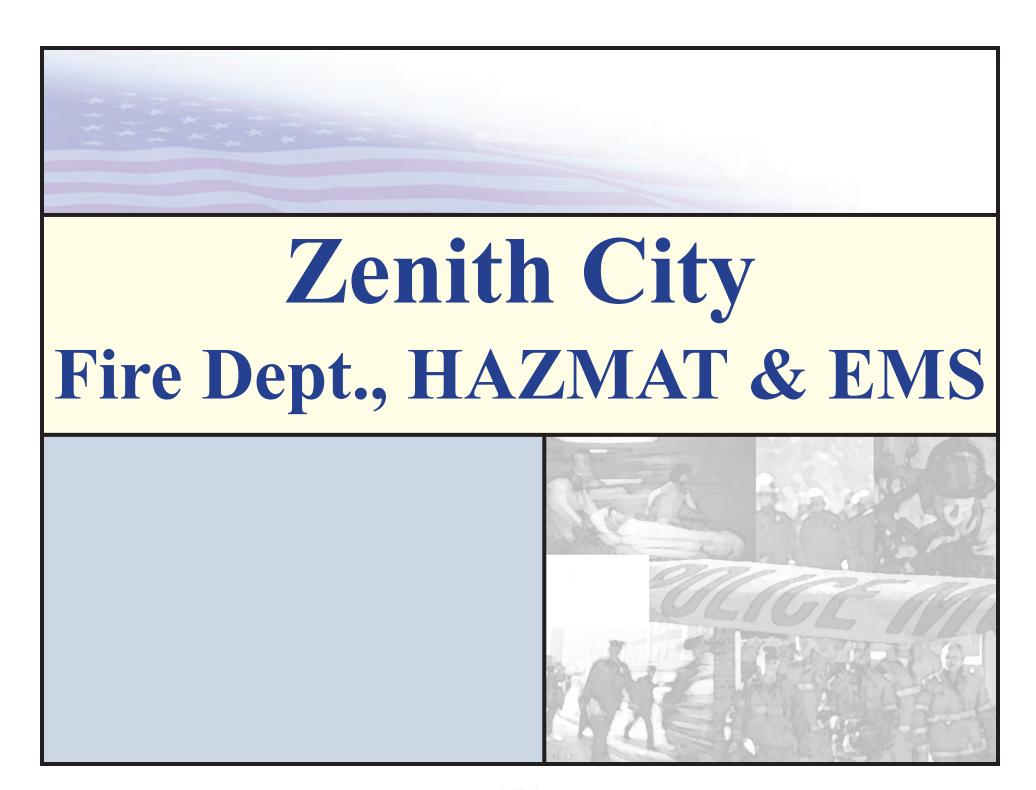
Zenith City Hospitals

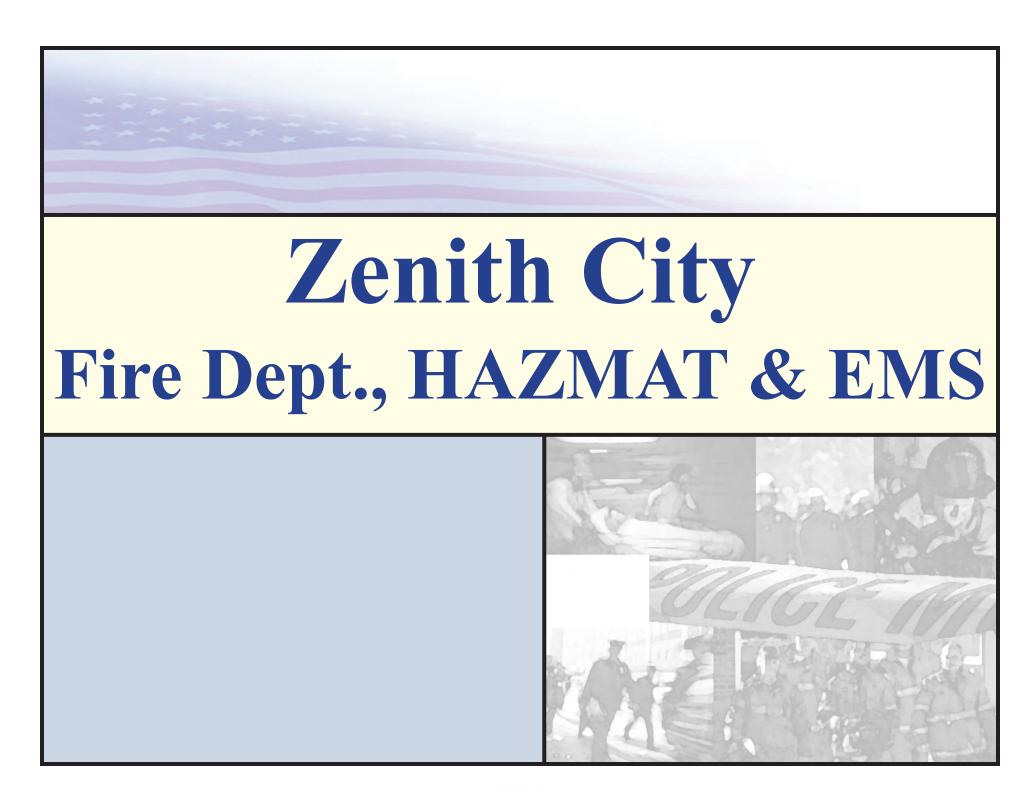
St. Michael's
Zenith City
Sacred Heart
North End



Zenith City Health Department





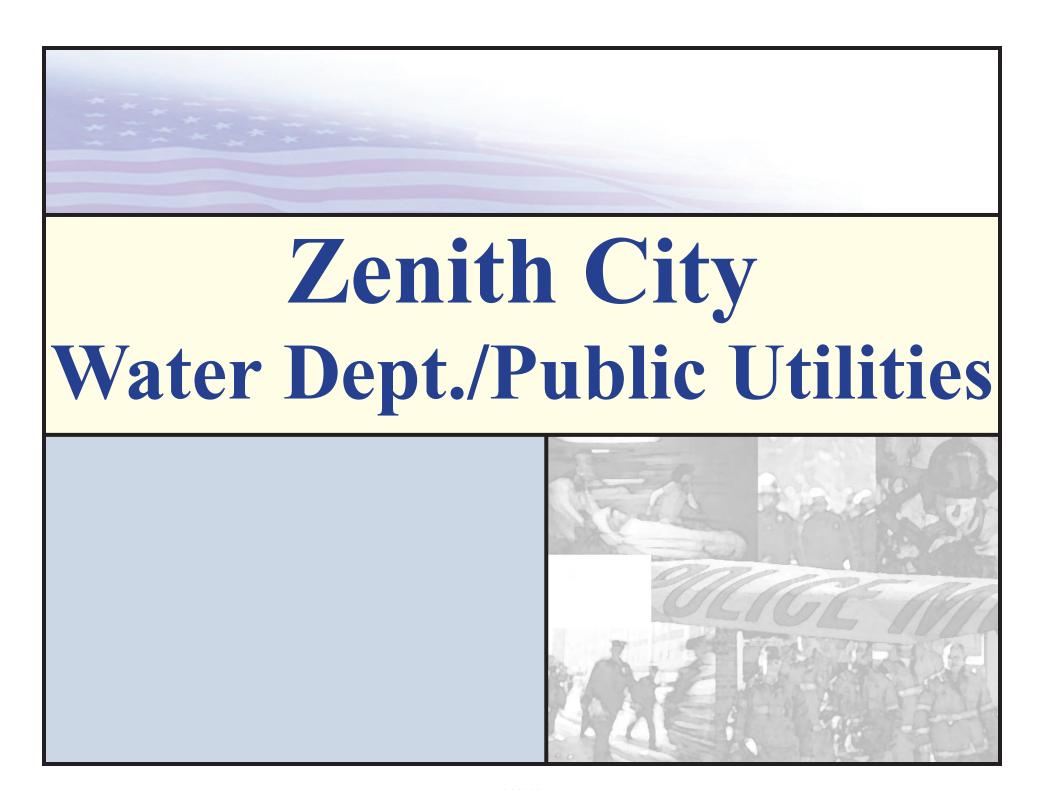


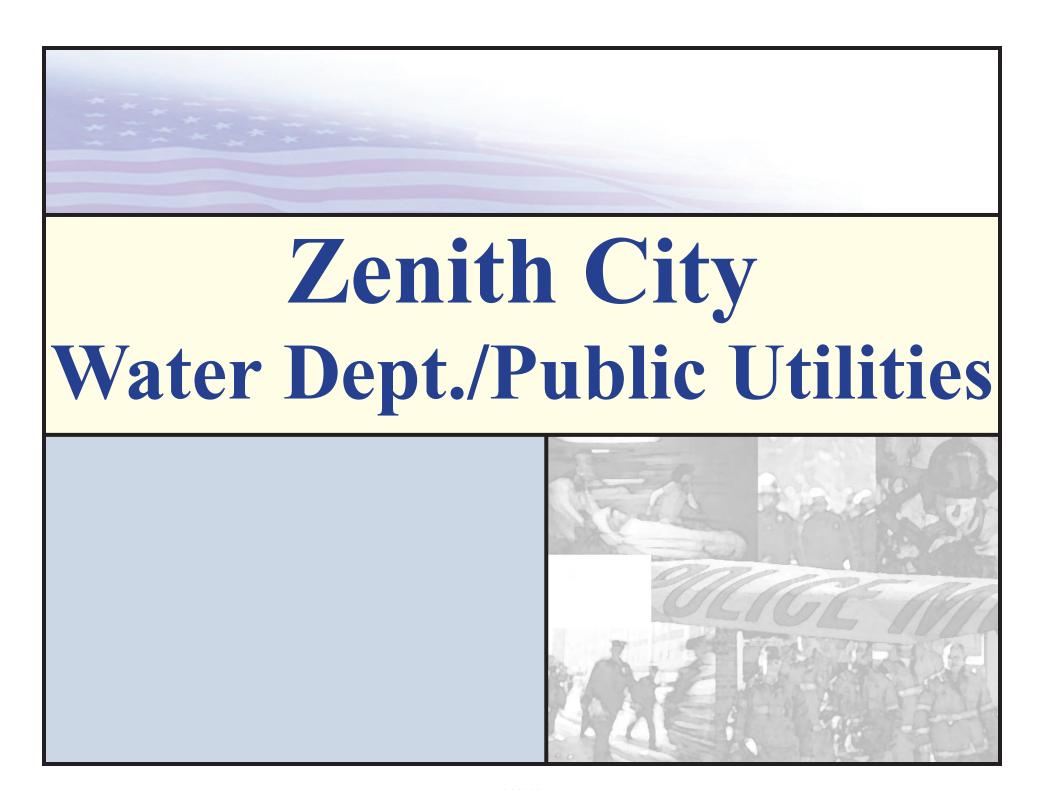
Federal Agency Representatives



Federal Agency Representatives







EVENT DAY 1 MATERIALS

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

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc2-1-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TABLE TO DISTRIBUTE IF THEY CHOOSE)
ESc2-1-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
☐ ESc2-1-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
☐ ESc2-1-4	CALL FROM WATER UTILITY EMPLOYEE REPORTING "TANK BREACH"
ESc2-1-5	POLICE - "TANK BREACH" INVESTIGATION RESULTS (3 COPIES, 2 ARE EXTRA COPIES FOR POLICE TO DISTRIBUTE IF THEY CHOOSE)
ESc2-1-6	HAZMAT - "TANK BREACH" INVESTIGATION RESULTS (3 COPIES, 2 ARE EXTRA COPIES FOR HAZMAT TO DISTRIBUTE IF THEY CHOOSE)
ESc2-1-7	NEWS ALERT #1 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)

Zenith City Hospitals – Emergency Room Log (Sacred Heart, North End, Zenith City, Saint Michael's) Event Day 1 August 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 G	Slens	TV = The Village	SZ = So	uth Zenith		
1	08/02	6:45 AM	Gittleman	Jerry	М	4	10 Goddard Rd.	TV	380 Main St.	TV	HMO Blue	No	lacerated hand, heavy bleeding
2	08/02	9:40 AM	Shrambing	Marvin	М	45	35 Garfield Ave.	TV	11 Bullard St.	SZ	HMO Blue	No	fever, diarrhea, stomach cramps
3	08/02	10:39 AM	Jordan	Reggie	М	27	7 Francis Rd.	TV	119 Chestnut St.	TV	Kaiser P.	Yes	Compound fracture (right arm), work related injury
4	08/02	10:40 AM	Barker	Regina	F	2	17 Edwards Dr.	SZ	N/A	N/A	HMO Blue	No	flu symptoms, fatigue
5	08/02	11:35 AM	Mesaphante	Gary	М	42	57 Deerfield Rd.	FH	382 Main St.	SZ	PPO Blue	No	diabetic seizure
6	08/02	1:48 PM	Whiten	Sandra	F	33	24 Rendell Dr.	SZ	20 Eagle Dr.	LD	Mutual of On		Fever, headache, severe diarrhea and dehydration
7	08/02	1:49 PM	Hong	Marty	М	65	33 Harding St.	TG	N/A	N/A	Medicare	No	stomach pain, fever, blood in stool
8	08/02	2:38 PM	Berlo	Paul	М	16	5 Garden St.	TG	N/A	N/A	Aetna	No	diarrhea, cramping, and fever
9	08/02	3:25 PM	Quick	Richard	М	33	79 Bay Road	FH	295 Brook Rd.	SZ	HMO Blue	Yes	high fever, stomach cramps, nausea and vomiting
10	08/02	3:29 PM	Marion	Jeniffer	F	37	57 South High St.	SZ	100 Main St.	SZ	PPO Blue	No	baby delivery
11	08/02	4:56 PM	Stone	Sarah	F	43	3 Upland Rd.	TV	N/A	N/A	Kaiser P.	Yes	stomach pain, bloody diarrhea, high fever
12	08/02	4:59 PM	Mathews	Karen	F	22	88 Pleasant St.	TV	N/A	N/A	N/A	No	bloody diarrhea, severe cramping, and fever

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13	08/02	5:00 PM	France	Zack	М	28	36 Mallard Dr.	FH	375 Main St.	TV	Aetna	No	compound fracture (leg), sports injury
14	08/02	6:16 PM	Fish	Michelle	F	40	20 Walnut St.	TV	339 Main St.	TV	PPO Blue	No	blood in stool, diarrhea
15	08/02	6:29 PM	McManis	Trevor	М	59	3 Marbet Rd.	TV	35 Beach St.	TV	Kaiser P.	No	broken nose
16	08/02	7:18 PM	Waterstone	Sheryl	F	13	24 Hawk Ln.	LD	N/A	N/A	HMO Blue	No	stomach pain, fever, bloody diarrhea
17	08/02	8:03 PM	Porter	Eric	М	20	92 Foxfire Dr.	TG	601 Highway 1	TG	PPO Blue	No	fractured femur
18	08/02	8:40 PM	Farro	James	М	27	12 Magnolia Rd.	FH	67 Beach St.	TV	Mail Handler	No	soreness in chest, fatigue, difficulty breathing
19	08/02	10:02 PM	Harbaugh	Ellen	F	54	18 May St.	TV	N/A	N/A	HMO Blue	No	ear infection, flu symptoms
20	08/02	11:59 PM	Moore	Susan	F	54	282 Wilson Drive	TV	N/A	N/A	Aetna	Yes	nausea, headache, bloddy diarrhea, and dehydration
21	08/02	11:52 PM	Albert	Karen	F	37	2 Lobert Ln.	TV	N/A	N/A	N/A	No	inflamed cheek, spider bite

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

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4	08/02	10:40 AM	Barker	Regina	F	2	17 Edwards Dr.	SZ	N/A	N/A	HMO Blue	No	flu symptoms, fatigue
5	08/02	11:35 AM	Mesaphante	Gary	М	42	57 Deerfield Rd.	FH	382 Main St.	SZ	PPO Blue	No	diabetic seizure
6	08/02	1:48 PM	Whiten	Sandra	F	33	24 Rendell Dr.	SZ	20 Eagle Dr.	LD	Mutual of On		Fever, headache, severe diarrhea and dehydration
7	08/02	1:49 PM	Hong	Marty	М	65	33 Harding St.	TG	N/A	N/A	Medicare	No	stomach pain, fever, blood in stool
8	08/02	2:38 PM	Berlo	Paul	М	16	5 Garden St.	TG	N/A	N/A	Aetna	No	diarrhea, cramping, and fever
9	08/02	3:25 PM	Quick	Richard	М	33	79 Bay Road	FH	295 Brook Rd.	SZ	HMO Blue	Yes	high fever, stomach cramps, nausea and vomiting
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11	08/02	4:56 PM	Stone	Sarah	F	43	3 Upland Rd.	TV	N/A	N/A	Kaiser P.	Yes	stomach pain, bloody diarrhea, high fever
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Zenith City Police Department Incident Reports Event Day 1 August 2

			I	NCIDE	ENT D	ATE/T	IME				
Date Printed:	08-02	Time	02:23		M.R	.S.	1111	Re	ecord Number		
		Printed:	AM	PM	Num	ber:					1
			1		IDEN	T DAT	Δ				
Incident Type:	Grand the	ft auto		1110.	IDLI	I DILL	<i>.</i>				
Address of	27 Hickory										
Occurrence:	27 Theker.	, ,, ,,									
Originally			Weapoi	n or		Crowbe	ar				
Received As:			Objects			0.0,700					
How Received:			Reporti			Off. Bro	adley, Jo	e	Domestic:		
			Officer			33					
Type of			Other C	Offices					Complaint Status:	Clea	red by arrest
Premises			Notified	d:					-		·
Copies To:	Muni Cour	rt							Arson Related:	No	
Occurred	Date	Time	To:			Date	Time		Officer Injured:	No	
From:					_						
Date Reported	08-02		Call Re	ceived:		01:23 A	\М		Car Number:	12	
Time	01:23 AM		Time of			01:38			District:		st Hills
Reported:	01.20 1111		Time of			01.001	11/1		District.	10,0	51 111115
Officer	No		GEO C	ode:					Processed By:	Gran	ut. P.
Assaulted or	110		020 0	· ·					110000000000000000000000000000000000000	0.00	,
Killed:											
		•		BUR	GLAR	RY DAT	ΓΑ				
Method of	Unlawful e	entry	Burglar				6 <i>PM</i> –6		Point of Entry	No	
Entry:		·	C			AM)			Visible to Patrol:		
		·		REPO	RTIN	G PAR	TY				
Name:	Stevens, Ral	ph									
Home	27 Hickory	Way									
Address:											
Occupation:	Attorney										
Relation:	Owner										
SSN:	876-45-8750										
Date of Birth:	12-11	Sex:		Male			e of		PA		
						Birt					
Age:	56	Race:		Caucas	sian	Mar			Divorced		
						Stat	us:				
					VICT	TIM .					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F		e of				
						Birt		_			
Age:		Race:				Mar					
						Stat	us:				

		KNOV	VN SUSPECT #1				
Name:	Finch, Steve	en					
Date of Birth:	12-12	Sex: Male	SS#: 826-48-8269	Age:	38	Race:	Caucasian
Height:	6"-0"	Hair Color:	Black	Injured	:	Yes, lacerati	ions

									LUCZ-1-
Weight:	182	Hair Len	gth:	Long	F	Iospita	ıl:	No	
Build:	Medium	Hair Styl	le:	Curly		Iospita		N/A	
						Dispos			
Complexion:	Tan	Facial H	air:	N/A			ed By:	Police cru	iser
Eye Color:	Blue	AR#:		4567	I	njury '	Гуре:		
				CHARGES		1			
RS	SMO USC			MO Code				F/M/C	
			T7	NOTES CHICAGO III	•				
Name:			K	NOWN SUSPECT #2	<u>Z</u>				
Date of Birth:		Sex:		SS#:	Ι.	. ~ ~ .	1	Race:	
Height:		Hair Col		35#:		Age: njured	<u> </u>	Race:	
Weight:		Hair Len				Iospita			
Build:		Hair Styl				Iospita Iospita			
Duna.		Trail Styl	ic.			Dispos:			
Complexion:		Facial H	air [.]				ed By:		
Eye Color:		AR#:				njury '			
		1		CHARGES		-,,,	- <i>J</i>		
RS	SMO USC			MO Code				F/M/C	
			K	NOWN SUSPECT #3	3				
Name:		T		<u>, </u>			r	1	•
Date of Birth:		Sex:		SS#:		ige:		Race:	
Height:		Hair Col				njured			
Weight:		Hair Len				Iospita			
Build:		Hair Styl	le:			Iospita			
C 1 :		Facial H				Dispos			
Complexion:			air:				ed By:		
Eye Color:		AR#:		 CHARGES	11	njury '	ı ype:		
D	SMO USC			MO Code				F/M/C	
I K	DIVIO OSC			MO Code				17/IVI/C	
			1			I			
				PROPERTY					
_	T			TRUPERTI					

				PROPE	ERTY				
Owner's	Same as a	bove							
Name:									
Item #:		Value:			Item #:		Value:		
Quantity:		Status:			Quantity:		Status:		
Property		Owner's	Name:		Property		Owner's		
Description: Description Name:									
					:				
				VEH	ICLE				
Owner's Name:	Steven.	s, Ralph							
Vehicle Number	: 428 6J	K	Vehicle S	tatus:	UNK	Code:			
Vehicle Make:	Lexus		Vehicle S	tyle:		Year:	•	2003	
Vehicle Number	: 5htj89i	0ytnk6754	Vehicle S	tatus:		Code:			
Doors Locked:	Yes		Vehicle V	⁷ alue:		Other:			

Suspect apprehended at local diner down the street; claims he has never seen stolen vehicle; car keys found in jacket pocket of suspect; vehicle dusted for fingerprints, results pending; suspect is in custody.

Reporting Officer: Off. Bradley, Joe
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Off. Duey, Steven

			I	NCID	ENT I	DATE/T	IME				
Date Printed:	08-02	Time	06:58	}	M.F	R.S.	1112	Rec	ord Number		
		Printed:	AM	PM	Nur	mber:					2
				INC	CIDEN	NT DAT	A				
Incident Type:	Arson/fire	– 911 Call									
Address of	14 Cobble	Street									
Occurrence:											
Originally			Weapo								
Received As:			Objects								
How Received:			Reporti Officer			Off. Ru Harry	sten,		Domestic:	No	
Type of	Residence		Other (Offices		28, 17		(Complaint Status:		
Premises			Notifie	d:					_		
Copies To:	Muni Cour		Fire De	ept.					Arson Related:	Yes	
Occurred From:	Date	Time	To:			Date	Time	е (Officer Injured:	No	
1101111	08-02	5:00 AM				08-02	5:15 AM	5			
Date Reported	08-02		Call Re	ceived	l:	05:15 A		- (Car Number:	12	
Time	05:16 AM		Time o			05:25 A			District:	The (Glens
Reported:											
Officer	No		GEO C	ode:]	Processed By:	Gran	t, P.
Assaulted or											
Killed:											
						RY DAT	ΓΑ				
Method of Entry:	N/A		Burgla	гу Туре	e:	N/A			Point of Entry Visible to Patrol:	No	
zmirj.				REPO	RTI	NG PAR	TY		visioie to runoi.		
Name:	Michaels, P	olly									
Home	12 Cobble S	treet									
Address:											
Occupation:	Housewife										
Relation:	Neighbor										
SSN:	134-56-9000										
Date of Birth:	12-11	Sex:		Femal	le	Plac Birti		0	K		
Age:	41	Race:		Cauca	isian	Mar Stat		M	larried		
L						Stat	u b.	<u> </u>			
					VIC	TIM					
Name:	Tide, John				,,,,						
Home	14 Cobble S	Street									
Address:											
Occupation:	UNK										
Relation: SSN:	Neighbor										
Date of Birth:	UNK UNK	Cove	Т	м	F	Plac	o of	177	NK		
		Sex:		M	Г	Birt	h:				
Age:	UNK	Race: C	auc.			Mar Stat			NK		
				KNOV	WN SI	USPECT	Ր #1				

Age:

Injured:

Hospital:

Race:

UNK

Sex: Hair Color:

Hair Length:

Name:

Height:

Weight:

Date of Birth:

Hospital

					Disposition					
Complexion:	Facial H	air:			Conveyed	•				
Eye Color:	AR#:				Injury Typ	e:				
			CHARG	ES						
	ARSON.	BREAKING &	ENTERI	NG. UNLAWI	FUL ENTR'	Y				
RS	MO USC		MO Coc				F/N	Ī/C		
	28.12		4288				-			
		KNO	WN SUSI	PECT #2						
Name:										
Date of Birth:	Sex:		SS#:		Age:		Race:			
Height:	Hair Col	or:			Injured:					
Weight:	Hair Len	gth:			Hospital:					
Build:	Hair Styl	e:			Hospital					
					Disposition	n:				
Complexion:	Facial H	air:			Conveyed	By:				
Eye Color:	AR#:				Injury Typ	e:				
			CHARG							
RS	MO USC		MO Cod	le	F/M	F/M/C				
	KNOWN SUSPECT #3									
Name:	T		T		· · · · · · · · · · · · · · · · · · ·					
Date of Birth:	Sex:		SS#:		Age:		Race:			
Height:	Hair Col				Injured: Hospital:					
Weight:	Hair Len									
Build:	Hair Styl	e:								
Complexion	Facial H	·			Disposition Conveyed					
Complexion: Eye Color:	AR#:	air.								
Eye Color.	AN#.		CHARG	EC	mjury ryp	njury Type:				
			CHARO	LO						
DC	MO USC		MO Cod	<u> </u>			F/N	1/C		
KS	WIO USC		MO COC	ic			1710	<i>i</i> /C		
		D	ROPERT	v						
Oumar's		r	KUPEKI	1						
Owner's Name:										
Item #:	Value:			Item #:		Va	lue:			
Quantity:	Status:			Quantity:			itus:			
Property Property	Owner's	Name:		Property Property			vner's			
Description:	Owners	rume.		Description			me:			
2 comption.			Description Name.							
			VEHICI	LE						
Owner's Name:										
Vehicle Number:	:	Vehicle Statu	ıs:		Code:					
Vehicle Make:		Vehicle Style								
Vehicle Number:	:	Vehicle Statu								
Doors Locked:		Vehicle Valu			Other:					
			•		•					

NARRATIVE

Neighbor believes kids started fire in brush pile of neighbor's yard. Fire dept. put out blaze. Mr. Tide is the new neighbor and is away on vacation.

Reporting Officer: Off. Rusten, Harry Det. Peters, Phil Supervising Officer: Det. Armstrong

Reviewing Officer:

Build:

Hair Style:

			I	NCIDI	ENT D	ATE/T	IME			
Date Printed:	08-02	Time	11:10)	M.R.	S.	1113	Record Number		
		Printed:	AM	PM	Num	ber:				3
				INC	CIDENT	г рат	A			
Incident Type:	Injury – 9	l 1 call		22,10						
Address of		Chestnut St.								
Occurrence:										
Originally			Weapo	n or						
Received As:			Objects	s Used:						
How Received:			Report Officer		'	Off. Mo	cKay, Jim	Domestic:	No	
Type of	Hardware	store	Other (Offices				Complaint Status:		
Premises			Notifie	d:						
Copies To:			Fire De	ept.				Arson Related:	No	
Occurred From:	Date	Time	To:]	Date	Time	Officer Injured:	No	
	08-02	10:10 A								
Date Reported	08-02		Call Re	eceived		10:15 A	AM	Car Number:	N/A	
Time	10:16 AM		Time o			10:25 A		District:		Village
Reported:	10,10,11,1		11110			10.201		21541100	1	
Officer	No		GEO C	Code:		77		Processed By:	Gran	et, P.
Assaulted or										
Killed:										
				BUR	GLAR	Y DA	ГА			
Method of Entry:	N/A		Burgla	ry Type	e: .	N/A		Point of Entry Visible to Patrol:	No	
,				REPO	RTIN	G PAR	TY			
Name:	Jackson, Bil	Tl .								
Home	30 Taylor D	r.								
Address:										
Occupation:	Store owner	•								
Relation:	Employer									
SSN:	159-15-4589	9								
Date of Birth:	04-23	Sex:		Male		Plac Birt	ce of h:	CA		
Age:	41	Race:		Cauca	sian	Mai Stat		Married		
					VICT	'IM				
Name:	Jordan, Reg	ggie								
Home	7 Francis R	oad								
Address:										
Occupation:	Store clerk									
Relation:	Employee									
SSN:	246-46-864				1			I		
Date of Birth:	02-16	Sex:		M	F	Plac Birt	ce of h:	UNK		
Age:	27	Race: C	Гаис.			Mai Stat		single		
		· ·	<u></u>					•		
				KNOV	X/NI CITI	CDEC	Г <i>4</i> 1			

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

								ESc2-1-2			
Build:	Hair Styl	le:			Hospital						
G 1 :	7.11		27/4		Disposition						
Complexion:	Facial H	aır:	N/A		Conveyed						
Eye Color:	AR#:		GHADG	TEG.	Injury Ty	pe:					
			CHARG	ES							
		_									
RS	SMO USC		MO Co	de			F/M/C				
			NIGHT GETG	DE CE #4							
None		K.	NOWN SUS	PECT #2							
Name: Date of Birth:	Sex:		SS#:		Α		Danas				
Height:	Hair Col	Or:	35#:		Age: Injured:		Race:				
Weight:	Hair Col				Hospital:						
Build:	Hair Styl				Hospital						
Duna.	Train Styl	ic.			Disposition	n.					
Complexion:	Facial H	air:			Conveyed						
Eye Color:	AR#:				Injury Ty						
	1		CHARG	ES	1 3 2	<u> </u>					
RS	SMO USC		MO Co	de			F/M/C				
		K	NOWN SUS	PECT #3							
Name:											
Date of Birth:	Sex:		SS#:		Age:		Race:				
Height:	Hair Col				Injured:						
Weight:	Hair Len				Hospital:						
Build:	Hair Sty	le:			Hospital						
C 1 :	Б : 111				Dispositio						
Complexion:	Facial H	air:	Conveyed								
Eye Color:	AK#:		 CHARG	EC	Injury Type:						
DC	SMO USC		MO Co				F/M/C				
IXX	owo osc		WIO CO	uc			17/WI/C				
		1									
			PROPERT	ΓV							
Owner's	Same as above		INOILKI								
Name:											
Item #:	Value:			Item #:		Va	lue:				
Quantity:	Status:			Quantity:			itus:				
Property	Owner's	Name:		Property		Ov	vner's				
Description:				me:							
				:							
			VEHIC	LE							
Owner's Name:		T	1								
Vehicle Number	r:	Vehicle S			Code:						
Vehicle Make:		Vehicle S			Year:						
Vehicle Number	r:	Vehicle S			Code:						
Doors Locked:		Vehicle V	/alue:		Other:						
			NADDAT								
				· • • / • / ·							

Victim's arm was hurt by falling shelves; may be broken; victim in pain and cannot move right arm but conscious; ambulance dispatched.

Reporting Officer: Off. McKay, Jim Supervising Officer: Det. Peters, Phil Reviewing Officer: Det. Armstrong

			I	NCIDE	ENT I	DATE/T	IME				
Date Printed:	08-02	Time	12:22		M.R		111	4	Record Number		
		Printed:	AM	PM	Nun	nber:					4
				INC	IDEN	T DAT	A	ı			
Incident Type:	Burglary;	Breaking an	d Enterir	ıg							
Address of	77 Dunbar	·Street									
Occurrence:										1	
Originally			Weapor								
Received As:			Objects								
How Received:			Reporti Officer:	:		Off. Sir	npsoi	n, Jim		No	
Type of	Unfinished	! residence	Other C			31, 77			Complaint Status:		
Premises			Notified								
Copies To:	Muni Cour		Fire De	pt.					Arson Related:	No	
Occurred From:	Date	Time	To:			Date		ime	Officer Injured:	No	
	08-02	11:22 AM				08-02		2:00 M			
Date Reported	08-02		Call Re	ceived:		11:22 A	1M		Car Number:	9	
Time Reported:	11:22 AM		Time of	f Arriva	al:	11:25 A	AM		District:	The	Village
Officer	No		GEO C	ode:		66			Processed By:	Gran	et, P.
Assaulted or											
Killed:											
						RY DAT					
Method of	Unlawful e	entry	Burglar	у Туре	:	Night (6 AM	1–6	Point of Entry	No	
Entry:	<u> </u>		N/A			PM)			Visible to Patrol:		
				REPO	RTIN	NG PAR	TY				
Name:	Brown, Dav										
Home Address:	82 Dunbar S	Street									
Occupation:	Builder										
Relation:	neighbor										
SSN:	123-12-1230								1		
Date of Birth:	01-11	Sex:		Male		Plac Birt	e of h:		ME		
Age:	54	Race:		Caucas	sian	Mai			Divorced		
						Stat	us:				
					VIC	ттм					
Name:	Same as abo	ove			VIC.	1 11V1					
Home	Same as ab	,,,,									
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Plac	e of				
					<u> </u>	Birt	h:				
Age:		Race:			-	Maı		-			
						Stat	us:				

	KNOWN SUSPECT #1											
Name:	N/A											
Date of Birth:	N/A	Sex:		Age:	Race:							
Height:	6'-0"	Hair Color:	Brown	Injured:	No							
Weight:	180	Hair Length:	Long	Hospital:	N/A							

								ESc2-1-2
Build:	Medium	Hair Style:	Curly	and long	Hospita			
					Disposi			
Complexion:	Dark	Facial Hair:	Beard		Convey			
Eye Color:	Dark	AR#:			Injury T	ype:		
			CHARG	ES				
			UNLAWFUL	ENTRY				
RS	SMO USC		MO Co	de			F/M/C	
	28.12		4288					
	<u> </u>	K	KNOWN SUS	PECT #2				
Name:		T	1				T	
Date of Birth:		Sex:	SS#:		Age:		Race:	
Height:		Hair Color:			Injured:			
Weight:		Hair Length:			Hospita			
Build:		Hair Style:			Hospita			
					Disposi			
Complexion:	-	Facial Hair:			Convey			
Eye Color:		AR#:	CHARC	TC	Injury 7	ype:		
			CHARG	iES				
D.C.	SMO USC		MO Co	de			F/M/C	
T.C.	MO OBC		1410 00	<u>ac</u>			1/141/	
		ŀ	KNOWN SUS	PECT #3				
Name:								
Date of Birth:		Sex:	SS#:		Age:		Race:	
Height:		Hair Color:			Injured:			
Weight:		Hair Length:			Hospita			
Build:		Hair Style:			Hospita			
					Disposi			
Complexion:		Facial Hair:			Convey			
Eye Color:		AR#:			Injury 7	ype:		
			CHARG					
RS	SMO USC		MO Co	de			F/M/C	
			PROPER	ГҮ				
Owner's								
Name:		X	1	T	1	1 **	1	
Item #:		Value:		Item #:			ilue:	
i uniantity:	1	I Mattic.	1	i i illantity.	1	1 112	attic.	ı

					PROPE	RTY					
Owner's											
Name:											
Item #:			Value:			Item #:	Item #: Value:				
Quantity:			Status:			Quantity:		Status:			
Property			Owner's	Name:		Property	Property Owner's				
Description:						Description		Name:			
_						:					
					VEH	ICLE					
Owner's Name:											
Vehicle Number	:			Vehicle S	tatus:		Code:				
Vehicle Make:			Vehicle S	tyle:		Year:					
Vehicle Number	:			Vehicle S	tatus:		Code:				
Doors Locked:				Vehicle V	⁷ alue:		Other:				

Witness observed young man exiting neighbor's residence carrying small box, bag, bucket and what appeared to be a wrench, running east, with light complexion, moustache; may be related to similar break-ins in neighborhood last month; investigations ongoing.

Reporting Officer:	Off. Simpson, Jim
	Det. Peters, Phil
Reviewing Officer:	Det. Armstrong

			I	NCIDI	ENT I	DATE/T	TIME	1			
Date Printed:	08-02	Time	02:20)	M.R	LS.	111:	5	Record Number		
		Printed:	AM	PM	Nun	nber:					5
					IDEN	T DAT	' A	l			
Incident Type:	Illness – 9	11 call		1110	ID LI	1 2:11					
Address of	24 Rendel										
Occurrence:											
Originally			Weapo								
Received As:			Objects								
How Received:			Reporti			Off. Ru	ısten,		Domestic:	No	
ТС	D : 1		Officer			Harry			Committee Contract		
Type of Premises	Residence		Other O						Complaint Status:		
Copies To:			Fire De						Arson Related:	No	
Occurred	Date	Time	To:	ъри.		Date	Ti	ime	Officer Injured:	No	
From:			10.							1,0	
	08-02	01:20									
Data Damanta d	08-02	PM	Call Re	:	_	01:20	DM		Car Number:	N/A	
Date Reported Time	08-02 01:20 PM		Time of			01:20 1			District:		h Zenith
Reported:	01.20 1 W		Time o	AIIIV	aı.	01.50	1 IVI		District.	South	ı Zeniin
Officer Officer	No		GEO C	ode:		95			Processed By:	Gran	at. P.
Assaulted or											,
Killed:											
						RY DA	ГА			,	
Method of	N/A		Burgla	ry Type	e:	N/A			Point of Entry	No	
Entry:				DEDO	DTI	IG PAF	T T 7		Visible to Patrol:		
Name:	Whiten, San	dra		KEPU	KIII	IG PAR	(II				
Home	Same as abo										
Address:	same as as	,,,									
Occupation:	Bank teller										
Relation:	Victim										
SSN:	154-89-349								1		
Date of Birth:	03-03	Sex:		Female	e	l l	ce of		KY		
Age:	33	Race:		Саиса	sian	Birt	n: rital		Single		
Agc.	33	Racc.		Синси	siari	Stat			Single		
<u> </u>									1		
					VIC	ГІМ					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation: SSN:											
Date of Birth:		Sex:		M	F	Dla	ce of				
Date of Birtin.		Sex.		IVI	1.	Birt					
Age:		Race:			I		rital				
ū						Stat					
	T			KNOV	VN SU	JSPEC'	Γ#1				
Name:	N/A										

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

Build:	Hair Sty	le:			Hospital Disposition	n.		
Complexion:	Facial H	air:	N/A		Conveyed			
Eye Color:	AR#:	an.	IN/A		Injury Typ	•		
Lyc Color.	ΛΙΝπ.		CHARG	FC	injury ryp	c.		
			CHARO					
		1	1.00					
RS	MO USC		MO Coo	le		F/N	1/C	
			TEN OFICE	DE CIE UA				
None		KNO	WN SUSI	PECT #2				
Name: Date of Birth:			CC#.		A	D		
	Sex:		SS#:		Age:	Race	:	
Height:	Hair Col				Injured:			
Weight:	Hair Len				Hospital:			
Build:	Hair Styl	le:			Hospital			
C	F1 II	. •			Disposition			
Complexion:	Facial H	air:			Conveyed			
Eye Color:	AR#:		CHARC	EC.	Injury Typ	e:		
			CHARG	ES				
D.C.	MO USC	1	MO Cod	1.		EA	I/C	
KS	WIO USC		MO Coc	16		Γ/Ν	/I/C	
		KNO	WN SUSI	PECT #3				
Name:		KINO	7111 5051	LCI #3				
Date of Birth:	Sex:		SS#:		Age:	Race		T
Height:	Hair Col	or.	DDII.		Injured:	Race	•	
Weight:	Hair Len				Hospital:			
Build:	Hair Styl				Hospital			
Bana.					Disposition	n:		
Complexion:	Facial H	air:			Conveyed			
Eye Color:	AR#:				Injury Typ			
	<u> </u>		CHARG	ES	J - J - J I			
RS	MO USC		MO Cod			F/N	I/C	
				-				
		P	ROPERT	Y				
Owner's	Same as above			· -				
Name:								
Item #:	Value:			Item #:		Value:		
Quantity:	Status:			Quantity:		Status:		
Property	Owner's	Name:		Property		Owner's		
Description:				Description		Name:		
				:		<u> </u>		
			VEHICI	LE				
Owner's Name:						-		
Vehicle Number	:	Vehicle Statu	ıs:		Code:			
Vehicle Make:		Vehicle Style	e:		Year:			<u></u>

Code:

Other:

Vehicle Status:

Vehicle Value:

Ms. Whiten says she started feeling sick last night at the fair and woke up today with a fever and headache. Started having diarrhea around 6 PM today and is feeling dehydrated and thinks she should see a doctor ASAP; ambulance dispatched

Reporting Officer: Off. Rusten, Harry
Supervising Officer: Det. Peters, Phil
Det. Armstrong

Vehicle Number:

Doors Locked:

			I	NCIDE	ENT DA	ATE/T	IME			
Date Printed:	08-02	Time	04:53		M.R.	S.	1116	Record Number		
		Printed:	AM	PM	Numl	er:				6
					IDENT	DAT	A			
Incident Type:	Illness – 9.	11 Call		1110	ID EI (I	. 2111	• •			
Address of	79 Bay Ro									
Occurrence:										
Originally	Phone in		Weapor	n or	-					
Received As:			Objects							
How Received:			Reporti Officer			Off. Do David	nnelly,	Domestic:	No	
Type of	Residence		Other C	Offices		13, 21		Complaint Status:		
Premises			Notifie	d:						
Copies To:	D.	TC:	TD.			5 .	I m:	Arson Related:	No	
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No	
FIOIII.										
Date Reported	08-02		Call Re	ceived:	: ()2:53 I	PM	Car Number:		
Time	02:53 PM		Time of			03:10 H		District:	Fore	st Hills
Reported:										
Officer	No		GEO C	ode:	1	77		Processed By:	Gran	t, P.
Assaulted or										
Killed:										
	T ==/.				GLAR		ΓA	Ta	1	
Method of	N/A		Burglar	у Туре	: 1	V/A		Point of Entry	N/A	
Entry:	ry: Visible to Patrol: REPORTING PARTY									
Name:	Quick, Richa	ard		KEPU	KIIN	JPAK	II			
Home	Same as abo									
Address:	same as abo									
Occupation:	Car dealer									
Relation:	Victim									
SSN:	123-12-1235	5								
Date of Birth:	04-07	Sex:		Male		Plac Birt	e of	HI		
Age:	33	Race:		Саиса	sian	Mar		Single		
8-1						Stat		23.1		
					VICT	IM				
Name:	Same as Ab	ove								
Home										
Address:										
Occupation:										
Relation:										
SSN: Date of Birth:		Sex:	1	M	F	Dles	e of			
Date of Birtin.		Sex:		1 V1	Г	Birt	h:			
Age:		Race:				Mar				
						Stat	us:			
				ZNOV	TAT CITTO	IDEA	1 114			

Black

Age: Injured: Race:

No

Name:

Height:

Date of Birth:

Sex:

Hair Color:

No

Hospital:

Build:	Medium	Hair Styl	e:			Hospital				
C 1 :		E '111				Dispositi				
Complexion:		Facial Ha	aır:			Conveye				
Eye Color:		AR#:		CHARG	TEG.	Injury Ty	ype:			
				CHARC	ies					
RS	MO USC			MO Co	ode			F/N	1/C	
								-	-	
			K	NOWN SUS	SPECT #2					
Name:										
Date of Birth:		Sex: Ma				Age:				
Height:		Hair Col	or:			Injured:				
Weight:		Hair Len	gth:			Hospital	:			
Build:		Hair Styl	e:			Hospital				
						Dispositi	ion:			
Complexion:		Facial Ha	air:			Conveye	d By:			
Eye Color:		AR#:				Injury Ty	ype:			
				CHARC						
RS	MO USC			MO Co	ode			F/N	1/C	
			K	NOWN SUS	SPECT #3					
Name:										
Date of Birth:		Sex:		SS#:		Age:		Race		
Height:	Hair Color: Injured:									
Weight:		Hair Len				Hospital				
Build:		Hair Styl	e:			Hospital				
						Dispositi				
Complexion:		Facial Ha	air:			Conveye				
Eye Color:		AR#:				Injury Ty	ype:			
				CHARC	BES					
			ı							
RS	MO USC			MO Co	ode			F/N	1/C	
				PROPER'	TY					
Owner's										
Name:					_					
Item #:		Value:			Item #:			lue:		
Quantity:		Status:			Quantity:			atus:		
Property		Owner's	Name:		Property			vner's		ı
Description:					Description		Na	ime:		ı
					:					
				VEHIC	LE					
Owner's Name:			1	. 1		T				
Vehicle Number	:		Vehicle S							
Vehicle Make:			Vehicle S		Year:					
Vehicle Number	:		Vehicle S		Code:					
Doors Locked:			Vehicle V	/alue:		Other	:			

Crew

NARRATIVE

Caller reports high fever, nausea and vomiting for past 27 hours; thinks he may have eaten something rotten; cannot hold down water without vomiting; having anxiety attacks related to illness and thinks he may be dying; ambulance dispatched.

Reporting Officer: Off. Donnelly, David
Supervising Officer: Off, Graham, Dan
Reviewing Officer: Det. Armstrong, Roger

Weight:

Hair Length:

			I	NCIDE	ENT D	ATE/T	IME			
Date Printed:	08-02	Time								
		Printed:	AM	PM	Num	ber:				7
			1		IDEN'	T DAT	A			
Incident Type:	Illness – 9	11 call		1110	ID DI (
Address of	3 Upland I									
Occurrence:										
Originally			Weapor	n or						
Received As:			Objects							
How Received:			Reporti Officer:			Off. Cr Mia	andon,	Domestic:	No	
Type of	Residence		Other C	Offices				Complaint Status:		
Premises			Notified							
Copies To:			Fire De	pt.				Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No	
From:	08-02	04:32 PM								
Date Reported	08-02	1 1/1	Call Re	ceived:		04:32 1	PM	Car Number:	5	
Time	04:32 PM		Time of			04:44 1		District:		Village
Reported:										O
Officer	No		GEO C	ode:		77		Processed By:	Gran	t, P.
Assaulted or										
Killed:										
	T ==					RY DAT	ГА	T =	T	
Method of	N/A Burglary Type: N/A Point of Entry Visible to Patrol: No									
Entry:	REPORTING PARTY									
Name:	Stone, Saral	<u>'</u>		KEFU	KIII	GIAN	11			
Home	Same as abo									
Address:										
Occupation: Relation:	Housewife									
SSN:	245-51-6189	ີ .								
Date of Birth:	07-11	Sex:		Female	<u> </u>	Dlac	e of	IL		
Date of Birtii.	0/-11	Sex.		гетин	8	Birt				
Age:	43	Race:		Black		Mai		Married		
11801		14		2.0.0.0		Stat		11201111001		
		•	•		TITOR					
Name	C				VICT	IM				
Name: Home	Same as abo	ove								
Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:		M	F	Plac Birt	e of			
Age:		Race:				Mai				
1150.		Tacc.				Stat				
			Į.			2000				
				KNOW	VN SU	SPECT	Γ#1			
Name:	N/A									

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

Disposition: Complexion: Facial Hair: N/A Conveyed By:
CHARGES Injury Type: CHARGES CHARGES
RSMO USC
RSMO USC
Name:
Name:
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Weight: Hair Length: Hospital: Build: Hair Style: Hospital: Disposition: 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:
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured: Weight: Hair Length: Hospital: Build: Hair Style: Hospital: Disposition: 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:
Date of Birth:
Height:
Weight: Hair Length: Hospital: Build: Hair Style: Hospital Disposition: 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:
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:
Disposition: Complexion: Conveyed By:
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:
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:
CHARGES F/M/C MO Code F/M/C
RSMO USC
KNOWN SUSPECT #3 Name:
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured:
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured:
Name: Date of Birth: Sex: SS#: Age: Race: Height: Hair Color: Injured:
Date of Birth:Sex:SS#:Age:Race:Height:Hair Color:Injured:
Height: Hair Color: Injured:
TOTAL TOTAL
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 Same as above
Name:
Item #: Value: Item #: Value:
Quantity: Status: Quantity: Status:
Property Owner's Name: Property Owner's Name: Description: Description
Description: Description 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:

Mrs. Stone says she had bloody diarrhea and nausea this morning which has continued all day and now she has a very high fever of 102 degrees; ambulance dispatched

Reporting Officer: Off. Crandon, Mia
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Det. Armstrong

			I	NCIDE	ENT D	ATE/T	IME			
Date Printed:	08-02	Time	9:52		M.R	.S.	1118	Record Number		
		Printed:	AM	PM	Nun	nber:				8
			1		IDEN	T DAT	A			
Incident Type:	Noise com	plaint		1110	IDLI (1 2/11				
Address of		dale Parkwa	y							
Occurrence:		·								
Originally	Phone in		Weapoi	n or						
Received As:			Objects							
How Received:			Reporti Officer:			Off. Jej	f Ward	Domestic:	No	
Type of			Other C					Complaint Status:	Clea	red with visit
Premises			Notified							
Copies To:	Б.	Tr:	Fire De	pt.		D :	I m:	Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No	
From:	08-02	08:52 PM				08-02	09:00 PM			
Date Reported	08-02	11/1	Call Re	ceived:		08:52 1		Car Number:	28	
Time	08:52 PM		Time of			09:00 1		District:		Village
Reported:										
Officer	No		GEO C	ode:		77		Processed By:	Gran	nt, P.
Assaulted or										
Killed:					~					
N. 4. 1. C	37/4	T	D 1			RY DAT	l' A	D: CE	3.7	
Method of	N/A		Burglar	у Гуре	: :	N/A		Point of Entry Visible to Patrol:	No	
Entry:	REPORTING PARTY									
Name:	Richards, D	rew		KLI O	1111	10 1 1111	111			
Home	89 Riverdal									
Address:		•								
Occupation:	Postal clerk									
Relation:	Neighbor									
SSN:	234-23-234.					-				
Date of Birth:	11-04	Sex:		Male		Plac Birt	e of	IL		
Age:	24	Race:		Саиса	cian	Mai		Single		
Agc.	27	Racc.		Canca	siuri	Stat		Single		
		 	L							
					VIC	ГІМ				
Name:	Same as ab	ove								
Home										
Address: Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:		M	F	Plac	e of			
Dute of Birtin.		BOA.		111	1	Birt				
Age:		Race:				Mai				
						Stat	us:			
				KNOV	VN SU	JSPEC ⁷	Γ#1			
Name:	N/A									

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

								LUCZ-1-Z	
Build:	Hair Sty	le:			Hospital				
C	E1.111	· •	NT/A		Disposition				
Complexion:	Facial H	air:	N/A		Conveyed				
Eye Color:	AK#:		CHARG	EC	Injury Typ	e:			
			CHARG	ES					
RS	MO USC		MO Coo	de]	F/M/C		
		KN	OWN SUS	PECT #2					
Name:		IXI	io wit busi	LCI π2					
Date of Birth:	Sex:		SS#:		Age:	Ra	nce:	T	
Height:	Hair Col	or:	5511.		Injured:	IXC	icc.	.	
Weight:	Hair Ler				Hospital:				
Build:	Hair Sty				Hospital				
Buna.	Tian Sty	ic.			Disposition	۱۰.			
Complexion:	Facial H	air.			Conveyed				
Eye Color:	AR#:	шт.			Injury Typ	•			
Lyc color.	THUIT		CHARG	ES	injury ryp	·.			
RS	MO USC		MO Cod			1	F/M/C		
Tto			1,10 000				171117 C		
		KN	OWN SUS	PECT #3					
Name:			(0)(1)(00)	22020					
Date of Birth:	Sex:		SS#:		Age:	Ra	ace:		
Height:	Hair Col	or:			Injured:			<u>. L</u>	
Weight:	Hair Ler				Hospital:				
Build:	Hair Sty				Hospital				
						Disposition:			
Complexion:	Facial H	air:			Conveyed	Conveyed By:			
Eye Color:	AR#:				Injury Typ	e:			
			CHARG	ES					
RS	MO USC		MO Coo	de]	F/M/C		
			PROPERT	T Y					
Owner's Name:	Same as above								
Item #:	Value:			Item #:		Value:			
Quantity:	Status:			Quantity:		Status:			
Property	Owner's	Name:		Property		Owner	's		
Description:				Description		Name:			
				:					
			VEHICI	LE					
Owner's Name:		_							
Vehicle Number	:	Vehicle Sta	atus:	Code:					
Vehicle Make:		Vehicle St		Year:					
Vehicle Number	:	Vehicle Sta			Code:	Code:			
Doors Locked:	1	Vehicle Va	alue		Other:		1		

Police cruiser drove by State Fairgrounds to investigate noise complaint but no unusual noises were heard. Officer informed caller that fair closes at 11:00 PM nightly and noise should be subsiding soon. Officer received higher priority call and left fairgrounds. No further complaints.

Reporting Officer:	<u>Off. Ward, Jeff</u>
Supervising Officer:	Det. Henry, J.K.
Reviewing Officer:	Det. Armstrong

INCIDENT DATE/TIME											
Date Printed:											
		Printed:	AM	PM	Num	ber:				9	
					IDEN'	T DAT	Α				
Incident Type:	Illness – 9	11 call		11101	LDLI	I DIII					
Address of	282 Wilson										
Occurrence:											
Originally			Weapor	n or							
Received As:			Objects								
How Received:			Reporti Officer:			Off. Str Ellen	rahan,	Domestic:	No		
Type of	Residence		Other C	Offices				Complaint Status:			
Premises			Notified								
Copies To:			Fire De	pt.				Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	08-02	11:38 PM									
Date Reported	08-02	1 1/1	Call Re	ceived:		11:38 1	PM	Car Number:	10		
Time	11:38 PM		Time of			11:44 1		District:		Village	
Reported:										Ö	
Officer	No		GEO C	ode:		73		Processed By:	Gran	et, P.	
Assaulted or											
Killed:											
	T					RY DAT	ГА	T =	T		
Method of	N/A		Burglar	у Туре	:	N/A		Point of Entry	No		
Entry:				REPO	DTIN	C DAD	тт/	Visible to Patrol:			
Name:	Moore, Susa	111		KEFU	KIII	GIAN	111				
Home	Same as abo										
Address:											
Occupation:	Housewife										
Relation: SSN:	456-19-3485										
Date of Birth:	06-12	Sex:		female		Dlac	ce of	MI			
Date of Birtin.	00-12	Sex.		jemaie		Birt		IVII			
Age:	54	Race:		Black		Mai		married			
11801		1100		Zitire.v		Stat					
								•			
Manage	C 1				VICT	IM					
Name: Home	Same as abo	ove									
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F		ce of				
Age:		Race:]	Birt Mai					
1150.		Racc.				Stat					
						•					
				KNOW	VN SU	SPEC	Γ#1				
Name:	N/A										

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

Build:		Hair Styl	e:					ospital				
								isposition				
Complexion:		Facial Ha	ir:	N.	/A			onveyed E				
Eye Color:		AR#:		GTT	1 D G	F.C.	In	jury Type	:			
				CHA	ARG	ES						
D .07	MOTIGO			3.46) C	,	1			T-0	T/C	
KS.	MO USC			MC) Coc	de	F/M/C					
			K	NOWN	SUS	PECT #2	ı					
Name:												
Date of Birth:		Sex:		SS	S#:			ge:		Race	:	
Height:		Hair Cole						jured:				
Weight:		Hair Len						ospital:				
Build:		Hair Styl	e:				Н	ospital				
								isposition				
Complexion:		Facial Ha	ir:				Co	onveyed E	By:			
Eye Color:		AR#:					In	jury Type				
				CHA	ARG	ES						
RS	MO USC			MC) Coo	de				F/N	A/C	
			K	NOWN	SUS	PECT #3						
Name:										1		
Date of Birth:		Sex:		SS	S#:			ge:		Race	:	
Height:		Hair Cole						jured:				
Weight:		Hair Len						ospital:				
Build:		Hair Styl	e:					ospital isposition:				
Complexion:		Facial Ha	nir [.]					onveyed E				
Eye Color:		AR#:						jury Type				
Lyc color.		1111111		CH	ARG	ES	1 ***	jary rype	•			
RS	MO USC			MC) Coo	de				F/N	A/C	
				PROP	ERT	Y						
Owner's	Same as abo	ove										
Name:	<u> </u>			1	-	<u> </u>	1					
Item #:		Value:				Item #:				lue:		
Quantity:		Status:				Quantity:				itus:		
Property		Owner's	Name:			Property				vner's		
Description:						Description			Na	me:		
	V				VEHICLE							
Owner's Name:				V E		JU						
Vehicle Number			Vehicle S	Statue				Code:				
Vehicle Make:	•		Vehicle S		+			Year:			<u> </u>	
Vehicle Number			Vehicle S		+			Code:				
, chiefe i tuilibei	• 1		V CITICIC E	ratus.	1			Couc.			1	

Other:

Vehicle Value:

Mrs. Moore has had nausea for 2 days and is now experiencing headache, diarrhea and dehydration; says she thought she saw blood in her stool and is very distressed; thought she might have caught something from touching a sickly pony at the fair; ambulance dispatched

Reporting Officer: Off. Strahan, Ellen
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Det. Armstrong

Doors Locked:

Zenith City 911 Incident Reports Event Day 1 August 2

			I	NCIDI	ENT I	DATE/T	IME			
Date Printed:	08-02	Time	06:58		M.I	R.S.	1112	Record Number		
		Printed:	AM	PM	Nui	nber:				2
				INC	IDEN	NT DAT	A			
Incident Type:	Arson/fire	– 911 Call								
Address of	14 Cobble									
Occurrence:										
Originally			Weapor							
Received As:			Objects			0.00 D				
How Received:			Reporti Officer:			Off. Ru	sten,	Domestic:	No	
Type of	Residence		Other C			<i>Harry</i> 28, 17		Complaint Status:		
Premises	Residence		Notified			20, 17		Complaint Status.		
Copies To:	Muni Cour	·t	Fire De					Arson Related:	Yes	
Occurred	Date	Time	To:	F **		Date	Time		No	
From:										
	08-02	5:00 AM				08-02	5:15			
Data Damanta d	08-02		Call Re	:		05:15 A	AM	Car Number:	12	
Date Reported Time	05:16 AM		Time of			05:15 A		District:	The C	Hone
Reported:	03.10 AM		Time of	AIIIV	aı.	03.23 F	1///	District.	The C	nens
Officer	No		GEO C	ode:				Processed By:	Grani	t. P.
Assaulted or								, , , , , , , , , , , , , , , , , , , ,		
Killed:										
						RY DAT	ΓΑ			
Method of	N/A		Burglar	у Туре	e:	N/A		Point of Entry	No	
Entry:				DEDO	DAT	IC DAD	TDX7	Visible to Patrol:		
Name:	Michaels, P	olls,		KEPU	KIII	NG PAR	IY			
Home	12 Cobble S	•								
Address:	12 Cooole 5	11661								
Occupation:	Housewife									
Relation:	Neighbor									
SSN:	134-56-9000)								
Date of Birth:	12-11	Sex:		Female	e	Plac		OK		
						Birt				
Age:	41	Race:		Cauca	sian	Mar		Married		
						Stat	us:			
					T.T.C	(DY) #				
No.	T: 1 - 1 - 1 - 1 - 1				VIC	TIM				
Name: Home	Tide, John 14 Cobble S	traat								
Address:	14 Coobie S	nreei								
Occupation:	UNK									
Relation:	Neighbor									
SSN:	UNK									
Date of Birth:	UNK	Sex:		M	F	Plac Birt		UNK		
Age:	UNK	Race: C	auc.			Mar Stat		UNK		
			I.							
				ZNIOT	T/NT CI	ICDECT	D 114			

Age:

Injured:

Race:

UNK

Sex:

Hair Color:

Name:
Date of Birth:

Height:

Hospital:

Build:	Hair Styl	e:			Hospita				
Camalanian	Facial Ha	.:			Disposit				
Complexion:	AR#:	air:			Convey				
Eye Color:	AK#:		II A D.C.I	F.C.	Injury T	ype:			
			HARG						
		BREAKING & E			FUL ENT	RY			
	MO USC	N	MO Coc	le			F/M/C		
	28.12		4288				-		
		VINCOU.	N. GYIGI	SECTE US					
Namai		KNOW	N SUSI	PECT #2					
Name: Date of Birth:	Sex:	T	SS#:		1 001		Race:		
	Hair Cole		35#:		Age: Injured:		Race:		
Height:					Hospita				
Weight: Build:	Hair Len Hair Styl								
Dullu:	Hair Styl	e.			Hospital Disposit				
Complexion:	Facial Ha	ir.			Convey				
Eye Color:	AR#:	uii.			Injury T				
Lyc Color.	AIXII.		HARG	F.S	injury 1	урс.			
RSM	MO USC		MO Cod				F/M/C	۹	
Tto:	.10 050	1	110 000				171117		
		KNOW	N SUSI	PECT #3					
Name:									
Date of Birth:	Sex:		SS#:		Age:		Race:		
Height:	Hair Cole	or:			Injured:				
Weight:	Hair Len				Hospita	l:			
Build:	Hair Styl	e:			Hospital				
					Disposit				
Complexion:	Facial Ha	air:			Convey				
Eye Color:	AR#:				Injury T	ype:			
		C	HARG	ES					
DCI	40 LICC	1	10 C	1 -			E/M/C	7	
KSI	MO USC	IV.	MO Cod	ie			F/M/C		
		PR(OPERT	v					
Owner's		110	OI LKI	1					
Name:									
Item #:	Value:			Item #:		Va	lue:		
Quantity:	Status:			Quantity:			itus:		
Property	Owner's	Name:		Property			vner's		
Description:				Description			me:		
1				:					
		V	EHICI	Æ		<u> </u>			
Owner's Name:									
Vehicle Number:		Vehicle Status:			Code				
Vehicle Make:		Vehicle Style:			Year				
Vehicle Number:		Vehicle Status:			Code	e:			

NARRATIVE

Other:

Vehicle Value:

Neighbor believes kids started fire in brush pile of neighbor's yard. Fire dept. put out blaze. Mr. Tide is the new neighbor and is away on vacation.

Reporting Officer:	Off. Rusten, Harry
Supervising Officer:	Det. Peters, Phil

Doors Locked:

Weight:

Hair Length:

Reviewing Officer: <u>Det. Armstrong</u>

Name:

Height:

Date of Birth:

N/A

Sex:

Hair Color:

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

INCIDENT DATE/TIME											
Date Printed:											
		Printed:	AM	PM	Num	ber:			3		
					'IDEN'	T DAT	A				
Incident Type:	Injury – 91	l 1 call		1110		1 1/11	4.1				
Address of		Chestnut St.									
Occurrence:											
Originally			Weapo	n or							
Received As:			Objects								
How Received:			Reporti Officer			Off. Mo	cKay, Jim	Domestic:	No		
Type of	Hardware	store	Other (Offices				Complaint Status:			
Premises			Notifie	d:							
Copies To:											
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No		
	08-02	10:10 A									
Date Reported	08-02		Call Re	ceived	:	10:15	AM	Car Number:	N/A		
Time Reported:	10:16 AM		Time o	f Arriva	al:	10:25	AM	District:	The Village		
Officer	No		GEO C	ode:		77		Processed By:	Grant, P.		
Assaulted or Killed:											
Killeu.				DIID	CLAD	XY DAT	ГА				
Method of	N/A		Burgla			N/A	l A	Point of Entry	No		
Entry:	IV/A		Durgian	ту турс	٠.	IV/A		Visible to Patrol:	IVO		
	•			REPO	RTIN	G PAR	TY				
Name:	Jackson, Bil										
Home Address:	30 Taylor D	r.									
Occupation:	Store owner										
Relation:	Employer										
SSN:	159-15-4589	9									
Date of Birth:	04-23	Sex:		Male		Plac Birt	ce of h:	CA			
Age:	41	Race:		Cauca	sian	Mai Stat		Married			
- 1		•	1			•		.			
					VICT	'IM					
Name:	Jordan, Reg	ggie									
Home Address:	7 Francis R	oad									
Occupation:	Store clerk										
Relation:											
SSN:	246-46-864	2									
Date of Birth:	02-16	Sex:		M	F	Plac Birt	ce of	UNK			
Age:	27	Race: C	Гаис.		1	Mai Stat	rital	single			
						Stat	us.				
				IZMOV	TINI CITI	CDEC	D //d				

Age:

Injured:

Race:

						ESc2-1-3
Weight:	Hair Length:		Hospital	l:		
Build:	Hair Style:		Hospital			
			Disposit	ion:	I	
Complexion:	Facial Hair:	N/A	Conveye	ed By:	 [
Eye Color:	AR#:		Injury T			
•	<u>,</u>	CHARGES	1 3 2	• •		
RSMO U	ISC	MO Code			F/M/C	
KSIMO U		MO Code			F/IVI/C	
	12	NOWN CHEREOF #				
N	K	NOWN SUSPECT #2	4			
Name:	La	aa ii	- I A I		Ъ	
Date of Birth:	Sex:	SS#:	Age:		Race:	
Height:	Hair Color:		Injured:		 	
Weight:	Hair Length:		Hospital		 	
Build:	Hair Style:		Hospital		1	
G 1 :	F . 1 W .		Disposit		 	
Complexion:	Facial Hair:		Conveye		 	
Eye Color:	AR#:		Injury T	ype:	<u></u>	
		CHARGES				
RSMO U	ICC	MO Code			F/M/C	
KSMO U	SC .	MO Code			F/IVI/C	
	K	NOWN SUSPECT #3	3			
Name:						
Date of Birth:	Sex:	SS#:	Age:		Race:	
Height:	Hair Color:		Injured:			
Weight:	Hair Length:		Hospital			
Build:	Hair Style:		Hospital		1	
			Disposit		<u> </u>	
Complexion:	Facial Hair:		Conveye		<u> </u>	
Eye Color:	AR#:		Injury T	'ype:	<u> </u>	
		CHARGES				
RSMO U	ISC	MO Code			F/M/C	
		DDODEDTV				

			PROP.	ERTY			
Owner's Name:	Same as	above					
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property		Owner's N	ame:	Property		Owner's	
Description:				Description		Name:	
-				:			
			VEH	HICLE			
Owner's Name:							
Vehicle Number	••	,	Vehicle Status:		Code:		
Vehicle Make:		,	Vehicle Style:		Year:		
Vehicle Number	:	,	Vehicle Status:		Code:		
Doors Locked:		7	Vehicle Value:		Other:		

Victim's arm was hurt by falling shelves; may be broken; victim in pain and cannot move right arm but conscious; ambulance dispatched.

Reporting Officer: Off. McKay, Jim Supervising Officer: Det. Peters, Phil Det. Armstrong Reviewing Officer:

Zenith City Police - 911

Incident Report Form / Call Log Form

INCIDENT DATE/TIME											
Date Printed:	08-02	Time	02:2	0	M.I	R.S.	1115	Record Number			
		Printed:	AM	PM	Nuı	mber:				5	
			1		IDEN	NT DATA	\				
Incident Type:	Illness – 9)11 call		1110		II DIXII	<u> </u>				
Address of	24 Rendel										
Occurrence:	2.110.1100	. 2									
Originally			Weap	on or							
Received As:				ts Used:							
How Received:			Repor	ting		Off. Rus	ten,	Domestic:	No		
			Office			Harry					
Type of	Residence			Offices				Complaint Status:			
Premises			Notifi								
Copies To:		T	Fire D	ept.		_	1	Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	08-02	01:20									
	00 02	PM									
Date Reported	08-02		Call R	Received	:	01:20 P	M	Car Number:	N/A		
Time	01:20 PM		Time	of Arriv	al:	01:30 P	M	District:	South	h Zenith	
Reported:											
Officer	No		GEO (Code:		95		Processed By:	Gran	et, P.	
Assaulted or											
Killed:					~	<u> </u>					
BURGLARY DATA											
Method of	N/A		Burgla	ary Type	e:	N/A		Point of Entry	No		
Entry:				DEDC	DTI	NG PAR	P\$/	Visible to Patrol:			
Name:	Whiten, San	ndra		KEFC)K I II	NGFAN	11				
Home	Same as ab										
Address:	Same as ab	ove									
Occupation:	Bank teller										
Relation:	Victim										
SSN:	154-89-349	5									
Date of Birth:	03-03	Sex:		Femal	le	Place	e of	KY			
						Birth	1:				
Age:	33	Race:		Cauca	ısian	Mari		Single			
						Statu	is:				
NT					VIC	TIM					
Name:	Same as ab	ove									
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Place	e of				
						Birth					
Age:		Race:			•	Mari					
						Statu	ıs:				
				KNOV	M/NI CI	ISPECT	#1				

KNOWN SUSI ECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				

							ESc2-1-
Height:	Hair Col	or:		Inju	ıred:		
Weight:	Hair Len	gth:		Hos	spital:		
Build:	Hair Styl	le:		Hos	spital		
				Dis	position:		
Complexion:	Facial H	air:	N/A		nveyed By:		
Eye Color:	AR#:			Inju	ıry Type:		
			CHARGES				
DC	MO USC	1	MO Code			F/M/C	
KS	MO USC		MO Code			17/WI/C	
		KNO	OWN SUSPECT #	#2			
Name:							
Date of Birth:	Sex:		SS#:	Age	e:	Race:	
Height:	Hair Col	or:		Inju	ıred:		
Weight:	Hair Len	gth:			spital:		
Build:	Hair Styl	le:			spital		
					position:		
Complexion:	Facial H	air:			nveyed By:		
Eye Color:	AR#:			Inju	ıry Type:		
			CHARGES				
7.0	3 to 110 C	1	110.0.1	1			
RS	MO USC		MO Code			F/M/C	
		KNO	OWN SUSPECT #	H2			
Name:		KNO	WIN SUSI ECT #	73			
Date of Birth:	Sex:		SS#:	Age	a·	Race:	T
Height:	Hair Col	Or.	5511.		ıred:	Race.	
Weight:	Hair Len				spital:		
Build:	Hair Styl				spital		
					position:		
Complexion:	Facial H	air:			veyed By:		-
Eye Color:	AR#:				ıry Type:		
	-		CHARGES	, ,		1	
RS	MO USC		MO Code			F/M/C	

	PROPERTY										
Owner's	Same as a	above									
Name:											
Item #:		Value:	Value:		Item #:	Item #:			•		
Quantity:		Status:	Status:		Quantity:	Quantity:			•		
Property		Owner's	Name:		Property		Owner's				
Description:					Description		Name:				
					:						
				VEH	ICLE						
Owner's Name:											
Vehicle Number	:		Vehicle St	tatus:		Code:					
Vehicle Make:	Vehicle Make:		Vehicle St	tyle:		Year:					
Vehicle Number	:		Vehicle Status:			Code:			•		
Doors Locked:			Vehicle V	alue:		Other:					

Ms. Whiten says she started feeling sick last night at the fair and woke up today with a fever and headache. Started having diarrhea around 6 PM today and is feeling dehydrated and thinks she should see a doctor ASAP; ambulance dispatched

Off. Rusten, Harry Reporting Officer: Det. Peters, Phil Supervising Officer: Det. Armstrong Reviewing Officer:

INCIDENT DATE/TIME											
Date Printed:	08-02	Time	04:53		M.R.S	S.	1116	Record Number			
		Printed:	AM	PM	Numb	er:				6	
		_			IDENT	DAT	A				
Incident Type:	Illness – 9.	11 Call		1110	ID DI (I		• •				
Address of	79 Bay Ro										
Occurrence:											
Originally	Phone in		Weapor	n or	-						
Received As:		Objects Used:									
How Received:			Reporting Officer:			Off. Do David	nnelly,	Domestic:	No		
Type of Premises	Residence		Other C Notified		į	13, 21		Complaint Status:			
Copies To:			Nourie	u.				Arson Related:	No		
Occurred	Date	Time	To:		1	Date	Time	Officer Injured:	No		
From:	Date	Time	10.			Jaic	Time	Officer injured.	110		
Date Reported	08-02		Call Re	ceived.	. /)2:53 I	 P <i>M</i>	Car Number:	1		
Time	02:53 PM		Time of)3:10 I		District:	st Hills		
Reported:	02.33 TW Time of Affiva						1/1	District.	10,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Officer	No		GEO C	ode:	7	77		Processed By:	Gran	t, P.	
Assaulted or											
Killed:											
	T				GLAR'		ΓΑ		1		
Method of								N/A			
Entry:				DEDO	DOTAL	7 D 4 D	TENS 7	Visible to Patrol:			
Namai	Ouisk Bish			KEPU	RTIN	j PAK	IY				
Name: Home	Quick, Richa Same as abo										
Address:	same as abo	ve									
Occupation:	Car dealer										
Relation:	Victim										
SSN:	123-12-1235	5									
Date of Birth:	04-07	Sex:		Male			e of	HI	HI		
Aggi	33	Race:		Саиса	.i	Birt Mar		C: I			
Age:	33	Race.		Cauca	sian	Stat		Single			
						Diai	u s.				
					VICT	IM					
Name:	Same as Ab	ove			1101	11/1					
Home		· · ·									
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Plac Birt	e of h:				
Age:		Race:			1	Mar					
						Stat	us:				
				KNOU	ONT CITIE	TDEC	Г Д4				

Black

Age: Injured: Race:

No

Name:

Height:

Date of Birth:

Sex:

Hair Color:

No

Hospital:

Build:	Medium	Hair Styl	e:		Hospital							
						Disposition:						
Complexion:		Facial Ha	air:					eyed B				
Eye Color:		AR#:					Injur	y Type:				
CHARGES												
RS	MO USC			MO	Coc	de				F/N	Л/С	
											-	
	KNOWN SUSPECT #2											
Name:	1	1					1					
Date of Birth:		Sex: Ma					Age:					
Height:		Hair Col					Injur					
Weight:		Hair Len					Hosp					
Build:		Hair Styl	e:				Hosp					
								osition:				
Complexion:		Facial Ha	air:					eyed B				
Eye Color:		AR#:					Injur	у Туре:				
			ı	CHA								
RS	MO USC			MO	Coc	de				F/N	Л/С	
			K	NOWN S	USI	PECT #3						
Name:		1						1				
Date of Birth:		Sex:		SS#	‡ :		Age:			Race	:	
Height:		Hair Col					Injur					
Weight:		Hair Len					Hosp					
Build:		Hair Styl	e:				Hosp					
		- · · · · ·	•		Disposition:							
Complexion:		Facial Ha	air:					onveyed By:				
Eye Color:		AR#:			Injury Type:							
				CHA	RG.	ES						
Da	MOTIGO		I	140		1				ΕΔ.	I/O	
RS.	MO USC			MO	Coc	ie				F/N	A/C	
				DD 0.DD								
0 1				PROPE	KI	.' Y						
Owner's												
Name:		X7.1		1		T. //	I		X 7 1			1
Item #:		Value:				Item #:			Val			
Quantity:		Status:	.			Quantity:			Stat			
Property		Owner's				Property				ner's		
Description:						Description Na				me:		
				VEH	ICI	F						l .
Owner's Name:				VLH	ıcl							
Vehicle Number			Vehicle S	Statue	1			ode:				
Vehicle Make:	•		Vehicle S		-							
Vehicle Number			Vehicle S		-		Year: Code:					
Doors Locked:	•		Vehicle V		-			ther:				
DOOLS LOCKED.	1		A CHICLE A	v aruc.	l		10	uici.			1	

Crew

NARRATIVE

Caller reports high fever, nausea and vomiting for past 27 hours; thinks he may have eaten something rotten; cannot hold down water without vomiting; having anxiety attacks related to illness and thinks he may be dying; ambulance dispatched.

Reporting Officer: Off. Donnelly, David
Supervising Officer: Off, Graham, Dan

Weight:

Hair Length:

Reviewing Officer: <u>Det. Armstrong, Roger</u>

INCIDENT DATE/TIME											
Date Printed: 08-02 Time			05:32	•	M.R	.S.	1117	T	Record Number		
		Printed:	AM	PM	Nun						7
			1 1 1 1 1		TDEN	T DAT	'Δ				
Incident Type:	Illness – 9	11 call		1110		1 Dill	11				
Address of	3 Upland										
Occurrence:	•										
Originally			Weapo	n or							
Received As:			Objects Used:								
How Received:			Reporti			Off. Cr	andon,		Domestic:	No	
			Officer			Mia					
Type of	Residence		Other C						Complaint Status:		
Premises Copies To:			Notifie Fire De						Arson Related:	No	
Occurred	Date	Time	To:	ept.		Date	Tin	10	Officer Injured:	No	
From:	Date	Time	10.			Date	1 111	ic	Officer injured.	100	
Tioni.	08-02	04:32									
		PM									
Date Reported	08-02		Call Re			04:32			Car Number:	5	
Time	04:32 PM		Time o	f Arriva	al:	04:44 PM			District:	The	Village
Reported: Officer	N 7 -		GEO C	la da.		77			Dun a see al Deu	C	- A D
Assaulted or	No		GEOC	ode:		//			Processed By:	Gran	it, P.
Killed:											
BURGLARY DATA											
Method of											
Entry:	Visible to Patrol:										
REPORTING PARTY											
Name:	Stone, Sarai										
Home Address:	Same as abo	ove									
Occupation:	Housewife										
Relation:											
SSN:	245-51-618		-		,				T **		
Date of Birth:	07-11	Sex:		Female	e	Birt			IL		
Age:	43	Race:		Black		Ma: Stat	rital		Married		
<u> </u>											
					VIC	ΓIM					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation: SSN:											
Date of Birth:		Sex:		M	F	Dla	ce of				
Date of Birtin.		Sex.		IVI	I.	Birt	h:				
Age:		Race:				Ma: Stat	rital				
						Sia	us.		1		
				KNOV	VN SU	SPEC'	Γ#1				
Name:	N/A										

Date of Birth:

Height:

Weight:

Sex:

Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

Build:	Hair Styl	e:			Hospital Dispositi	on:				
Complexion:	Facial Ha	air:	N/A		Conveye					
Eye Color:	AR#:	ш.	14/74		Injury Ty					
Lyc Color.	AICH.		CHARG	FS	injury ry	ypc.				
CHAROLS										
RSI	MO USC		MO Cod	le .			F/M/C			
KSI	vio osc		MO COC	ic			17101/C			
		KN	IOWN SUSI	PECT #2	1					
Name:			1		1		I	1		
Date of Birth:	Sex:		SS#:		Age:		Race:			
Height:	Hair Col				Injured:					
Weight:	Hair Len				Hospital:	:				
Build:	Hair Styl	e:			Hospital					
					Dispositi					
Complexion:	Facial Ha	air:			Conveye					
Eye Color:	AR#:				Injury Ty	ype:				
		Т	CHARG							
RSMO USC MO Code F/M/C										
KNOWN SUSPECT #3										
N		KN	IOWN SUSI	PECT #3						
Name:	l a		aa ii				D	1		
Date of Birth:	Sex:		SS#:		Age:		Race:			
Height:	Hair Col				Injured:					
Weight:	Hair Len				Hospital:					
Build:	Hair Styl	e:			Hospital Dispositi	on.				
Complexion:	Facial Ha	air [.]			Conveye					
Eye Color:	AR#:					Injury Type:				
Lyc color.	TITCH:		CHARG	ES	injury ry	, pe.				
			0111110							
RS	MO USC		MO Cod	le	F/M/C					
				-		7/11/2/0				
		ı								
			PROPERT	Y						
Owner's	Same as above			· -						
Name:	· -									
Item #:	Value:			Item #:		Va	lue:			
Quantity:	Status:			Quantity:			itus:			
Property	Owner's	Name:		Property			vner's			
Description:				Description		Na	me:			
				:						
			VEHICI	LE						
Owner's Name:										
Vehicle Number:		Vehicle Sta	atus:		Code:					
Vehicle Make:		Vehicle St	yle:		Year:					
Vehicle Number:		Vehicle Sta			Code:					
Doors Locked:		Vehicle Va	alue:		Other					

Mrs. Stone says she had bloody diarrhea and nausea this morning which has continued all day and now she has a very high fever of 102 degrees; ambulance dispatched

Reporting Officer: Off. Crandon, Mia
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Det. Armstrong

	INCIDENT DATE/TIME									
Date Printed:	08-02	Time	11:5	9	M.I	R.S.	1119	Record Number		
		Printed:	AM	PM	Nui	mber:				9
					IDE	NT DAT	Λ			
Incident Type:	Illness – 9	011 call		1110	тот	II DAI	.			
Address of	282 Wilso									
Occurrence:	202 771130	n Brive								
Originally			Weapo	on or						
Received As:				ts Used:						
How Received:			Repor			Off. Str	ahan,	Domestic:	No	
			Office			Ellen				
Type of	Residence		Other	Offices				Complaint Status:		
Premises			Notifie	ed:						
Copies To:			Fire D	ept.				Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No	
From:	08-02	11:38						_		
	08-02	11:38 PM								
Date Reported	08-02	1	Call R	eceived	:	11:38 F	PM	Car Number:	10	
Time	11:38 PM		Time o	of Arriva	al:	11:44 F	PM	District:	The '	Village
Reported:										_
Officer	No		GEO (Code:		73		Processed By:	Gran	t, P.
Assaulted or										
Killed:										
						RY DAT	<u> </u>		ı	
Method of	N/A		Burglary Type:			N/A		Point of Entry	No	
Entry:				2220	-			Visible to Patrol:		
NT) (C			REPO)RTI	NG PAR	TY			
Name:	Moore, Susa									
Home Address:	Same as abo	ove								
Occupation:	Housewife									
Relation:	поиѕешје									
SSN:	456-19-348	5								
Date of Birth:	06-12	Sex:		female	,	Plac	e of	MI		
Date of Birtin.	00-12	SCA.		Jemaie		Birt		1911		
Age:	54	Race:		Black		Mar		married		
C						Stat				
					VIC	TIM				
Name:	Same as ab	ove								
Home										
Address:										
Occupation:										
Relation:										
SSN:				3.6		- Di	<u> </u>	1		
Date of Birth:		Sex:		M	F	Plac Birt				
Age:		Race:				Mar				
						Stat	us:			
				KNOV	VN S	USPECT	T #1			

Age:

Injured:

Race:

N/A

Sex:

Hair Color:

Name:
Date of Birth:

Height:

						ESc2-1-
Weight:	Hair Length	:	Hosp	ital:		
Build:	Hair Style:		Hosp	ital		
			Dispo	osition:		
Complexion:	Facial Hair:	N/A	Conv	eyed By:		
Eye Color:	AR#:		Injur	y Type:		
	·	CHARGES				
Davo	HIG	MO C. 1			FAMC	
RSMO	OUSC	MO Code			F/M/C	
Weight:Hair Length:Hospital:Build:Hair Style:Hospital Disposition:Complexion:Facial Hair:N/AConveyed By:Eye Color:AR#:Injury Type:						
		KNOWN SUSPECT #	<u> </u>			
	T				1	I
		SS#:			Race:	
		:				
Build:	Hair Style:					
	III					
Eye Color:	AR#:		Injur	y Type:		
RSMO	USC	MO Code			F/M/C	
Weight:						
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	III					
		:				
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	III					
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		CHARGES				
RSMO	USC	MO Code			F/M/C	
			•			
		PROPERTY				

				PROPE	RTY						
Owner's	Same as ab	ove									
Name:											
Item #:		Value:			Item #:	Item #:			Value:		
Quantity:		Status:		Quan		uantity:		Status:			
Property		Owner's I		Name:		Property		Owner's			
Description:					Description	n		Name:			
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				VEH	ICLE						
Owner's Name:											
Vehicle Number	:		Vehicle S	Status:			Code:				
Vehicle Make:			Vehicle S	Style:			Year:				
Vehicle Number	:		Vehicle S	Status:			Code:			,	
Doors Locked:			Vehicle V	Value:			Other:			· ·	

Mrs. Moore has had nausea for 2 days and is now experiencing headache, diarrhea and dehydration; says she thought she saw blood in her stool and is very distressed; thought she might have caught something from touching a sickly pony at the fair; ambulance dispatched

Reporting Officer: Off. Strahan, Ellen Supervising Officer: Det. Peters, Phil Reviewing Officer: Det. Armstrong

Direct Radio Call to Water Utility Emergency Response Manager

TO: Water Utility Emergency Response Manager (WUERM)

FROM: Susan Sanchez, Treatment Plant Operator

DATE/TIME: August 2, 11:05 AM

MESSAGE: While performing my scheduled facilities inspections, I discovered that the hatch to the Strawberry Hill tank was open. I climbed up to the hatch and discovered that the lock on the hatch was broken, the hatch was left wide open, and a pair of used latex rubber gloves are laying on the catwalk deck beside the hatch. It seemed wrong to me, so I have left the site and locked the gate behind me so no one can get in. I'm on my way back to the plant. What should we do?

Results of Zenith City Police Department Investigation August 2

<u>Upon Arrival at the Strawberry Hill Tank Area:</u>

- Entrance was locked and secure
- No signs of forced entry
- Discovered hatch lock was damaged and hatch door was left wide open
- Pair of used rubber gloves on the catwalk platform beside the hatch

Investigating Officers' write-up:

Fencing and gates do not show signs of forced intrusion. Utility manager unlocked gate so we could enter the crime scene. We approached the tank cautiously. Photos were taken of the tank breach and the rubber gloves were secured as evidence. Called HQ for further instruction.

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Results of Zenith City HazMat Investigation August 2

<u>Upon Arrival at the Strawberry Hill Tank Area:</u>

- Entrance was locked and secure
- No signs of forced entry
- Discovered hatch lock was damaged and hatch door was left wide open
- Pair of used rubber gloves on the catwalk platform beside the hatch

Investigating Officers' write-up:

Met ZCPC and Water Utility Manager at the site. Utility manager unlocked gate so we could enter the crime scene. We approached the tank cautiously. Photos were taken of the tank breach and the rubber gloves were secured by ZCPD as evidence. No visible signs of contaminant residues in the vicinity of the crime scene. Called HQ for further instruction.

Results of Zenith City HazMat Investigation August 2

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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)
ESc2-2-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TO DISTRIBUTE IF THEY CHOOSE)
ESc2-2-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc2-2-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
ESc2-2-4	PHONE CALL TO POLICE FROM TEENAGER "EYEWITNESS ACCOUNT OF SUSPICIOUS ACTIVITY"
ESc2-2-5	PHONE CALL CONFESSION TO POLICE FROM PERPETRATOR "ACROBAT FROM FAIR ADMITS TO CLIMBING TANK AS A STUNT"
ESc2-2-6	NEWS ALERT #2 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
ESc2-2-7	NEWS ALERT #3 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
ESc2-2-8	NEWS ALERT #4 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)

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

					Z	Zenith	City Hospitals - Em	nergen	cy Room Log				
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
			*FH =	Forest Hills	LD	= Lake	District TG = The G	lens	TV = The Village	SZ = So	uth Zenith	•	
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2	08/03	6:48 AM	Gaultier	Scott	М	83	9 Highland Ave.	FH	280 Main St.	TV	Medicare	Yes	head injury, possible concussion, (auto accident)
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11	08/03	10:02 AM	Francis	lan	М	22	11 Indian Rd.	TG	105 Highway 1	SZ	HMO Blue	No	bloody diarrhea, severe cramping, and fever
12	08/03	10:44 AM	Crow	Latisha	F	56	9 Maple Ave.	TV	323 Main St.	TV	Aetna	No	bloody diarrhea, severe cramping, and fever
13	08/03	10:59 AM	Roberts	Jason	М	49	5607 Riverdale Parkway	TV	5607 Riverdale Parkway	TV	HMO Blue	Yes	dizziness, fatigue, nausea, vomiting and diarrhea
14	08/03	11:15 AM	Glover	Larry	М	42	57 Sturges Rd.	TG	75 Beach ST.	TV	Kaiser P.	Yes	fever, headache, severe stomach pain and cramping
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20	08/03	3:55 PM	Salton	Kathy	F	12	200 Deerfield Rd.	FH	N/A	N/A	HMO Blue	Yes	high fever, diarrhea, nausea, vomiting
21	08/03	4:28 PM	Linton	Frances	F	65	85 Rosewood St.	TV	N/A	N/A	Medicare	Yes	fatigue, stomach pain and vomiting
22	08/03	5:20 PM	Halpern	Annie	F	13	92 Beaver Brook Rd.	SZ	N/A	N/A	Aetna	Yes	stomach pain, fever, diarrhea
23	08/03	5:41 PM	Platt	Lisa	F	32	10 Swift Circle	FH	800 Highway 1	TG	PPO Blue	No	dehydration and persistent diarrhea
24	08/03	6:05 PM	Mangione	Chuck	М	27	88 Chase Dr.	TG	88 Chase Dr.	TG	Aetna	Yes	flu symptoms, dehydration, vomiting, and diarrhea
25	08/03	6:14 PM	Lanart	Michele	F	64	12 Francis Rd.	TV	N/A	N/A	Kaiser P.	No	stomach pain, fever, bloody diarrhea
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29	08/03	8:40 PM	Hemel	Melissa	F	11	6 Dehart Ave.	SZ	N/A	N/A	Mail Handler	No	animal bite, leg
30	08/03	9:13 PM	Peters	Michelle	F	59	17 Millwood Dr.	TV	500 Main St.	TV	HMO Blue	No	severe malaise, bloody stool, difficulty standing
31	08/03	9:37 PM	Lindorr	Chris	М	12	56 Webb Road	TG	N/A	N/A	Kaiser P.	No	fever, blood in stool, stomach pain
32	08/03	10:40 PM	Lindorr	Kylie	F	10	56 Webb Road	TG	N/A	N/A	Kaiser P.	No	fever, blood in stool, stomach pain
33	08/03	11:15 PM	Wong	Sandra	F	11	14 Furnace St.	TG	N/A	N/A	PPO Blue	No	blood in stool
34	08/03	11:45 PM	Arnold	Mary	F	15	36 Cottage St.	TV	N/A	N/A	HMO Blue	No	stomach pain, fever, bloody diarrhea

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18	08/03	2:55 PM	Harrison	Jack	М	21	8 Slate Rd.	TG	176 Highway 1	SZ	Mail Handlers	No	bloody diarrhea, severe cramping, and fever

					Z	Zenith	City Hospitals - Em	nergen	cy Room Log				
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
			*FH =	Forest Hills	LD	= Lake	District TG = The G	lens	TV = The Village	SZ = So	uth Zenith	*	
19	08/03	3:31 PM	Smith	James	М	9	89 Heather Way	FH	N/A	N/A	HMO Blue	Yes	fever, vomiting and blood in stool
20	08/03	3:55 PM	Salton	Kathy	F	12	200 Deerfield Rd.	FH	N/A	N/A	HMO Blue	Yes	high fever, diarrhea, nausea, vomiting
21	08/03	4:28 PM	Linton	Frances	F	65	85 Rosewood St.	TV	N/A	N/A	Medicare	Yes	fatigue, stomach pain and vomiting
22	08/03	5:20 PM	Halpern	Annie	F	13	92 Beaver Brook Rd.	SZ	N/A	N/A	Aetna	Yes	stomach pain, fever, diarrhea
23	08/03	5:41 PM	Platt	Lisa	F	32	10 Swift Circle	FH	800 Highway 1	TG	PPO Blue	No	dehydration and persistent diarrhea
24	08/03	6:05 PM	Mangione	Chuck	М	27	88 Chase Dr.	TG	88 Chase Dr.	TG	Aetna	Yes	flu symptoms, dehydration, vomiting, and diarrhea
25	08/03	6:14 PM	Lanart	Michele	F	64	12 Francis Rd.	TV	N/A	N/A	Kaiser P.	No	stomach pain, fever, bloody diarrhea
26	08/03	6:29 PM	Masry	Rachel	F	2	2 Polk Ave.	TV	NA	NA	HMO Blue	No	bloody diarrhea, dehydration, fever
27	08/03	7:18 PM	Kim	Lenny	М	34	18 Manns Hill Rd.	FH	700 Highway 1	TG	PPO Blue	No	lacerated leg (work injury)

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			
28	08/03	8:00 PM	Limorti	Megan	F	31	33 Crest Rd.	SZ	308 Main St.	TV	Mail Handler		bloody diarrhea, severe cramping, and fever
29	08/03	8:40 PM	Hemel	Melissa	F	11	6 Dehart Ave.	SZ	N/A	N/A	Mail Handler	No	animal bite, leg
30	08/03	9:13 PM	Peters	Michelle	F	59	17 Millwood Dr.	TV	500 Main St.	TV	HMO Blue	No	severe malaise, bloody stool, difficulty standing
31	08/03	9:37 PM	Lindorr	Chris	М	12	56 Webb Road	TG	N/A	N/A	Kaiser P.	No	fever, blood in stool, stomach pain
32	08/03	10:40 PM	Lindorr	Kylie	F	10	56 Webb Road	TG	N/A	N/A	Kaiser P.	No	fever, blood in stool, stomach pain
33	08/03	11:15 PM	Wong	Sandra	F	11	14 Furnace St.	TG	N/A	N/A	PPO Blue	No	blood in stool
34	08/03	11:45 PM	Arnold	Mary	F	15	36 Cottage St.	TV	N/A	N/A	HMO Blue	No	stomach pain, fever, bloody diarrhea

Zenith City Police Department Incident Reports Event Day 2 August 3

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

INCIDENT DATE/TIME										
Date Printed:	08-03	Time 12:58 M.R.S. 1121 Record Number								
		Printed:	AM	PM	Nu	mber:				1
			11111		IDE	NT DATA	\			
INCIDENT DATA Incident Type: Aggravated assault, assault on a police officer – 911 call										
Address of 678 Main Street										
Occurrence:										
Originally	Phone in Weapon or -									
Received As:		Objects Used:								
How Received:						Off. Pet	ers, Henr	y Domestic:	No	
Type of	Parking lo	Parking lot		Other Offices		-		Complaint Status:	Clea	red with
Premises			Notified:						arres	st
Copies To:	Muni Cou						Arson Related:	l .		
Occurred	Date	Time	Time To:			Date	Time	Officer Injured:	No	
From:	08-03	12.28					12:52			
	00-03	AM				08-03	AM			
Date Reported	08-03	Call Received:			12:28 A		Car Number:	44		
Time	12:28 AM		Time of Arrival:			12:32 A	M	District:	The '	Village
Reported:										
Officer	Yes		GEO Code:			67		Processed By:	Grant, P.	
Assaulted or										
Killed:										
						RY DAT	A		T	
Method of		Burgla			e:			Point of Entry		
Entry:			N/A	DEDC	DOT	NG DAD	T) ¥ 7	Visible to Patrol:		
REPORTING PARTY										
Name: Home	Jamali, Ale 34 Reeves R									
Address:	34 Keeves K	.0аа								
Occupation:	Dishwasher									
Relation:	Witness									
SSN:	234-45-678s	9								
Date of Birth:	03-05	Male			Place	e of	India			
Bute of Birth.	02 03	Sex:	2				1:	1770000		
Age:	43	East Indian					Married	Married		
		Race:				Statu				
VICTIM										
Name:	Same as Ab	ove								
Home										
Address:										
Occupation:										
Relation:										
SSN:			1	1.7	T =			Т		
Date of Birth:		Sex:		M	F	Place Birth	ı:			
Age:		Race:				Mari Statu				
KNOWN SUSPECT #1										

Age:

Injured:

Other

Race:

No

Male

Name:

Height:

Date of Birth:

Zagreb, Alexei

Sex:

Hair Color:

08-23 5'-10"

Weight:	165	Hair Len	gth: Short			Hospital: No				
Build:	Hair Styl	le:	Short	Hospital			No			
Disposition:										
Complexion:	Dark	Facial Ha	air:	Yes, be	eard	Conveyed	By:	N/A		
Eye Color:	Brown	AR#:		34		Injury Typ		Broken jaw		
CHARGES										
	4	CCDAVAT	TED ACCAL			LICE OFFI	CED		_	
DC		GGKAVAI	ED ASSAU		T UPON A PO	LICE OFFI	CEK	E/M/C		
	MO USC 456.98			MO Co	ae			F/M/C		
	М									
			T7	NOTES GLIG	DECE III					
			K	NOWN SUS	PECT #2					
Name:		T = 3.5		1 ~~				T	Т	
Date of Birth:		Sex: Ma		SS#:	Age:			Race:		
Height:		Hair Col				Injured:				
Weight:		Hair Len				Hospital:				
Build:		Hair Styl	le:			Hospital				
						Disposition:				
Complexion:		Facial Ha	air:			Conveyed	By:			
Eye Color:		AR#:				Injury Typ	Injury Type:			
				CHARG	ES					
RS	MO USC			MO Co	de	F/M/C				
KNOWN SUSPECT #3										
Name:										
Date of Birth:		Sex:		SS#:		Age:		Race:		
Height:		Hair Col	or:			Injured:				
Weight:		Hair Len		gth:						
Build:		Hair Styl	le:			Hospital				
					Dispositio	n:				
Complexion:		Facial Ha	air:			Conveyed	By:			
Eye Color:		AR#:				Injury Typ				
CHARGES										
RS	MO USC					F/M/C				
						•				
				PROPERT	ΓΥ					
Owner's										
Name:										
Item #:		Value:			Item #:		Va	lue:		
Quantity:		Status:			Quantity:			atus:		
Property Owner's			Name:		` '			Owner's		
Description:		Owners	ranic.		1 3			me:		
Description.				VEHIC			114	iiiic.	<u> </u>	
Owner's Name:				VEIIIC						
Vehicle Number	Vehic			Statue		Code:				
Vehicle Make:					Year:					
Vehicle Number			Vehicle S Vehicle S	•	Code:					
Doors Locked:					Other:					
Doors Locked:			Vehicle V	aiue.		Other:				
				MARKA						
NARRATIVE										

Reporting Officer:	Off. Peters, Henry
Supervising Officer:	Off, Black, Joe
Reviewing Officer:	Det. Manly

Suspect arrested for attacking employee; suspect resisted arrest and struck police officer; victim taken to hospital.

INCIDENT DATE/TIME													
Date Printed:	08-03	Time	07:37	7	M.R	LS.	1122	Record Number					
		Printed:	AM	PM	Nun	nber:				2			
					IDEN	T DAT	Α						
Incident Type:	Traffic ac	cident – 911	call	1110	IDEN	I DILL	11						
Address of	205 Main		Carr										
Occurrence:	200 1/10///	~											
Originally			Weapo	n or									
Received As:			Objects										
How Received:			Reporti	ing		Off. Ru	sten,	Domestic:	No				
			Officer			Harry							
Type of	Retail stor	$\cdot e$	Other C					Complaint Status:					
Premises			Notifie										
Copies To:	Muni cour		Fire De	ept.		_		Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:	08-03	06:37			-								
	0002	AM											
Date Reported	08-03	1	Call Re	ceived:	:	06:37	AM	Car Number:	11				
Time	06:38 AM		Time of	f Arriva	al:	06: 46	AM	District:	The	Village			
Reported:													
Officer	No		GEO C	ode:		73		Processed By:	Gran	ıt, P.			
Assaulted or													
Killed:	DUDGI ADV DATEA												
BURGLARY DATA Method of N/A Print of Entry N/A Point of Entry N/A													
Method of	N/A Burglary Type: N/A Point of Entry No												
Entry: Visible to Patrol: REPORTING PARTY													
Name:	Ryan, Eliza	heth		KEI	1111	OIA	111						
Home	19 Heather												
Address:													
Occupation:	Sales associ	iate											
Relation:	Witness												
SSN:	159-45-167												
Date of Birth:	02-28	Sex:		Female	e		ce of	WI					
						Birt							
Age:	23	Race:		Cauca	sian	Mai		Single					
						Stat	us:						
					VIC	гтм							
Name:	UNK				VIC	1 11/1							
Home	OTTA												
Address:													
Occupation:													
Relation:													
SSN:													
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:						
Age:		Race:			ı	Mai							
						Stat							
				KNOV	VN SU	J SPEC	Γ#1						
Name:	N/A												

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

								LUCZ-Z-Z		
Build:	Hair Sty	le:			Hospita					
Complexion	Facial H	· · · · ·	N/A		Disposi					
Complexion: Eye Color:	AR#:	air:	IN/A		Convey Injury 7					
Eye Color.	AK#.		CHARC	SEC .	i iiijui y i	ype.				
			CHARC							
D.G.	TO LIGO	1	1/0 G	,			EA I/C			
KSI	MO USC		MO Co	ode			F/M/C			
								_		
		K	NOWN SUS	SPECT #2						
Name:			110 1111 501	ALCI III						
Date of Birth:	Sex:		SS#:		Age:		Race:	T		
Height:	Hair Col	or:			Injured:	C				
Weight:	Hair Ler	igth:			Hospita	1:				
Build:	Hair Sty	le:			Hospita Disposi					
Complexion:	Facial H	air:								
Eye Color:	AR#:				Injury 7	Гуре:				
			CHARC	BES						
DC	AO LICO		MOG	1.			E/M/C			
KSI	RSMO USC MO Code F/M/C									
		K.	NOWN SUS	SDECT #3						
Name:		IV.	NOWN SUS	51 EC1 #3						
Date of Birth:	Sex:		SS#:		Age:		Race:	T		
Height:	Hair Col	or:	DD#1.		Injured:		reace.	_1		
Weight:	Hair Ler				Hospita					
Build:	Hair Sty				Hospita					
					Disposi					
Complexion:	Facial H	air:			Convey					
Eye Color:	AR#:				Injury Type:					
			CHARC	<u>GES</u>						
D.G.	TO TING	1	1/0.0	1			EA I/C			
RSI	MO USC		MO Co	ode			F/M/C			
			DD O DED	7D¥ 7						
Owner's			PROPER	IY						
Name:										
Item #:	Value:			Item #:		Va	ılue:			
Quantity:	Status:			Quantity:			atus:			
Property	Owner's	Name:		Property			vner's			
Description:				Description			ime:			
-			:							
		VEHIC	LE							
Owner's Name:		T	,							
Vehicle Number:	ver: Vehicle Status Vehicle Style:				Code Year					
Vehicle Make:		-								
Vehicle Number:		Status:								
Doors Locked:		Vehicle V	alue:	Other:						

Ms. Ryan reports seeing a major traffic accident involving 3 cars and some pedestrians with many people injured; ambulance dispatched.

Reporting Officer: Off. Rusten, Harry
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Det. Armstrong

INCIDENT DATE/TIME												
Date Printed:	08-03	Time	09:15	-	M.R	.S.	1123	Record Number				
		Printed:	AM	PM		nber:				3		
			12212	1	TDEN	T DAT	Δ					
Incident Type:	Suspiciou	s person		1110		I DILL	11					
Address of		od Street (Co	nvention	Center	r)							
Occurrence:		,										
Originally			Weapo									
Received As:			Objects									
How Received:			Reporti Officer			Off. Fi	licia, Ben	Domestic:	No			
Type of	Park		Other (Complaint Status:	Clea	red with visit		
Premises			Notifie									
Copies To:	_	T	Fire De	ept.		_	1	Arson Related:	No			
Occurred	Date	Time	To:			Date Time		Officer Injured:	No			
From:	08-03	08:15 AM										
Date Reported	08-03	AM	Call Re	ceived		08:16	4 M	Car Number:	20			
Time	08:16 AM	,	Time o			08:25		District:	_	District		
Reported:												
Officer	No		GEO C	ode:		77		Processed By:	Grai	it, P.		
Assaulted or												
Killed:												
BURGLARY DATA												
Method of	N/A Burglary Type: N/A Point of Entry No											
Entry: Visible to Patrol: REPORTING PARTY												
Name:	Foust, Pete	r		KEFU	/K11IV	GFAR	111					
Home	2 Birchwoo											
Address:												
Occupation: Relation:	DPW Grou	nds man										
SSN:	259-19-493	7										
Date of Birth:	02-11	Sex:		Male		Dlag	ce of	WI				
						Birt	h:					
Age:	40	Race:		Саиса	sian	Mar Stat		Single				
					TITO	DTS #						
Name:					VIC	LIVI						
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac Birt	ce of					
Age:		Race:			1	Mai						
.6						Stat						
				KNOV	VN SU	J SPEC	Γ#1					
Name:	N/A											

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

E5(2-2-												
Build:	Hair S	Style:			Hospital							
Complexion:	Facial	Hoim	N/A		Dispositi Conveye							
Eye Color:	AR#:	наіг:	IN/F	1	Injury Ty							
Lye Color.	AIX#.		CHAI	PCES	Injury ry	pe.						
			CHA	KOES								
DC	MO LICO		MO	G . 1.			E/M/C					
KSI	MO USC		MO	Code			F/M/C					
		K	NOWN S	USPECT #2								
Name:			110 1111 0	CSI ECI "Z								
Date of Birth:	Sex:		SS#	‡ :	Age:		Race:	1				
Height:	Hair (Color:			Injured:			•				
Weight:	Hair I	Length:			Hospital:							
Build:	Hair S	Style:										
					Dispositi							
Complexion:	Facial	Hair:			d By: /pe:							
Eye Color:	AR#:		GYYA	200								
			CHAI	RGES								
RSMO USC MO Code F/M/C												
KSI	WO USC		MO	Code			17/WI/C					
		K	NOWN S	USPECT #3								
Name:												
Date of Birth:	Sex:		SS#	‡ :	Age:		Race:	1				
Height:	Hair (Color:			Injured:							
Weight:	Hair I	ength:			Hospital:							
Build:	Hair S	Style:			Hospital							
					Dispositi							
Complexion:	Facial	Hair:			Conveye							
Eye Color:	AR#:		CHAI	DCEC	Injury Ty	pe:						
			CHAI	KUES								
RSI	MO USC		MO	Code			F/M/C					
Ros	NO CBC		1410	Code			17141/0					
		l			L							
			PROPE	RTY								
Owner's												
Name:												
Item #:	Value			Item #:			lue:					
Quantity:	Status			Quantity:			atus:					
Property	Owne	r's Name:		Property			vner's]				
Description:				Description .		Na	ime:					
		VEH	ICLE									
Owner's Name:			V LIA									
Vehicle Number:		Vehicle S	Status:		Code:							
Vehicle Make:					Year:							
	Vehicle Number: Vehicle Status				tus: Code:							
Doors Locked:		Value:		Other:								
			NARR	ATIVE								

NARRATIVE

Park grounds keeper reports two suspicious people walking the perimeter of the park near the lake. Cruiser dispatched; men thought to be contracted environmental scientists but investigation ongoing.

Reporting Officer:	Off. Filicia, Ben
= =	Det. Peters, Phil
Reviewing Officer:	Det. Armstrong

INCIDENT DATE/TIME												
Date Printed:	08-03	Time	11:30		M.R.S		1124	Record Number				
		Printed:	AM	PM	Numb	er:			4			
			1		IDENT	DAT	Δ					
Incident Type:	Vandalism			1110		DIXI	<i>.</i> .					
Address of	109 Main											
Occurrence:	100 1110011	<i>5</i>										
Originally			Weapor	ı or								
Received As:			Objects									
How Received:			Reporti Officer:		6	Off. Jos	seph, Cur	t Domestic:	No			
Type of	Junk yard		Other C					Complaint Status:	Open			
Premises			Notified	1:					1			
Copies To:	Muni cour	t	Fire De	pt.				Arson Related:	No			
Occurred	Date	Time	To:	•	Г	ate	Time	Officer Injured:	No			
From:												
Date Reported	08-03		Call Re	ceived:	. 1	0:30 A	AM	Car Number:	18			
Time	10:30 AM		Time of			0:50 A		District:	The Glens			
Reported:	10.201111		111110 01			0.001	11/1	District.	The Giens			
Officer	No		GEO C	ode:	7	4		Processed By:	Grant, P.			
Assaulted or						-						
Killed:												
BURGLARY DATA												
Method of N/A Burglary Type: N/A Point of Entry No												
Entry: Visible to Patrol:												
				REPO	RTING	PAR	TY					
Name:	Poole, Rand											
Home	22 Gavins P	ond Road										
Address:												
	Auto repair											
Relation:	Business ow											
SSN:	658-12-1978					T		1				
Date of Birth:	02-28	Sex:		Male		Birt		LA				
Age:	48	Race:		Caucas	sian	Mar		Single				
						Stat	us:					
					VICTI	M						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:		C	1	M	E	D1.	f	<u> </u>				
Date of Birth:		Sex:		M	F	Birt						
Age:		Race:				Mar						
						Stat	us:					
					UNI CTIC	DE ~	D 114					

Age: Injured: Race:

UNK

Sex:

Hair Color:

Name:

Height:

Date of Birth:

										LUCZ-Z-A
Weight:	Hair I	ength:		Hospital:						
Build:	Hair S	tyle:				Hospita	ıl			
						Disposi	ition:			
Complexion:	Facial	Hair:	N/A	4		Convey	ed By:			
Eye Color:	AR#:					Injury 7	Гуре:			
			CHA	RGES						
RSM	MO USC		MO	Code				F/N	A/C	
1101	.10 050		1110					1/1	11/0	
		K	NOWN S	USPEC	CT #2	ı				
Name:					-					
Date of Birth:	Sex:		SS#	#:		Age:		Race	:	T
Height:	Hair C	olor:						-1		
Weight:		ength:				Injured Hospita				-
Build:	Hair S					Hospita				-
		,				Disposi				
Complexion:	Facial	Hair:				Convey				
Eye Color:	AR#:					Injury '				
	1		CHA	RGES				•		
RSN	MO USC		MO	Code		F/N	Л/С			
		K	NOWN S	USPEC	CT #3					
Name:										
Date of Birth:	Sex:		SS#	# :		Age:		Race	:	
Height:	Hair C	olor:				Injured	:			
Weight:	Hair I	ength:				Hospita	ıl:			
Build:	Hair S	tyle:				Hospita	ıl			
						Disposi				
Complexion:	Facial	Hair:				Convey	ed By:			
Eye Color:	AR#:					Injury 7	Гуре:			
			CHA	RGES						
RSN	MO USC		MO	Code				F/N	Л/С	
			PROPE	ERTY						
Owner's										
Name:										
Item #:	Value			Ite	:m #:		Va	alue:		
Quantity:	Status				ıantity:			atus:		
Property	Owne			operty			wner's			
Description:			De	escription		Na	ame:			
			:							
		VEH	ICLE							
Owner's Name:									1	
Vehicle Number:				Code:						
Vehicle Make:				Year:						
Vehicle Number:		Status:	Code:							
Doors Locked:		Value:			Other:					

Mr. Poole arrived at work to find all the windows on his auto repair buildings smashed. At this time he does not suspect anything was stolen. Cruiser dispatched.

Reporting Officer: Off. Joseph, Curt
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Det. Armstrong

INCIDENT DATE/TIME												
Date Printed:	08-03	Time	11:54	!	M.R	.S.	1125	Record Number				
		Printed:	AM	PM	Nun	nber:				5		
				INC	IDEN	T DAT	A					
Incident Type:	Illness – 9	l 1 call										
Address of	5607 River	dale Parkwo	ay									
Occurrence:												
Originally	Phone in		Weapon			-						
Received As:			Objects									
How Received:			Reporti Officer	:		Off. Sto Chris	ımpler,	Domestic:				
Type of Premises	Apartment	building	Other C Notifie			-		Complaint Status:	Close	ed		
Copies To:			Fire					Arson Related:	No			
Occurred	Date	Time	To:			Date	Time		No			
From:					_							
Date Reported	08-03		Call Re	ceived	:	10:44	AM	Car Number:	7			
Time Reported:	10:44 AM		Time of			10:55		District:	The \	Village		
Officer Assaulted or	No		Processed By:	Brow	vn, D.							
Killed: BURGLARY DATA												
Method of Burglary Type: Point of Entry												
Entry: N/A Visible to Patrol:												
	REPORTING PARTY											
Name:	Roberts, Jas	on										
Home Address:	Same as abo	ve										
Occupation:	Carpenter											
Relation:	Victim											
SSN:	765-54-4321											
Date of Birth:	04-28	Sex:		Male		Plac Birt	ce of h:	WA				
Age:	49	Race:		Cauca	sian	Mai Stat		Married				
								<u>'</u>				
					VICT	ГІМ						
Name:	Same as Abo	ove										
Home Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:					
Age:		Race:			1	Mai Stat	rital					
	<u> </u>	I	I_			Jun		1				
				KNOV	VN SU	SPEC	Γ#1					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:		Hospital Disposition:						
Complexions		Facial II	·i.m.								
Complexion: Eye Color:		Facial Ha	ur:				Convey				
Eye Color:		AK#:		CI	IADCI	T.C	Injury T	ype:			
				CF	IARGI	ES .					
200	10 TIGG				N/A						
RSN	MO USC			M	O Coc	le			F/M	/C	
			IV)	NOWN	CTICI	PECT #2					
Name:			K	NOWN	10001	ECI #2					
Date of Birth:		Sex: Ma	le		SS#:		Age:		Race:		
Height:		Hair Cole			JOII.		Injured:		Race.		_
Weight:		Hair Len					Hospita				
Build:		Hair Styl					Hospital				
				Disposit							
Complexion:		Facial Ha	air:				Convey				
Eye Color:		AR#:		Injury T							
				CH	IARG	ES					
RSMO USC MO Code F/M/C											
KNOWN SUSPECT #3											
Name:							T . T		_		
Date of Birth:Sex:SS#:Age:Race:Height:Hair Color:Injured:											
Height:							Injured:				
Weight:		Hair Len					Hospita				
Build:		Hair Styl	e:				Hospital Disposit				
Complexion:		Facial Ha	nir.				Convey				
Eye Color:		AR#:	111.				ype:				
Lyc color.		TIXII.		CF	IARGI	F.S	injury 1	урс.			
				<u> </u>							
RSN	MO USC			M	O Cod	le			F/M	/C	
			•				•				
				PRO	PERT	Ϋ́					
Owner's	N/A										
Name:											
Item #:		Value:				Item #:			lue:		
Quantity:		Status:				Quantity:			itus:		
Property		Owner's	Name:			Property			vner's		
Description:						Description:		Na	me:		
	1 27/1			VI	EHICI	<u>LE</u>					
Owner's Name:	N/A		X7 1 1 1 0		1		0.1				
Vehicle Number: Vehicle Status: Code:											
Vehicle Make:			Vehicle S				Year				
Vehicle Number:			Vehicle S Vehicle V				Code				
Doors Locked:			venicie v	aiue:			Othe	١.			
NARRATIVE											
011 Callar	in faaling 1:		sith and I				ad di a1	a A1	ulan	dia-	utah a J
911 Caller report	s jeeung aizz	су, шеак, ш	ип ѕиааеп	onset o	j nause	za, vomiting at	ıa atarrne	u. Amb	ишпсе с	uspa	испеа.
Reporting Officer	:: <i>Off</i>	f. Stampler,	Chris								
Supervising Office		f. Clary, Jil									

Reviewing Officer:

Det. Stiller

INCIDENT DATE/TIME													
Date Printed:	08-03	Time	11:55		M.R	.S.	1126	Record Number					
		Printed:	AM	PM	Num	ber:				6			
			1		IDEN	T DAT	Δ						
Incident Type:	Incident Type: Illness – 911 call												
Address of	57 Sturges												
Occurrence:	1 7 21 822												
Originally	Phone in		Weapor	n or		-							
Received As:			Objects										
How Received:			Reporti Officer			Off. Br Karen	onson,	Domestic:	No				
Type of	Retail Stor	e	Other C	Offices		-		Complaint Status:	Clos	ed			
Premises			Notifie	d:				1					
Copies To:			Fire					Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:													
Date Reported	08-03		Call Re	ceived:		10:45 A	AM	Car Number:	37				
Time	10:45 AM		Time of			11:00 A		District:		District			
Reported:													
Officer	No		GEO C	ode:		55		Processed By:	Brov	n, D.			
Assaulted or													
Killed:													
BURGLARY DATA Method of Ruralery Type: Point of Entry													
Method of Burglary Type: Point of Entry N/A Visible to Patrol:													
Entry: N/A Visible to Patrol: REPORTING PARTY													
Name:	Glover, Ları	າ		KEPU	KIIN	GPAR	<u>.1 1</u>						
Home	57 Sturges R												
Address:	37 Siurges I	.и.											
Occupation:	Store clerk												
Relation:	Victim												
SSN:	301-52-4322)											
Date of Birth:	03-28	Sex:		Male		Plac	e of	NY					
						Birt	h:						
Age:	42	Race:		Caucas	sian	Maı	rital	Married					
						Stat	us:						
					VICT	rim							
Name:	Same as Abo	ου <i>e</i>			VICI	LIVI							
Home	Same as 110	710											
Address:													
Occupation:													
Relation:													
SSN:													
Date of Birth:		Sex:		M	F	Plac Birt	e of h:						
Age:		Race:			1	Mai Stat	rital						
[l		<u> </u>			Diai		I					
				KNOW	VN ST	SPECT	Γ #1						

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:		_		Hospital				
Committee in the commit		E. 1177	•				Disposition				
Complexion:		Facial Ha	ur:				Conveyed				
Eye Color:		AR#:		CHA	DC	EC	Injury Type	e:			
						ES					
					V/A						
RSM	IO USC			MO	Co	de			F/N	1/C	
			T/	NOWN (OT IC	PECT #2					
Name:			<u> </u>	INO WIN S	3U 3.	FECT #2					
Date of Birth:		Sex: Ma	le	SS	\#·		Age:		Race		
Height:		Hair Cole		D.	9 π •		Injured:		Racc	•	
Weight:		Hair Len					Hospital:				
Build:		Hair Styl					Hospital				
							Disposition	1:			
Complexion:		Facial Ha	ir:				Conveyed				
Eye Color:		AR#:					Injury Type				
				CHA	RG	ES					
RSM	IO USC			MO	Co	de			F/N	1/C	
			T/	NOWN (OT IC	DECT #2					
Name:			N.	NOWN	5U 3.	PECT #3					
Date of Birth:		Sex:		22	±•		Age:		Race		
Height:		Hair Cole	or.	SS#:			Injured:		Racc	•	
Weight:		Hair Len					Hospital:				
Build:		Hair Styl					Hospital				
							Disposition	1:			
Complexion:		Facial Ha	ir:				Conveyed	By:			
Eye Color:		AR#:					Injury Type	e:			
				CHA	ARG	ES					
DCM	IO USC			MO	Co				F/N	N/C	
KSW	io usc			MC	C00	ue			Γ/IV	1/C	
				PROP	ERT	ΓΥ					
Owner's	N/A										
Name:											
Item #:		Value:				Item #:			lue:		
Quantity:		Status:				Quantity:			tus:		
Property		Owner's	Name:			Property			ner's		
Description:				X/17/1	HO	Description:		Naı	me:		
Owner's Name:	N/A			VEH	11C	LĽ					
Vehicle Number:	1 V///1		Vehicle S	Status			Code:				
Vehicle Make:			Vehicle S				Year:				
Vehicle Number:			Vehicle S				Code:				
Doors Locked:			Vehicle V				Other:				
				NARI	RAT	TIVE					
911 caller comple	ains of feve	r, headach	ie, severe	stomach	pair	and nausea;	requests im	media	ite att	ention.	Ambulance
dispatched.											
Reporting Officer:	Off	. Bronson,	Karen								
Supervising Office		f. Clary, Jil									
Reviewing Officer: Det. Stiller							·				

INCIDENT DATE/TIME												
Date Printed:	08-03	Time	12:35		M.R	.S.	1127	Re	ecord Number			
		Printed:	AM	PM	Nun	nber:					7	
				INC	IDEN	T DAT	Α					
Incident Type:	Illness – 9	11 call										
Address of	33 Hampsi	hire Ave.										
Occurrence:		1								1		
Originally	Phone in		Weapon			-						
Received As:			Objects			0.00 0	*.1 D 1		D .:	3.7		
How Received:			Reporti Officer	:		Off. Sn	iith, Robe	ert	Domestic:	No		
Type of Premises	Residence		Other C Notifie			-			Complaint Status:	Clos	ed	
Copies To:			Fire						Arson Related:	No		
Occurred	Date	Time	To:			Date	Time		Officer Injured:	No		
From:					_							
Date Reported	08-03		Call Re	ceived		11:15 /	AM		Car Number:	37		
Time	11:15 AM		Time of			11:25			District:		Village	
Reported:	1111011111		11110			111201			2 154110	27.00	,	
Officer	No		GEO C	ode:		11			Processed By:	Brov	vn, D.	
Assaulted or												
Killed:												
BURGLARY DATA Description Transport Description of Fortune												
Method of Burglary Type: Point of Entry N/A Visible to Potenty												
Entry:	Entry: N/A Visible to Patrol: REPORTING PARTY											
Name:	Rivers, Dan	ilo		KEI	/K11IV	GIAN	111					
Home	33 Hampshi											
Address:	T											
Occupation:	Retired											
Relation:	Victim											
SSN:	329-98-5622											
Date of Birth:	07-14	Sex:		Male		l l	ce of		WA			
				~		Birt		_				
Age:	65	Race:		Cauca	sian	Mai Stat			Widower			
					VIC	ГІМ						
Name:	Same as Ab	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN: Date of Birth:		Sex:	1	M	F	Dlag	ce of					
Date of Birtin.	Birth:											
Age:		Race:				Mai						
						Stat	us:					
				****		IOD TO	D 114					
				KNOV	VN SU	JSPEC ^T	L # L					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

											E302-2-2
Build:		Hair Styl	e:				Hospita				
Complete in the control of the contr		F 1 II	•				Disposi				
Complexion:		Facial Ha	ar:				Convey				
Eye Color:		AR#:		CII	ARGI	70	Injury 7	ı ype:			
						23					
D.G.	NO HIGG		1		N/A	1			EAL/C		
RS.	MO USC			MO	O Cod	le			F/M/C		
			I.	NOWN	CTICT	PECT #2					
Name:			<u> </u>	NOWN	3031	ECI#2					
Date of Birth:		Sex: Ma	le	S	S#:		Age:		Race:		
Height:		Hair Cole			5111		Injured	:	Ttuce.		
Weight:		Hair Len					Hospita				
Build:		Hair Styl					Hospita				
							Disposi				
Complexion:		Facial Ha	air:				Convey	ed By:			
Eye Color:		AR#:					Injury 7	Гуре:			
					ARGI						
RS	MO USC			MO	O Cod	le			F/M/C		
					~						
NY.			K	NOWN	SUSI	PECT #3					
Name:	I	I a		La	G !!			1	l n		
Date of Birth:		Sex:		S	S#:		Age:		Race:		
Height:		Hair Col					Injured				
Weight:		Hair Len					Hospita				
Build:		Hair Styl	e:				Hospita Disposi				
Complexion:		Facial Ha	air.				Convey				
Eye Color:		AR#:					Injury 7				
Lyc color.	I	111111		CH	ARGI	ES	Injury .	турс.	1		
RS	MO USC			Mo	O Cod	le			F/M/C		
				PROF	PERT	Y					
Owner's	N/A										
Name:	1	1		1			1				
Item #:		Value:				Item #:			lue:		
Quantity:		Status:	N.T.			Quantity:			atus:		
Property		Owner's	Name:			Property			vner's		
Description:				1/IF	HICL	Description:		INa	me:		
Owner's Name:	N/A			V E.	псі	<u>Æ</u>					
Vehicle Number			Vehicle S	Statue			Cod	۵٠			
Vehicle Make:	•		Vehicle S				Year				
Vehicle Number			Vehicle S	_			Cod				
Doors Locked:	•		Vehicle V				Othe				
2222 200000	<u> </u>						o thi	· ·			
				NAR	RAT	IVE					
911 caller comp	lains of stom	ach pain. f	ever, vomi				sn't felt v	vell since	e last nigh	t after	returning
from the fair – ar			, , , , , , , , , , , , , , , ,	-0		,				,,,,,,,,	

Reporting Officer: Off. Smith, Robert
Supervising Officer: Off. Clary, Jill
Reviewing Officer: Det. Stiller

Date Printed:	08-03	Time	02:45		M.R.S	S.	1128	Record Number							
		Printed:	AM	PM	Numb	er:				8					
				<u> </u>	IDENT	DAT	A								
Incident Type:	Illness – 91	l 1 call		1110	ID LI (I	. D.III									
Address of	88 Pleasan	t Park Road	1												
Occurrence:															
Originally	Phone in		Weapor	n or	-										
Received As:			Objects												
How Received:			Reporti Officer		(Off. Pr	ice, Sam	Domestic:	No						
Type of	Residence		Other C	Offices	-			Complaint Status:	Close	rd					
Premises			Notifie	d:											
Copies To:			Fire					Arson Related:	No						
Occurred From:	Date	Time	To:		I	Date	Time	Officer Injured:	No						
Tioni.															
Date Reported 08-03 Call Received: 01:45 PM Car Number: 2															
Time 01:45 PM Time of Arrival: 2:00 PM District: The Village															
Reported:															
Officer	No GEO Code: 11 Processed By: Brown, D.														
Assaulted or															
Killed:															
				BUR	GLAR'	Y DA	ГА								
Method of			Burglar	у Туре	:			Point of Entry							
Entry:			N/A	DEDO	DETAIL	2 D 4 D	7087	Visible to Patrol:							
Name:	D -16 1.1			KEPO	RTIN	j PAK	CTY								
Home	Rolf, Ida Same as abo	110													
Address:	same as abo	ve													
Occupation:	Therapist														
Relation:	Mother Mother														
SSN:	329-98-5622	<u> </u>													
	08-14	Sex:		F		Plac	ce of	IL							
						Birt	h:								
Age:	38	Race:		Cauca	sian	Mai Stat		Single							
L			I												
					VICT	IM									
Name:	Rolf, Lila														
Home	Same as abo	ove													
Address:															
Occupation:	Student														
Relation:	Daughter														
SSN:	456-98-7632				1			1							
Date of Birth:	01-17	Sex:		M	F	Plac Birt	ce of h:	IL.							
Age:	13	Race:				Mai Stat	rital	Single							
<u> </u>		1				1									
				KNOV	VNI CTIO	SDECT	Г #1								

Age:

Injured:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:					spital				
C 1		F 1 III.	•					spositio				
Complexion:		Facial Ha	ar:					nveyed				
Eye Color:		AR#:		CH/	ARGI	FS	Inj	ury Typ	e:			
					N/A							
DCI	MO USC				O Coc	la .				F/M/C		
KSI	WO USC			MIC	<i>)</i> Coc	16				F/IVI/C		
			K	NOWN	SUSI	PECT #2						
Name:												
Date of Birth:		Sex: Ma	le	SS	S#:		Ag	e:		Race:		
Height:		Hair Cole	or:			ured:						
Weight:		Hair Len	gth:					spital:				
Build:		Hair Styl						spital				
								spositio	n:			
Complexion:		Facial Ha	air:				Co	nveyed	By:			
Eye Color:		AR#:		Injury Type:								
				CHA	ARGI	ES						
RSI	MO USC			MC) Coc	le				F/M/C		
					~~	~						
NY.			K	NOWN	SUSI	PECT #3						
Name:		T a		1 0	~ · ·			1		I		
Date of Birth:		Sex:		27	S#:		Ag			Race:	L	
Height:		Hair Cole						ured:				
Weight:		Hair Len						spital:				
Build:		Hair Styl	rle:					spital spositio				
Complexion:		Facial Ha	air.					nveyed				
Eye Color:		AR#:	411.					ury Typ				
Lyc color.		THC///		CHA	ARGI	ES	1111	ury ryp	<u>. </u>			
				0111	11101							
RSI	MO USC			MC) Cod	le				F/M/C		
				WO Code								
				PROP	ERT	Ϋ́						
Owner's	N/A											
Name:		·							1			
Item #:		Value:				Item #:				lue:		
Quantity:		Status:				Quantity:				atus:		
Property		Name:			Property				vner's			
Description:					Description:	<u> </u>		Na	me:			
0 1 17	N/A				HICI	Ŀ						
Owner's Name:	N/A		37.11.1.0	7	-1					ı		
Vehicle Number:								Code:				
Vehicle Make:	Style:			Year:								
Vehicle Number:	Status:				Code:							
Doors Locked:	Vehicle V	value:				Other:						

911 caller says that her daughter is very sick, experiencing severe stomach pain, fever, and diarrhea; caller thinks it maybe caused by something she ate or drank – ambulance dispatched.

Reporting Officer:	Off. Price, Sam
= =	Off. Clary, Jill
Reviewing Officer:	Det. Stiller

			J	NCIDE	ENT D	ATE/T	IME							
Date Printed:														
		Printed:	AM	PM	Numl	ber:				9				
				INC	IDENT	Γ DAT	A							
Incident Type:	Possible he	eart attack –	- 911 cal											
Address of	67 North H	ligh St.												
Occurrence:														
Originally	Phone in		Weapo		-	-								
Received As:				s Used:										
How Received:			Report Officer	:	(Off. Jos	seph, Cur	t Domestic:	No					
Type of	Office build	ding	Other 0		-	-		Complaint Status:	Close	ed				
Premises			Notifie	d:										
Copies To:			Fire					Arson Related:	No					
Occurred	Date	Time	To:]	Date	Time	Officer Injured:	No					
From:														
Date Reported	08-03		Call Re	eceived:	: (02:25 I	PM	Car Number:	N/A					
Time	02:25 PM			f Arriva		02:33 F		District:		Village				
Reported:	02,20 11,1		11110			02.001		2134144	1.10					
Officer	No		GEO C	Code:		11		Processed By:	Brow	n, D.				
Assaulted or										•				
Killed:														
				BUR	GLAR	Y DAT	·A							
Method of			Burgla	ry Type	: :			Point of Entry						
Entry:			N/A					Visible to Patrol:						
				REPO	RTIN	G PAR	TY							
Name:	Farro, Jame													
Home	12 Magnolia	ı Rd.												
Address:	C 1:													
Occupation:	Custodian Victim													
Relation: SSN:	329-98-5622)												
Date of Birth:	06-22	Sex:		M		Plac	o of	IL						
Date of Birtin.	00-22	Sex:		IVI		Birt								
Age:	27	Race:		Саиса	sian	Mar		Single						
Age.	27	Racc.		Синси	siuri	Stat		Single						
						State								
					VICT	IM								
Name:	Same as abo	ove			VICI	11/1								
Home	Same as ase	,,,,												
Address:														
Occupation:														
Relation:														
SSN:														
Date of Birth:		Sex:		M	F	Plac Birt								
Age:		Race:			1	Mar								
-8						Stat								
			<u> </u>			•		•						
				KNOV	INI OTI	CDECT	7 Д1							

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

		1										OL L
Build:		Hair Styl	e:				Hospita					
Complexions		Facial Ha	·im.				Disposit					
Complexion: Eye Color:		AR#:	air:				Injury T					
Eye Color.		AN#.			HARC	SEC SEC	ilijury i	ype.				
DCA	40 LICC		1		N/A				EA	I/C		
RSN	MO USC			1	MO Co	ode			F/N	M/C		
			K.	NOW	N STIS	SPECT #2						
Name:			13.	11011	11 505	HEC1 π2						
Date of Birth:		Sex: Ma	le		SS#:		Age:		Race	:		
Height:		Hair Cole			~~		Injured:				. 1	
Weight:		Hair Len	gth:				Hospita					
Build:		Hair Styl					Hospita					
							Disposi					
Complexion:		Facial Ha	air:				Convey					
Eye Color:		AR#:					Injury T	ype:				
				C	HARC	BES						
D.G.	40 Had		I		10.0	1	1		T-0	T/C		
RSN	MO USC			1	MO Co	ode			F/N	M/C		
			W.	NOW	NI CITIC	DECT #2						
Name:			N.	NUW	N SUS	SPECT #3						
Date of Birth:		Sex:			SS#:		Age:		Race		1	
Height:		Hair Cole	or.		υυπ.		Injured:		Nacc	•		
Weight:		Hair Len					Hospita					
Build:		Hair Styl					Hospita					
							Disposi					
Complexion:		Facial Ha	air:				Convey					
Eye Color:		AR#:					Injury T	уре:				
					HARC							
RSN	MO USC			l	MO Co	ode			F/N	И/С		
				DD	ODED	-ENE 7						
0	37/4			PK	OPER'	IY						
Owner's Name:	N/A											
Item #:		Value:				Item #:		Va	lue:			
Quantity:		Status:				Quantity:			itus:			
Property		Owner's	Name:			Property			vner's			
Description:						Description:		Na	me:			
				V	EHIC	LE						
Owner's Name:	N/A											
Vehicle Number:			Vehicle S				Code					
Vehicle Make:			Vehicle S				Year					
Vehicle Number:			Vehicle S				Code					
Doors Locked:			Vehicle V	/alue:			Othe	r:				
					RRAT							
911 caller, self-de		•	is complai	ining c	of sorei	ness in chest, fa	tigue, dif	ficulty b	reathin	ıg, and	l numbnes	ss in
left arm – ambula	ince dispatch	ed.										
Reporting Officer	Off	Joseph, C	Curt									
Supervising Officer		Clary, Jil										
	<u>~ 11</u>											

Reviewing Officer:

Det. Stiller

	Date Printed: 08-03 Time 04:55 M.R.S. 1130 Record Number													
Date Printed:	08-03	Time						Recor	d Number					
Bute Timed.	00 02	Printed:	AM	PM	Num		1100	recor	a rvanioer		10			
			1 11/1	<u> </u>	IDFN'	T DAT	Λ							
Incident Type:	Illness – 91	l 1 call		INC	ши	I DAI	Α.							
Address of	89 Heather													
Occurrence:		,,,												
Originally	Phone in		Weapoi	n or		_								
Received As:			Objects											
How Received:			Reporti			Off. Sn	ith, Robe	rt Do	mestic:	Yes				
			Officer											
Type of	House		Other C			-		Co	mplaint Status:	Close	d			
Premises			Notified	d:										
Copies To:	-		Fire				T		son Related:	No				
Occurred	Date	Time	To:			Date	Time	Off	ficer Injured:	No				
From:														
Date Reported 08-03 Call Received: 02:55 PM Car Number: 37														
	02:55 AM Time of Arrival: 03:04 PM District: Forest Hills													
Reported: Officer	No GEO Code: 11 Processed By: Brown, D.													
Assaulted or														
Killed:														
Kilicu.				RUR	GI.AR	Y DA	ΓΔ							
Method of		I	Burglar			II Dili	171	Poi	int of Entry					
Entry:			N/A	j Tjpe					sible to Patrol:					
	<u> </u>			REPO	RTIN	G PAR	TY	<u>'</u>						
Name:	Smith, Nanc	y												
Home	Same as abo	ve												
Address:														
	Architect													
Relation:	Mother													
	765-54-4321													
Date of Birth:	04-28	Sex:		Female	e		ce of	WA						
A ~~.	49	Dagge		Саиса	.i	Birt Mai		Man	ried					
Age:	49	Race:		Cauca.	sian	Stat		Mar	теа					
			<u> </u>			Stat	us.							
					VICT	TM								
Name:	Smith, Jame	c			VICI	111/1								
Home	Same as abo													
Address:	Same as abo	,,,,												
Occupation:	Student													
Relation:	Son													
SSN:	639-66-2792	2												
Date of Birth:	Date of Birth: 08-26 Sex: M F Place of WA Birth:													
Age:	9	Race:		Саиса	sian	Mai Stat	rital	Sing	gle					
			I.			1		1						
				KNOV	VNI STI	CDEC	Γ #1							

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

													LUCZ-Z-Z
Build:		Hair Styl	e:					pital					
		- · · · · ·						osition					
Complexion:		Facial Ha	aır:					veyed l					
Eye Color:		AK#:		 CHA	DC	EC	ınju	гу Туре	3:				
						ES							
			1		I/A								
RS.	MO USC			MO	Coo	de				F/N	M/C		
			K	NOWN S	TIC	PECT #2							
Name:			17	110 111 6		I ECI #2							
Date of Birth:		Sex: Ma	le .	SS	#•		Age			Race			
Height:		Hair Cole		55			Inju			Trucc	•		
Weight:		Hair Len						pital:					
Build:		Hair Styl						pital					
Build.		11411 20)1						osition	ι:				
Complexion:		Facial Ha	air:					veyed l					
Eye Color:		AR#:						гу Туре					
•				СНА	RG	ES		-					
RS	MO USC			MO	Cod	de				F/N	M/C		
			K	NOWN S	SUS	PECT #3							
Name:													
Date of Birth:		Sex:		SS	#:		Age			Race): 		
Height:		Hair Col					Inju						
Weight:		Hair Len						pital:					
Build:		Hair Styl	e:					pital					
Complexion:		Facial Ha	air [.]				Disposition: Conveyed By:						
Eye Color:		AR#:					Injury Type:						
	I .	1		СНА		injury Type:							
				CHARGES									
RS	MO USC			MO	Cod	de				F/N	M/C		
				PROPI	ERT	ΓΥ							
Owner's	N/A												
Name:	1	1		1		T							
Item #:		Value: Status:				Item #:				lue:		\bot	
Quantity:					Quantity:				atus:		\bot		
Property	Owner's Name:					Property				vner's			
Description:	tion:			Description: VEHICLE				Name:					
Owner's N.	wner's Name: N/A				uCl	LE							
	wher's Name: IVA ehicle Number: Vehicle St					Status			Code:				
	Vehicle Make: Vehicle S										 		
									Year: Code:				
Doors Locked:	Vehicle Number:				ehicle Status:				Other:				
Doors Locked:			A culture	v aiuc.				Juici.			<u> </u>		

911 caller very upset seeing blood in her 9 year old child's stool; Child came home early from Forest Hills Elementary School with fever and vomiting; ambulance dispatched.

Reporting Officer: Off. Smith, Robert
Supervising Officer: Off. Clary, Jill
Reviewing Officer: Det. Stiller

Date Printed:	08-03	Time						Record Number							
		Printed:	AM	PM	Numb					11					
			1		IDENT	' DAT	'Δ								
Incident Type:	Illness – 91	'1 call		1110	IDDIVI	DILL	11								
Address of	200 Deerfi														
Occurrence:															
Originally	Phone in		Weapoi	n or	-										
Received As:			Objects												
How Received:			Reporti				ampler,	Domestic:	No						
			Officer		(Chris									
Type of	Residence		Other C		-			Complaint Status:	Close	ed					
Premises			Notified	d:											
Copies To:	Ditt	T	Fire			.	T:	Arson Related:	No						
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No						
FIOIII:															
Date Reported 08-03 Call Received: 03:31 PM Car Number: N/A															
Reported: Officer	d: No GEO Code: 11 Processed By: Brown, D.														
Killed:	ssaulted or														
Kilica.				BUR	GLARY	V DA	ΓΑ		1						
Method of			Burglar			1 D.11.		Point of Entry							
Entry:			N/A	<i>J J</i> I ·				Visible to Patrol:							
				REPO	RTING	F PAR	RTY								
Name:	Salton, Sarai														
Home	Same as abo	ve													
Address:															
Occupation:	Store clerk														
	Mother														
	301-52-4322 03-28	Sex:		Female		Dlag	ce of	NY							
Date of Birth:	03-28	Sex:		<i>r</i> етан	2	Birt		IVI							
Age:	42	Race:		Caucas	sian	Mai		Married							
rigo.	.2	reacc.		Canca	start.	Stat		married							
			I												
					VICTI	M									
Name:	Salton, Kath	y													
Home	Same as Abo														
Address:															
Occupation:	Student														
Relation:	Daughter														
SSN:	271-37-290					1									
Date of Birth:	Date of Birth: 08-09 Sex: M F Place of Birth: NJ														
Age:	12	Race:		Caucas	sian	Mai Stat		Single							
		1	I			1		l							
				KNOW	VN STIS	DEC	Г #1								

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:			Hospital				
						Disposition	n:			
Complexion:		Facial Ha	air:			Conveyed				
Eye Color:		AR#:				Injury Type	e:			
				CHAF	RGES					
				N/	Ά					
RS	MO USC			MO (Code		F/N	M/C		
			K	NOWN SU	JSPECT #2					
Name:										
Date of Birth:		Sex: Ma	le	SS#	:	Age:	Race	»:		
Height:		Hair Col				Injured:				
Weight:		Hair Len	gth:			Hospital:				
Build:		Hair Styl	e:			Hospital				
						Disposition	n:			
Complexion:		Facial Ha	air:			Conveyed	By:			
Eye Color:		AR#:								
		•		CHAF	RGES					
RS	MO USC			MO (Code		F/N	M/C		
			K	NOWN SU	JSPECT #3					
Name:										
Date of Birth:		Sex:		SS#	:	Age:	Race	:		
Height:		Hair Col	or:			Injured:				
Weight:		Hair Len	gth:			Hospital:				
Build:		Hair Styl	e:			Hospital				
						Disposition:				
Complexion:		Facial Ha	air:			Conveyed By:				
Eye Color:		AR#:				Injury Type:				
				CHAF	RGES					
RS	MO USC			MO (Code		F/N	M/C		
				PROPE	RTY					
Owner's	N/A									
Name:	l .	T			1	1	1			
Item #:	Value:				Item #:		Value:			
Quantity:	Status:				Quantity:	Status:				
Property	Owner's Name:			Property		Owner's				
Description:	on:			¥ 7414	Description:		Name:			
0 1 11	N			VEHI	CLE					
Owner's Name:						Code				
Vehicle Number						Code:				
Vehicle Make:	le Make: Vehicle						Year:			
Vehicle Number				Status:		Code:	Code:			

Other:

Vehicle Value:

911 caller reports sick child with high fever, diarrhea, nausea and vomiting; cannot get child to car and needs ambulance; Child came home early from Forest Hills Elementary School with fever and vomiting; Ambulance dispatched.

Off. Stampler, Chris Reporting Officer: Supervising Officer: Off. Clary, Jill

Det. Stiller Reviewing Officer:

Doors Locked:

			I	NCIDI	ENT I	OATE/T	IME			
Date Printed:	08-03	Time	05:55	5	M.R	a.S.	1132	Record Number		
		Printed:	AM	PM	Nun	nber:				12
				INC	IDEN	T DAT	A			
Incident Type:	Illness – 9.	l 1 call								
Address of	85 Rosewo	od Street								
Occurrence:										
Originally	Phone in		Weapo			-				
Received As:			Objects						L	
How Received:			Reporti Officer	:		Off. We	ong, Liam		No	
Type of Premises	Residence		Other O			-		Complaint Status:	N/A	
Copies To:			Fire	u.				Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No	
From:	Bute	11110	10.				111110		1,0	
Date Reported	08-03		Call Re	eceived	:	03:55	PM	Car Number:	N/A	
Time	03:55 PM		Time o	f Arriva	al:	04:15	PM	District:	The \	Village
Reported:										
Officer	No		GEO C	ode:		11		Processed By:	Brow	n, D.
Assaulted or										
Killed:				DIID	CTAI	RY DAT	ГА			
Method of			Burgla			KI DA	l A	Point of Entry		
Entry:			N/A	ту турс				Visible to Patrol:		
Ziri y .			1 1/11	REPO	RTIN	IG PAR	TY	visione to ration		
Name:	Linton, Fran	ices								
Home	Same as abo	ve								
Address:										
Occupation:	Retired									
Relation:	222 22 524									
SSN:	339-93-5622		Т	1/ 1		DI	<u> </u>	ID		
Date of Birth:	07-14	Sex:		Male		Plac Birt	e of	ID		
Age:	65	Race:		Саиса	sian	Mai		Widower		
rige.	03	Racc.		Синси	sian	Stat		widowei		
					VIC	ГІМ				
Name:	Same as Ab	ove								
Home										
Address:										
Occupation:										
Relation: SSN:										
Date of Birth:		Sex:		M	F	Dlag	ce of			
Date of Birtii.				IVI	1.	Birt	h:			
Age:		Race:				Mai				
						Stat	us:			
				KNOV	VN SI	JSPEC ⁷	Γ#1			

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:				Hospita					
G 1 :		F '111					Disposi					
Complexion:		Facial Ha	aır:				Convey					
Eye Color:		AR#:		CITA	D.G	F.C.	Injury T	ype:				
				CHA		ES						
			1		I/A							
RSN	MO USC			MO	Coc	de			F/N	1/C		
			K	NOWN S	SUS	PECT #2						
Name:												
Date of Birth:		Sex: Ma		SS	\$#:		Age:		Race	:		
Height:		Hair Col					Injured:					
Weight:		Hair Len					Hospita					
Build:		Hair Styl	e:				Hospita					
							Disposi					
Complexion:		Facial Ha	air:				Convey					
Eye Color:		AR#:					Injury T	ype:				
			1	CHA								
RSI	MO USC			MO	Coc	de			F/N	1/C		
			K	NOWN S	SUS	PECT #3						
Name:												
Date of Birth:		Sex:		SS	5#:		Age:		Race			
Height:		Hair Col	or:				Injured:					
Weight:		Hair Len	gth:				Hospita	1:				
Build:		Hair Styl	e:				Hospita	1				
							Disposi	tion:				
Complexion:		Facial Ha	air:				Convey	ed By:				
Eye Color:		AR#:					Injury T	ype:				
				CHA	RG	ES						
RSI	MO USC			MO	Coc	de			F/N	1/C		
				PROP	ERT	Y						
Owner's	N/A											
Name:												
Item #:		Value:				Item #:		Va	lue:			
Quantity:		Status:				Quantity:		Sta	atus:			
Property		Owner's	Name:			Property		Ov	vner's			
Description:						Description:		Na	me:			
				VEH	HCI	LE						
Owner's Name:	N/A											
Vehicle Number:			Vehicle S	Status:			Code	e:		ļ		
Vehicle Make:			Vehicle S	Style:			Year	:				
Vehicle Number:			Vehicle S	Status:			Code	e:				
Doors Locked:			Vehicle V	Value:			Othe	r:				
				NARE	RAT	IVE						
911 caller compl	lains of sevi	ere stomach	pain and				and grow	ing wea	ker: co	innot (drive co	ar and
needs ambulance				,	<i>J</i> = .		6		,			
	,	r										
L												
Reporting Officer	r: <u>O</u>	ff. Wong, Li	am									

Supervising Officer:

Reviewing Officer:

Off. Clary, Jill

Det. Stiller

INCIDENT DATE/TIME														
Date Printed:	08-03	Time	06:28		M.R	.S.	1133	Re	cord Number					
		Printed:	AM	PM	Num	ıber:					13			
				INC	IDEN	T DAT	'A							
Incident Type:	Illness – 9	11 call		2210	12 21 (
Address of		Brook Road	!											
Occurrence:														
Originally	Phone in		Weapor	n or		-								
Received As:			Objects	Used:										
How Received:			Reporti Officer			Off. La	wson, Ra	y	Domestic:	No				
Type of	Residence		Other C	Offices		-			Complaint Status:	Close	ed			
Premises			Notifie	d:										
Copies To:			Fire						Arson Related:	No				
Occurred From:	Date	Time	To:			Date	Time		Officer Injured:	No				
FIOIII.														
Date Reported	08-03		Call Re	ceived		04:28	 PM		Car Number:	N/A				
Time	04:28 PM		Time of			04:39			District:		n Zenith			
Reported:	020 11		111110			0	. 1/1		2104144	20111	. 20			
Officer	No		GEO C	ode:		11			Processed By:	Brow	n, D.			
Assaulted or									•		•			
Killed:														
				BUR	GLAF	RY DA	ГА							
Method of	Method of Burglary Type: Point of Entry													
Entry:			N/A	DEDO		(C D) T			Visible to Patrol:					
NT	II I C			REPO	KTIN	G PAR	KTY							
Name: Home	Halpern, Ste Same as abo													
Address:	same as abo	ove												
Occupation:	Security Gu	and												
Relation:	Father	ara												
SSN:	429-94-5632	2												
Date of Birth:	08-14	Sex:		M		Dlag	ce of		MA					
Date of Birtin.	00-14	Sex.		1 V1		Birt		1	<i>n</i> A					
Age:	38	Race:		Cauca	sian		rital	S	Single					
						Stat	us:							
					VICT	ГΙМ								
Name:	Halpern, Ar	nie			,101									
Home	Same as abo													
Address:														
Occupation:	N/A													
Relation:	Daughter													
SSN:	258-58-964							- 1 .						
Date of Birth:	01-17	Sex:		M	F	Plac Birt	ce of th:		ОН					
Age:	13	Race:					rital	S	Single					
						Sidi	us.							
				KNOV	T/NI OT	CDEC	Г 41							

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Build:		Hair Styl	e:			one						
Complexion		Facial Ha	nir:			Dispositi Conveye						
Complexion: Eye Color:		AR#:	u1.			Injury Ty						
Lye Color:		AN#:		CHAR	CES	Injury 15	pe.					
	MO HICC			N/A				D0.5/0				
RSI	MO USC			MO C	ode			F/M/C				
			W.	NOWN SU	CDECT #2							
Name:			N.	NOWN SU	SPECI#2							
Date of Birth:		Sex: Ma	le	SS#:		Age:		Race:				
Height:		Hair Cole		5511.		Injured:		Rucc.				
Weight:		Hair Len				Hospital:						
Build:		Hair Styl				Hospital						
						Dispositi	on:					
Complexion:		Facial Ha	nir:			Conveye						
Eye Color:		AR#:				Injury Ty						
				CHAR	GES							
RS	RSMO USC MO Code F/M/C											
	KNOWN SUSPECT #3											
Name:												
Date of Birth:		Sex:		SS#:		Age:		Race:				
Height:		Hair Colo				Injured:						
Weight: Build:		Hair Len				Hospital:						
Dulla:		Hair Styl	e:			Hospital	Disposition:					
Complexion:		Facial Ha	nir [.]				Conveyed By:					
Eye Color:		AR#:					Injury Type:					
<i>j = = = = = = = = = = = = = = = = = = =</i>	1	1		CHAR	GES	, <i>, , ,</i>	1	I				
RSI	MO USC			MO C	ode			F/M/C				
				PROPER	RTY							
Owner's	N/A											
Name:		•				•	1					
Item #:		Value:			Item #:			lue:				
Quantity:		Status:			Quantity:			itus:				
Property		Owner's		Property			vner's					
Description:					Description:		Na	me:				
Orringan's Name	λ7/A			VEHI	LL							
Owner's Name: N/A Vehicle Number: Vehicle State					totus			Codo:				
Vehicle Number:Vehicle StatusVehicle Make:Vehicle Style:												
Vehicle Make:Vehicle Style:Vehicle Number:Vehicle Status												
Doors Locked:				icle Status:			Other:					
Doors Locked:			venicle v	Other:								

911 caller says that his daughter is very sick, experiencing severe stomach pain, fever, and diarrhea and came home early form school today; didn't feel well last night after returning home from fair; thinks maybe caused by something she ate or drank – ambulance dispatched.

Reporting Officer:	Off. Lawson, Ray
Supervising Officer:	Off. Clary, Jill
Reviewing Officer:	Det. Stiller

INCIDENT DATE/TIME											
Date Printed:	08-03	Time	07:41	1	M.R	.S.	1134	Record Number			
		Printed:	AM	PM	Nun	nber:				14	
				INC	CIDEN	T DAT	Α				
Incident Type:	Illness – 9	11 call									
Address of	88 Chase I	Drive									
Occurrence:		,							_		
Originally	Phone in		Weapo			-					
Received As:			Objects			066.0	7	D .:	3.7		
How Received:			Reporti Officer	:		Off. Cr Mia	andon,	Domestic:	No		
Type of Premises	Residence		Other O			-		Complaint Status:	Close	ed	
Copies To:			Fire	<u>u.</u>				Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:											
Date Reported	08-03		Call Re	eceived	:	05:41	PM	Car Number:	N/A		
Time	05:41 PM		Time of			05:56		District:	The (Glens	
Reported:											
Officer	No		GEO C	ode:		22		Processed By:	Brow	rn, D.	
Assaulted or											
Killed:											
35.1.1.6	T		- ·			RY DAT	ГА	In the CD			
Method of			Burglan	ry Type	e:			Point of Entry Visible to Patrol:			
Entry:			N/A	REPO	RTIN	IG PAR	PTV	Visible to Patrol:			
Name:	Mangione, C	Chuck		ILLI U		0 1 2 1 1					
Home	Same as abo										
Address:											
Occupation:	Custodian										
Relation:	Victim										
SSN:	329-98-5622										
Date of Birth:	06-22	Sex:		M			ce of	TX			
A	27	Dans		Саиса		Birt		Divorced			
Age:	27	Race:		Cauca	sian	Mai Stat		Divorcea			
					VIC	ΓIM					
Name:	Same as abo	ove									
Home											
Address:											
Occupation:											
Relation: SSN:											
Date of Birth:		Sex:	I	M	F	Plac	ce of				
Date of Birtin.		SCA.		IVI	1	Birt	h:				
Age:		Race:				Mai					
						Stat	us:				
				KNOV	VN SU	JSPEC ^T	ľ #1				

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

											ESc
Build:		Hair Styl	e:				Hospital				
G 1 :		- · · · · ·					Dispositi	on:			
Complexion:		Facial Ha	air:				Conveyed				
Eye Color:		AR#:					Injury Ty	pe:			
				Cŀ	HARG	ES					
					N/A						
RSI	MO USC			M	IO Cod	de			F/N	A/C	
			K	NOWN	N SUSI	PECT #2					
Name:		T = = = =							r_		
Date of Birth:		Sex: Ma			SS#:		Age:		Race	:	
Height:		Hair Col					Injured:				
Weight:		Hair Len					Hospital:				
Build:		Hair Styl	e:				Hospital				
							Disposition				
Complexion:		Facial Ha	air:				Conveyed				
Eye Color:		AR#:					Injury Ty	pe:			
				CF	HARG	ES					
RSM	MO USC			M	10 Coc	·le			F/N	A/C	
Kor	MO OBC			177	10 000				1/1	71/ C	
			K	NOWN	N SUSI	PECT #3					
Name:					1000	201 110					
Date of Birth:		Sex:			SS#:		Age:		Race	•	
Height:		Hair Col	or:				Injured:		11000	·	
Weight:		Hair Len						Hospital:			
Build:		Hair Styl					Hospital				
Build.		Train Styl					Dispositi	on:			
Complexion:		Facial Ha	air:				Conveyed				
Eye Color:		AR#:					Injury Ty				
		· L		CH	HARG	ES	<i>J J</i>				
RSI	MO USC			M	10 Coc	de			F/N	A/C	
				PRO	PERT	Y					
Owner's	N/A										
Name:											
Item #:		Value:				Item #:		Va	lue:		1
Quantity:		Status:				Quantity:		Sta	atus:		
Property		Owner's	Name:			Property			vner's		·
Description:						Description:		Na	me:		
				VI	EHICI	LE					
Owner's Name:	N/A									1	
Vehicle Number:			Vehicle S				Code:				
Vehicle Make:			Vehicle S				Year:				
Vehicle Number:			Vehicle S				Code:				
Doors Locked:			Vehicle V	Value:			Other:				
					RRAT						
911 caller compl	ains of dehya	dration asso	ociated with	h diarrh	hea and	d vomiting; am	bulance di	spatch	ed		
	•										
	<u> </u>										
Reporting Officer		<u>f. Crandon,</u>									
Supervising Office		f. Clary, Jil	<u>'l</u>								
Reviewing Office	er De	t. Stiller									

Zenith City 911 Incident Reports Event Day 2 August 3

INCIDENT DATE/TIME													
Date Printed:	08-03	Time	12:5	8	M.l	R.S.	1121	Record Number					
		Printed:	AM	PM	Nu	mber:				1			
			11111		IDE	NT DATA							
Incident Type:	Aggravata	ed assault, as	esault or										
Address of	678 Main		saun on	i a ponc	e ojji	cer – 711	can						
Occurrence:	070 Mun	Direct											
Originally	Phone in		Weapo	on or		_							
Received As:				ts Used:									
How Received:			Report Office	ting		Off. Pet	ers, Henr	y Domestic:	No				
Type of	Parking lo	pt	Other	Offices		-		Complaint Status:	Clea	red with			
Premises			Notifie	ed:					arrest				
Copies To:	Muni Cou							Arson Related:	No				
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No				
From:	08-03	12:28				08-03	12:52						
		AM					AM						
Date Reported	08-03			eceived		12:28 A		Car Number:	44				
Time Reported:	12:28 AM		Time o	of Arriv	al:	12:32 A	M	District:	The	Village			
Officer	Yes		GEO (Code:		67		Processed By:	Gran	nt. P.			
Assaulted or						-				,			
Killed:													
	•			BUR	GLA	RY DAT	Α		L				
Method of			Burgla	ary Type	e:			Point of Entry					
Entry: N/A Visible to Patrol:													
				REPO	RTI	NG PAR	ГҮ						
Name:	Jamali, Ale												
Home	34 Reeves R	Road											
Address:													
Occupation:	Dishwasher	•											
Relation:	Witness	0											
SSN: Date of Birth:	234-45-678			34.1		DI	C	7 1.					
Date of Birth:	03-05	Sex:		Male		Place Birth		India					
Age:	43	Race:		East In	ndian			Married					
rige.	45	Racc.		Last II	iaiari	Statu		Marrica					
<u> </u>		I		1		1 2 1300	-	1					
					VIC	TIM							
Name:	Same as Ab	ove											
Home													
Address:													
Occupation:													
Relation:													
SSN:				1		ı		T					
Date of Birth:		Sex:		M	F	Place Birth	ı:						
Age:		Race:				Mari Statu							
				KNOV	VN S	USPECT	#1						

Age:

Injured:

Other

Race:

No

Male

Name:

Height:

Date of Birth:

Zagreb, Alexei

Sex:

Hair Color:

08-23 5'-10"

ESc2-2-3

										ESCZ-Z
Weight:	165	Hair Len		Sho		Hospital:		No		
Build:	Medium	Hair Styl		Sho	rt	Hospital		No		
						Disposition:				
Complexion:	Dark	Facial Ha	air:	Yes,	beard	Conveyed B	y:	N/A		
Eye Color:	Brown	AR#:		34		Injury Type:		Broke	en jaw	
				CHAF	RGES					
		GGRAVAT	ED ASSAU	LT. ASSAU	ULT UPON A PO	OLICE OFFICE	ΞR			
R	SMO USC			MO				F/N	<u>I/C</u>	
·	456.98			33				N		
			K	NOWN SU	USPECT #2					
Name:										
Date of Birth:		Sex: Ma	le	SS#	:	Age:		Race	:	
Height:		Hair Col	or:			Injured:				
Weight:		Hair Len	gth:			Hospital:				
Build:		Hair Styl	e:			Hospital				
						Disposition:				
Complexion:		Facial Ha	air:			Conveyed B				
Eye Color:		AR#:				Injury Type:				
				CHAF	RGES					
	G1 10 777 =		ı	.	~ 1				F.16	
R	SMO USC			MO (Code			F/N	<u>1/C</u>	
			T/1	ALOHUNI CI	TOPE OF 112					
NI.			K	NOWN SU	USPECT #3					
Name:		I a		l aau		T	-	n		
Date of Birth:		Sex:		SS#	:	Age:	Race	;		
Height:		Hair Col				Injured:				
Weight:		Hair Len				Hospital:				
Build:		Hair Styl	e:			Hospital Disposition:				
Complexion:		Facial Ha	i			Conveyed B				
Eye Color:		AR#:	aii.			Injury Type:	•			
Lye Color.		AIX#.		CHAF	RCES	Injury Type.				
				CIIAI	COLS					
R	SMO USC			MO (Code			F/N	I/C	
			l .			<u>'</u>				
				PROPE	RTY					
Owner's										
Name:										
Item #:		Value:			Item #:		Val	lue:		
Quantity:		Status:			Quantity:		Stat	tus:		
Property		Owner's	Name:		Property		Ow	ner's		
Description:					Description:		Nar	me:		
				VEHI	CLE					
Owner's Name:									•	
Vehicle Numbe	er:		Vehicle S			Code:				
Vehicle Make:			Vehicle S			Year:				
Vehicle Numbe	er:		Vehicle S			Code:				
Doors Locked:			Vehicle V	⁷ alue:		Other:			<u></u>	
				NARRA						
Suspect arreste	d for attackin	g employee;	suspect re	sisted arre	st and struck pol	ice officer; vict	im to	aken to) hospita	al.
Reporting Office		ff. Peters, H								
Supervising Off		ff, Black, Jo	e							
Reviewing Offi	cer: <u>De</u>	et. Manly								

INCIDENT DATE/TIME														
Date Printed:	08-03	Time	07:37	7	M.R	LS.	1122	Record Number						
		Printed:	AM	PM	Nun	nber:				2				
					IDEN	T DAT	Α							
Incident Type:	Traffic ac	cident – 911	call	1110	IDEN	I DILL	11							
Address of	205 Main		Carr											
Occurrence:	200 1/10///	~												
Originally			Weapo	n or										
Received As:			Objects											
How Received:			Reporti	ing		Off. Ru	sten,	Domestic:	No					
			Officer			Harry								
Type of	Retail stor	$\cdot e$	Other C					Complaint Status:						
Premises			Notifie											
Copies To:	Muni cour		Fire De	ept.		_		Arson Related:	No					
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No					
From:	08-03	06:37			-									
	0002	AM												
Date Reported	08-03	1	Call Re	ceived:	:	06:37	AM	Car Number:	11					
Time	06:38 AM		Time of	f Arriva	al:	06: 46	AM	District:	The	Village				
Reported:														
Officer	No		GEO C	ode:		73		Processed By:	Gran	ıt, P.				
Assaulted or														
Killed:	BURGLARY DATA													
37.1.1.0			ъ .				ľA	I B to a C D	1 37					
Method of	N/A Burglary Type: N/A Point of Entry No													
Entry.	Entry: Visible to Patrol: REPORTING PARTY													
Name:	Ryan, Eliza	heth		KEI	1111	OIA	111							
Home	19 Heather													
Address:														
Occupation:	Sales associ	iate												
Relation:	Witness													
SSN:	159-45-167													
Date of Birth:	02-28	Sex:		Female	e		ce of	WI						
						Birt								
Age:	23	Race:		Cauca	sian	Mai		Single						
						Stat	us:							
					VIC	гтм								
Name:	UNK				VIC	1 11/1								
Home	OTTA													
Address:														
Occupation:														
Relation:														
SSN:														
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:							
Age:		Race:			ı	Mai								
						Stat								
				KNOV	VN SU	J SPEC	Γ#1							
Name:	N/A													

Date of Birth:

Height:

Weight:

Sex: Hair Color:

Hair Length:

Age:

Injured:

Hospital:

Race:

								E302-2-3
Build:	Hair Styl	e:			Hospital			
Complexion:	Facial H	·	N/A		Dispositi Conveye			
Eye Color:	AR#:	air.	IN/A		Injury Ty			
Lye Color.	ΑΙΝ#.		CHARG!	FC	injury ry	ype.		
			CHARO					
	MO HIGG	1) (O, C	•	1		EA MC	
RS.	MO USC		MO Coo	le			F/M/C	
		L'NI	OWN SUSI	DECT #2				
Name:		KINC		LCI #2				
Date of Birth:	Sex:		SS#:		Age:		Race:	
Height:	Hair Col	Or.	55".		Injured:		Ruce.	. I
Weight:	Hair Len				Hospital:	•		_
Build:	Hair Styl				Hospital	<u> </u>		
2 dira:					Dispositi	on:		
Complexion:	Facial H	air:			Conveye			
Eye Color:	AR#:				Injury Ty			
•			CHARG	ES				
RS	MO USC		MO Coo	le			F/M/C	
N.T.		KNO	OWN SUSI	PECT #3				
Name:			l aau		T			_
Date of Birth:	Sex:		SS#:		Age:		Race:	
Height:	Hair Col				Injured:			
Weight: Build:	Hair Len Hair Styl				Hospital: Hospital			
Dullu.	nan Styl	.e.			Dispositi	on:		
Complexion:	Facial H	air:			Conveye			
Eye Color:	AR#:	·····			Injury Ty			
	·		CHARG	ES	1 3 7 7	· I		
RS	MO USC		MO Coo	le			F/M/C	
]	PROPERT	Y .				
Owner's								
Name:	T							
Item #:	Value:			Item #:			lue:	
Quantity:	Status:			Quantity:			atus:	
Property	Owner's	Name:		Property			vner's	
Description:				Description		Na	me:	
			VEHICI	: · T				
Owner's Name:			VERICI	1 15				
Vehicle Number		Vehicle Stat	tue		Code:			
Vehicle Make:	•	Vehicle State			Year:			
Vehicle Number		Vehicle Stat						_
Doors Locked:	•	Vehicle Val						
		,			301		<u> </u>	

Ms. Ryan reports seeing a major traffic accident involving 3 cars and some pedestrians with many people injured; ambulance dispatched.

Reporting Officer: Off. Rusten, Harry
Supervising Officer: Det. Peters, Phil
Reviewing Officer: Det. Armstrong

INCIDENT DATE/TIME												
Date Printed:	08-03	Time	11:54	!	M.R	a.S.	1125	Record Number				
		Printed:	AM	PM	Nun	nber:				5		
				INC	IDEN	T DAT	A					
Incident Type:	Illness – 9	l 1 call		22 (0								
Address of	5607 River	dale Parkwa	ay									
Occurrence:												
Originally	Phone in		Weapo	n or		-						
Received As:			Objects	S Used:								
How Received:			Reporti			Off. Sto	ımpler,	Domestic:				
			Officer			Chris						
Type of	Apartment	building	Other C			-		Complaint Status:	Close	ed		
Premises			Notifie	<u>d:</u>								
Copies To:	D .	m:	Fire			ъ .	m:	Arson Related:	No			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No			
From:					-							
Date Reported	08-03		Call Re			10:44		Car Number:	7			
Time	10:44 AM		Time o	f Arriva	al:	10:55	AM	District:	The	Village		
Reported:	7.7		CEO C	V1				D	n	D		
Officer Assaulted or	No		GEO C	ode:		66		Processed By:	Brow	vn, D.		
Killed:												
Killed.	1			RUR	GLA1	RY DAT	ΓΔ					
Method of			Burglar			KI DIII	- 1 L	Point of Entry				
Method of Burglary Type: Point of Entry Entry: N/A Visible to Patrol:												
•	•			REPO	RTIN	IG PAR	RTY					
Name:	Roberts, Jas	on										
Home	Same as abo	ve										
Address:												
Occupation:	Carpenter											
Relation:	Victim											
SSN:	765-54-432		- 1			1		T				
Date of Birth:	04-28	Sex:		Male			ce of	WA				
A	49	Dans		<i>C</i>	_•	Birt		Manusia				
Age:	49	Race:		Cauca.	sian	Mai		Married				
						Stat	us.					
					VIC	rtn/						
Name:	Same as Ab	ove			VIC.	1 11/1						
Home	Same as 110	<i>)</i>										
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:					
Age:		Race:				Mai Stat	rital					
		l				Stat		l				
				KNOV	VN SI	ISPEC'	Г #1					

Age: Injured: Race:

N/A

Sex:

Hair Color:

Name:

Height:

Date of Birth:

ESc2-2-3

										E302-2			
Weight:		Hair Len				Hospital:							
Build:		Hair Styl	e:			Hospital							
						Dispositio							
Complexion:		Facial Ha	air:			Conveyed							
Eye Color:		AR#:				Injury Ty	pe:						
				CHA	RGES								
				N	T/A								
RSN	MO USC				Code			F/N	A/C				
			K	NOWN S	USPECT #2								
Name:													
Date of Birth:		Sex: Ma	le	SS	#:	Age:		Race	:				
Height:		Hair Cole	or:			Injured:				•			
Weight:		Hair Len	gth:			Hospital:							
Build:		Hair Styl				Hospital							
						Disposition	n:						
Complexion:		Facial Ha	air:			Conveyed							
Eye Color:		AR#:			Injury Type:								
				СНА	RGES			1					
RSN	MO USC				Code			F/N	A/C				
	- :- -							.,					
			K	NOWN S	USPECT #3								
Name:													
Date of Birth:		Sex:		SS	#:	Age:		Race	:				
Height:		Hair Cole	or:			Injured:							
Weight:		Hair Len				Hospital:							
Build:		Hair Styl				Hospital							
						Dispositio	n:						
Complexion:		Facial Ha	air:			Conveyed							
Eye Color:		AR#:				Injury Ty							
		II.		СНА	RGES	1 3 3 3		1					
RSN	MO USC			MO	Code			F/N	M/C				
				PROPE	ERTY								
Owner's	N/A												
Name:													
Item #:		Value:			Item #:		Va	lue:					
Quantity:		Status:			Quantity:			itus:					
Property		Owner's	Name:		Property			vner's					
Description:					Description:		Na	me:					
•				VEH	ICLE								
Owner's Name:	N/A												
Vehicle Number:			Vehicle S	Status:		Code:							
Vehicle Make:			Vehicle S			Year:							
Vehicle Number:			Vehicle S			Code:							
Doors Locked:			Vehicle V			Other:							
	•				•								
				NARD	ATIVE								
911 Caller renew	ts feeling die	zv wook w	ith suddon		ausea, vomiting a	nd diarrhaa	Amb	ulanca	dienat	ched			
711 Cuner report	is jeeinig uit.	Ly, weun, W	ын эншисп	onsei oj n	auseu, voiniiing a	ia aiui i iieu	. 111110	шинсе	аврин	cneu.			
Reporting Officer	r: <i>Of</i>	f. Stampler,	Chris										
Supervising Office		f. Clary, Jil											
Reviewing Office		rt. Stiller	-										
	<u>De</u>	~.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											

141/293

INCIDENT DATE/TIME												
Date Printed:	08-03	Time	11:55	ī	M.R.	.S.	1126	Record Number				
		Printed:	AM	PM	Num	ber:				6		
				INC	CIDEN'	T DAT	A					
Incident Type:	Illness – 9	11 call										
Address of	57 Sturges	Road										
Occurrence:												
Originally	Phone in		Weapo			-						
Received As:			Objects									
How Received:			Reporti Officer	:		Off. Br Karen	onson,	Domestic:	No			
Type of Premises	Retail Stor	e	Other O			-		Complaint Status:	Clos	ed		
Copies To:			Fire	<u>u.</u>				Arson Related:	No			
Occurred	Date	Time	To:			Date	Time		No			
From:												
Date Reported	08-03		Call Re	eceived		10:45	AM	Car Number:	37			
Time	10:45 AM		Time o			11:00		District:	_	District		
Reported:												
Officer Assaulted or	No GEO Code: 55 Processed By: Brown,											
Killed:												
Kilica.				BUR	GLAR	RY DAT	ГА					
Method of	I		Burgla					Point of Entry				
Entry: N/A Visible to Patrol:												
				REPO	RTIN	G PAR	TY					
Name:	Glover, Lari											
Home Address:	57 Sturges F	Rd.										
Occupation:	Store clerk											
Relation:	Victim											
SSN:	301-52-4322	2										
Date of Birth:	03-28	Sex:		Male		Plac	e of	NY				
						Birt						
Age:	42	Race:		Cauca	sian	Mai Stat		Married				
		•	,									
					VICT	ΊΜ						
Name:	Same as Ab	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:		l a		3.6	I F	DI	C					
Date of Birth:		Sex:		M	F	Piac Birt	ce of h:					
Age:		Race:				Mai						
						Stat	us:					
				KNOV	VN SU	SPEC	Γ#1					

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

ESc2-2-3

												<u> </u>	
Build:		Hair Style:				Hospital							
Commit		D. 117	a sial Haim					Disposition:					
Complexion:		Facial Hair: AR#:					Conveyed I						
Eye Color:		CITA	Injury Type:										
CHARGES													
N/A RSMO USC MO Code F/M/C													
RSM	RSMO USC					de			F/N	<u>1/C</u>			
KNOWN CUCDECT #2													
KNOWN SUSPECT #2													
Name: Date of Birth:		Carr. Ma	1.	SS	ш.		A ===	Т	Race		1		
	Sex: Male Hair Color:			22	#:		Age: Injured:						
Height: Weight:		Hair Color: Hair Length:					Hospital:						
Build:		Hair Styl				Hospital							
Build.		Han Style.					Disposition:						
Complexion:		Facial Ha				Conveyed By:							
Eye Color:		AR#:					Injury Type						
-,				СНА	RG	ES		-					
RSM	10 USC			MO Code				F/M/C					
KNOWN SUSPECT #3													
Name:													
Date of Birth:		Sex:		SS	#:		Age:	F	Race	,			
Height:		Hair Color:					Injured:						
Weight:	Hair Length:						Hospital:						
Build:	Build: Hair Sty					Hospital							
							Disposition:						
Complexion:		Facial Ha	łair:				Conveyed I						
Eye Color:		AR#:	CHARGES				Injury Type	e:					
CHARGES													
DCM		MO	F/M/C										
RSMO USC			MO Code				1/11/10						
				PROPI	ERT	Y							
Owner's	N/A			111011									
Name:													
Item #:		Value:				Item #:		Value	e:				
Quantity:	Status:					Quantity:		Status:					
Property	Owner's		s Name:			Property		Owner's					
Description:	scription:					Description:			Name:				
	1 -			VEH	IICI	LE							
Owner's Name:	N/A		I		1		1						
Vehicle Number:			Vehicle Status:				Code:						
Vehicle Make:			Vehicle Style:		-		Year: Code:						
Vehicle Number:	L .		Vehicle Status:		-			Other:					
Doors Locked:	DOOTS LOCKED:		Vehicle Value:										
NARRATIVE													
911 caller complains of fever, headache, severe stomach pain and nausea; requests immediate attention. Ambulance dispatched.													
D 0.00	~ ~	c p	***										
Reporting Officer: Off. Bronson, Karen													
Supervising Officer: Off. Clary, Jill Reviewing Officer: Det. Stiller													
ACVICATING OTHICE	1. Del	ı. sınıer											

INCIDENT DATE/TIME											
Date Printed:	08-03	Time	12:35		M.R	M.R.S. 1127		Re	ecord Number		
		Printed:	AM	PM	Nun	nber:	per:				7
				INC	IDEN	T DAT	Α				
Incident Type:	Illness – 9	11 call									
Address of	33 Hampshire Ave.										
Occurrence:											
Originally	Phone in Weapon or -										
Received As:			Objects Used: Reporting Off. Smith, Robert Domestic: No							3.7	
How Received:		Reporting Officer:			Off. Smith, Robert			Domestic:			
Type of Premises	Residence	Other Offices Notified:			-			Complaint Status:	Closed		
Copies To:			Fire				Arson Related: No.				
Occurred	Date	Time	To:			Date Time Officer Inj			Officer Injured:	No	
From:					_						
Date Reported	08-03		Call Re	ceived		11:15 /	AM		Car Number:	37	
Time	11:15 AM			of Arrival:		11:25 AM					Village
Reported:	11110 11111		11110	Time of Affival.		2154110	- The Things				
Officer	No		GEO C	ode:		11			Processed By:	Brown, D.	
Assaulted or											
Killed:											
BURGLARY DATA											
Method of	Burglary Type: Point of Entry										
Entry:			N/A	DEDO	DTIN	IC DAD	TV		Visible to Patrol:		
Name: Rivers, Danilo											
Home	33 Hampshi										
Address:	55 Hampsture Ave.										
Occupation:	Retired										
Relation:	Victim										
SSN:	329-98-5622										
Date of Birth:	07-14	Sex:	Male						WA		
						Birth:			117: 1		
Age:	65	Race:		Cauca	sian	Marital Status:			Widower		
					VIC	ГІМ					
Name:	Same as Ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN: Date of Birth:		Sex:		M	F	Dlag	ce of	<u> </u>			
Date of Birtin.		Sex:		IVI	Г	Birt	h:				
Age:		Race:				Mai					
						Stat	us:				
				KNOV	VN SU	JSPEC ^T	ľ #1				

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

												ESCZ-Z-
Build:		Hair Styl	le:					spital				
Complexions		Facial Ha						sposition				
Complexion: Eye Color:		AR#:	air:				Ini	nveyed ury Typ	ву:			
Lye Color.		AINπ.		CHA	RGI	FS	1111	шу тур	С.			
DC	MOTIGO				V/A	1	1			FAMC		
KS	MO USC			MO	Cod	ie				F/M/C		
			K	NOWN S	TICI	PECT #2						
Name:			17	110 111 1	0001	IECI π2						
Date of Birth:		Sex: Ma	ıle	SS	S#:		Ag	e:		Race:		
Height:		Hair Col		5.0				ured:		11000		
Weight:		Hair Len						spital:				
Build:		Hair Styl						spital				
								sposition	n:			
Complexion:		Facial Ha	air:				Co	nveyed	By:			
Eye Color:		AR#:					Inj	ury Typ	e:			
				CHA								
RS	MO USC			MO	Cod	le				F/M/C		
NT			K	NOWN S	SUSI	PECT#3						
Name:		G		0.0	ш.		Α.			D		
Date of Birth: Height:		Sex: Hair Col		SS)# <u>:</u>		Ag	e: ured:		Race:	L	
Weight:		Hair Con						spital:				
Build:		Hair Styl						spital. spital				
Duna.		Tian Styl	ic.				spositio	n·				
Complexion:		Facial Ha	air:					nveyed				
Eye Color:		AR#:						ury Typ				
	•			CHA	RGI	ES				•		
RS	MO USC			MO	Cod	le				F/M/C		
				PROP	ERT	Y						
Owner's	N/A											
Name:	1	1 ** 1				T . "			1 * *	-		
Item #:		Value:				Item #:	_		_	lue:	+	
Quantity:		Status: Owner's	Mana			Quantity:			_	atus:	+	
Property Description:		Owner s	Name:			Property Description:				vner's ime:		
Description.				VEF	HCI				INA	ine.		
Owner's Name:	N/A			V IST	11(1	112						
Vehicle Number			Vehicle S	Status:				Code:				
Vehicle Make:	•		Vehicle S					Year:				
Vehicle Number	:		Vehicle S					Code:				
Doors Locked:			Vehicle V					Other:				
							1			·		
				NARE	RAT	IVE						

911 caller complains of stomach pain, fever, vomiting and diarrhea; caller hasn't felt well since last night after returning from the fair – ambulance sent.

Reporting Officer: Off. Smith, Robert
Supervising Officer: Off. Clary, Jill
Reviewing Officer: Det. Stiller

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

INCIDENT DATE/TIME															
Date Printed:	08-03	Time	02:45		M.R.S	S.	1128	Record Number							
		Printed:	AM	PM	Numb	er:				8					
				<u> </u>	IDENT	DAT	A								
Incident Type:	Illness – 91	l 1 call		1110	ID LI (I	. D.III									
Address of	88 Pleasan	t Park Road	1												
Occurrence:															
Originally	Phone in		Weapor	n or	-										
Received As:			Objects												
How Received:			Reporti Officer		(Off. Pr	ice, Sam	Domestic:	No						
Type of	Residence		Other C	Offices	-			Complaint Status:	Close	rd					
Premises			Notifie	d:											
Copies To:			Fire					Arson Related:	No						
Occurred From:	Date	Time	To:		I	Date	Time	Officer Injured:	No						
Tioni.															
Date Reported	08-03		Call Re	ceived:	. /	01:45 1	PM	Car Number:	2						
Time		01:45 PM Time of Arrival: 2:00 PM District: The Village													
Reported:															
Officer	No GEO Code: 11 Processed By: Brown, D.														
Assaulted or			,												
Killed:															
	BURGLARY DATA														
Method of															
Entry:			N/A	DEDO	DETAIL	2 D 4 D	7087	Visible to Patrol:							
Name:	D -16 1.1			KEPO	RTIN	j PAK	CTY								
Home	Rolf, Ida Same as abo	110													
Address:	same as abo	ve													
Occupation:	Therapist														
Relation:	Mother Mother														
SSN:	329-98-5622	<u> </u>													
	08-14	Sex:		F		Plac	ce of	IL							
						Birt	h:								
Age:	38	Race:		Cauca	sian	Mai Stat		Single							
L			I					l							
					VICT	IM									
Name:	Rolf, Lila														
Home	Same as abo	ove													
Address:															
Occupation:	Student														
Relation:	Daughter														
SSN:	456-98-7632				1			1							
Date of Birth:	: 01-17 Sex: M F Place of Birth:														
Age:	13	Race:				Mai Stat	rital	Single							
		1				1									
				KNOV	VNI CTIO	SDECT	Г #1								

Hair Color:		Injured:	
Hair Length:		Hospital:	
	4.40/000		

Age:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Build:	Hair	r Style:			Hospital			
Complexion:	Faci	ial Hair:			Disposit Conveye			
Eye Color:	AR#				Injury T			
Eye Color:	AKt	†:	CHAR	GES	Injury 1	ype:		
			N/A					
RSI	MO USC		MO C				F/M/C	
			1.10 0	<u> </u>			1,1,1,	
		K	NOWN SU	SPECT #2				
Name:								
Date of Birth:	Sex:	: Male	SS#:		Age:		Race:	
Height:	Hair	r Color:			Injured:			
Weight:	Hair	r Length:			Hospital	l:		
Build:	Hair	r Style:			Hospital			
					Disposit	ion:		
Complexion:	Faci	ial Hair:			Conveye	ed By:		
Eye Color:	AR#	#:			Injury T	ype:		
			CHAR	GES				
RS	MO USC		MO C	ode			F/M/C	
		TZ.	NOWN CU	CDECT #2				
Name:		K	NOWN SU	SPECT #3				
Date of Birth:	Sex		SS#:		1 001		Race:	
		r Color:	35#:		Age: Injured:		Race:	
Height: Weight:		r Length:			Hospital			
Build:		r Style:			Hospital			_
Dullu.	Пан	Style.			Disposit			
Complexion:	Faci	ial Hair:			Conveyed By:			-
Eye Color:	AR#				Injury T			
2,000000	1 220		CHAR	GES	111,141,1	JPC.		
RS	MO USC		MO C	ode			F/M/C	
			PROPER	RTY				
Owner's	N/A							
Name:				T = "		1		
Item #:	Valu			Item #:			lue:	
Quantity:	Stati			Quantity:			itus:	
Property	Own	ner's Name:		Property			vner's	
Description:			VEIII	Description:		Na	me:	
Owner's Name:	N/A		VEHIC	LLE				
		Vahiala C	totuci		Code			
Vehicle Number:		Vehicle S			Code			
Vehicle Make:	.	Vehicle S	•		Year			
Vehicle Number:		Vehicle S Vehicle V		Code: Other:				
Doors Locked:		venicie V	alue:		Otne	Γ.		

NARRATIVE

911 caller says that her daughter is very sick, experiencing severe stomach pain, fever, and diarrhea; caller thinks it maybe caused by something she ate or drank – ambulance dispatched.

Reporting Officer: Off. Price, Sam
Supervising Officer: Off. Clary, Jill
Reviewing Officer: Det. Stiller

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

			I	NCIDI	ENT I	OATE/T	IME			
Date Printed:	08-03	Time	03:25	5	M.R	a.S.	1129	Record Number		
		Printed:	AM	PM	Nun	nber:				9
				INC	IDEN	T DAT	A			
Incident Type:	Possible h	eart attack –	911 cal							
Address of	67 North E	ligh St.								
Occurrence:										
Originally	Phone in		Weapo			-				
Received As:			Objects							
How Received:			Reporti Officer	:		Off. Jo.	seph, Cur		No	
Type of Premises	Office built	ding	Other O			-		Complaint Status:	Clos	ed
Copies To:			Fire	<u> </u>				Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No	
From:										
Date Reported	08-03		Call Re	eceived	:	02:25	PM	Car Number:	N/A	
Time	02:25 PM			f Arriva		02:33		District:		Village
Reported:										O
Officer Assaulted or	No		GEO C	Code:		11		Brow	vn, D.	
Killed:				DIID	CTAI	DX/ DA7	ГА			
Method of			Burgla			RY DAT	l A	Point of Entry		
Entry:			N/A	ry rype	· .			Visible to Patrol:		
Entry.			14/21	REPO	RTIN	IG PAR	TY	visible to 1 atrol.		
Name:	Farro, Jame	S								
Home	12 Magnolia	Rd.								
Address:										
Occupation:	Custodian									
Relation:	Victim									
SSN:	329-98-5622									
Date of Birth:	06-22	Sex:		M		Plac Birt	e of	IL		
Age:	27	Race:		Саиса	sian	Mai		Single		
rige.		Race.		Синси	- Start	Stat		Single		
					¥7= 0:-	DY3.5				
Name	C 1				VIC	IIM				
Name: Home	Same as abo	ove								
Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:		M	F	Plac Birt	ce of h:			
Age:		Race:			ı	Mai Stat	rital			
L	ı	ı				~		·		
				KNOV	VN SU	JSPEC'	Γ # 1			

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

T						T		LUCE-Z
Build:		Hair Styl	e:			Hospital		
		D				Disposition		
Complexion:		Facial Ha	ar:			Conveyed B		
Eye Color:		AR#:		GYY	D GEG	Injury Type	:	
					RGES			
				N.				
RSM	10 USC			MO	Code		F/	M/C
			K	NOWN S	USPECT #2			
Name:		T				, ,	1	ļ
Date of Birth:		Sex: Ma		SS#	! :	Age:	Race	e:
Height:		Hair Colo				Injured:		
Weight:		Hair Len				Hospital:		
Build:		Hair Styl	e:			Hospital		
C		F 1 II.	•			Disposition		
Complexion: Eye Color:		Facial Ha	ar:			Conveyed B		
Eye Color:		AK#:		CHAI	RGES	Injury Type	:	
				СПА	NULO			
DCM	10 USC			MO	Code		F /	M/C
KSIV	10 030			MO	Code		17.	IVI/C
			K K	NOWN S	USPECT #3			
Name:			17	110 111 5	USI ECT #3			
Date of Birth:		Sex:		SS#	<u>.</u>	Age:	Race	۹٠
Height:		Hair Cole	or:	DD1	' •	Injured:	Truck	c.
Weight:		Hair Len				Hospital:		
Build:		Hair Styl				Hospital		
						Disposition:		
Complexion:		Facial Ha	air:			Conveyed E		
Eye Color:		AR#:				Injury Type	:	
				CHA	RGES			
RSM	10 USC			MO	Code		F/	M/C
				PROPE	RTY			
	N/A							
Name:		T				1		
Item #:		Value:			Item #:		Value:	
Quantity:		Status:			Quantity:		Status:	
Property		Owner's	Name:		Property		Owner's	1
Description:				VEIT	Description:		Name:	
Owner's Name:	N/A			VLH	ICLE			
Vehicle Number:	IV/A		Vehicle S	Statue		Code:		1
Vehicle Make:	+		Vehicle S			Year:		
Vehicle Number:	+		Vehicle S			Code:		
Doors Locked:	+		Vehicle V			Other:		1
Doors Locked.			venicie v	aruc.	<u> </u>	Ouici.		_1
				NARR	ATIVE			
911 caller, self-de left arm – ambula		•	is complai			ıtigue, difficul	ty breathi	ing, and numbness in
Reporting Officer		f. Joseph, C						
Supervising Office	er: <u>Off</u>	f. Clary, Jil						
Reviewing Officer	Reviewing Officer: Off. Clary, . Det. Stiller							

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

INCIDENT DATE/TIME														
Date Printed:	08-03	Time	04:55		M.R	a.S.	1130	Re	ecord Number					
		Printed:	AM	PM	Nun	nber:					10			
				INC	IDEN	T DAT	A							
Incident Type:	Illness – 9	11 call		2210										
Address of	89 Heathe													
Occurrence:		•												
Originally	Phone in		Weapoi	n or		-								
Received As:			Objects	Used:										
How Received:			Reporti Officer:			Off. Sn	iith, Robe	ert	Domestic:	Yes				
Type of	House		Other C	Offices		-			Complaint Status:	Close	ed			
Premises			Notified	d:						No				
Copies To:			Fire						Arson Related:					
Occurred	Date	Time	To:			Date	Time		Officer Injured:	No				
From:					_									
								G N 1						
Date Reported	08-03		Call Re Time of			<u>РМ</u> РМ		Car Number:	37					
Time Reported:	02:55 AM	District:		st Hills										
Officer	No		GEO C	ode:		11			Processed By:	Brow	vn, D.			
Assaulted or														
Killed:														
	BURGLARY DATA													
Method of			Burglar	у Туре	e:				Point of Entry Visible to Patrol:					
Entry:			N/A	REPO	RTIN	IG PAR	RTY		Visible to Patrol:					
Name:	Smith, Nanc	v		KLI (/IX I II	101111								
Home	Same as abo													
Address:		., -												
Occupation:	Architect													
Relation:	Mother													
SSN:	765-54-432	1												
Date of Birth:	04-28	Sex:		Femal	le	Plac	ce of	1	WA					
						Birt	h:							
Age:	49	Race:		Cauca	ısian	Mar Stat		Î	Married					
1		<u> </u>	N			· ·								
					VIC	ГІМ								
Name:	Smith, Jame	es												
Home	Same as ab	ove												
Address:														
Occupation:	Student													
Relation:	Son													
SSN:	639-66-279													
Date of Birth:	08-26	Sex:		M	F	Plac Birt	ce of th:	1	WA					
Age:	9 Race: Caucasian Marital Single Status:													
		1	I					1						
				KNOV	X/NI CIT	ICDEC	r #1							

Race:

Age:

Injured:

Hospital:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

Build:		Hair Styl	e:					spital				
								position				
Complexion:		Facial Ha	ir:					nveyed				
Eye Color:		AR#:					Inj	ury Typ	e:			
				CHA	RG	ES						
					/A							
RS	MO U	SC		MO	Coc	de				F/N	M/C	
			T7	NOWN C	riai	DECE //a						
Name:	I		V	NOWN S	US	PECI#2						
Date of Birth:		Sex: Ma	ام	SS#	+•		Ag	٥٠		Race		$\overline{}$
Height:		Hair Cole		337	т.			ured:		Nacc	•	
Weight:		Hair Len						spital:				
Build:		Hair Styl						spital.				
Build.		Tian Styl	υ.					sposition	1:			
Complexion:		Facial Ha	ir:					nveyed				
Eye Color:		AR#:						ury Typ				
	1	<u>, </u>		CHA	RG	ES		<u> </u>				-
RS	MO U	SC		MO	Coc	de				F/N	M/C	
			K	NOWN S	US	PECT #3						
Name:												
Date of Birth:		Sex:		SS#	‡ :		Ag	e:		Race	:	
Height:		Hair Cole						ured:				
Weight:		Hair Len						spital:				
Build:		Hair Styl	e:					spital				
								position				
Complexion:		Facial Ha	ir:					nveyed				
Eye Color:		AR#:					Inj	ury Typ	e:			
				CHA	RG	ES						
	13.40.44	7.0		1.60	~							
RS	MO U	SC		MO	Coc	de				F/N	M/C	
				DD O DE	TD/I	18 7						
O	N7/A			PROPE	ΚI	. Y						
Owner's Name:	N/A											
Item #:		Value:				Item #:			Va	lue:		
Quantity:		Status:				Quantity:				atus:		
Property Property		Owner's	Name:			Property				vner's		-
Description:		o wher s	i tuille.			Description:				me:		
Bescription.				VEH	ICI				1 1 1 1			
Owner's Name:	N/	N/A			Lincol							
Vehicle Number			Vehicle S	Status:				Code:				
Vehicle Make:			Vehicle S					Year:				
Vehicle Number	::		Vehicle S	•				Code:				

NARRATIVE

Other:

Vehicle Value:

911 caller very upset seeing blood in her 9 year old child's stool; Child came home early from Forest Hills Elementary School with fever and vomiting; ambulance dispatched.

Reporting Officer: Off. Smith, Robert
Supervising Officer: Off. Clary, Jill
Reviewing Officer: Det. Stiller

Doors Locked:

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

			I	NCIDE	ENT DA	TE/T	IME							
Date Printed:	08-03	Time	05:31	,	M.R.S	S	1131	Record Number						
		Printed:	AM	PM	Numb	er:				11				
				1	IDENT	DAT	A							
Incident Type:	Illness – 91	'1 call		1110	IDLIVI	DITT	4.1							
Address of	200 Deerfi													
Occurrence:														
Originally	Phone in		Weapo	n or	-									
Received As:			Objects											
How Received:			Reporti				ımpler,	Domestic:	No					
T	D 11		Officer		(Chris			GI.					
Type of	Residence		Other C		-			Complaint Status:	Close	ed				
Premises			Notifie	a:				Aman Dalatada	Arson Related: No					
Copies To: Occurred	Date	Time	Fire To:		Т	Date	Time	Officer Injured:	No					
From:	Date	rime	10:		1	Jate	Time	Officer Injured:	IVO					
1 TOIII.														
Date Reported	08-03		Call Re			03:31 1		Car Number:	N/A	*****				
Time	03:35 PM Time of Arrival: 03:44 PM District: Forest Hill													
Reported: Officer	No GEO Code: 11 Processed By: Brown, D.													
Assaulted or	IVO		GEOC	oue.	1	1		Flocessed by.	Brow	m, D.				
Killed:														
Kilicu.		RURCLARY DATA												
Method of	Method of Burglary Type: Point of Entry													
Entry:			N/A	y Type				Visible to Patrol:						
· ·		•		REPO	RTING	F PAR	TY							
Name:	Salton, Sarai	h												
Home	Same as abo	ve												
Address:														
Occupation:	Store clerk													
Relation:	Mother													
SSN:	301-52-4322					1		T = ===						
Date of Birth:	03-28	Sex:		Female	e		e of	NY						
A	42	D		<u> </u>	•	Birt		14 . 1						
Age:	42	Race:		Cauca.	sian	Mar		Married						
						Stat	us.							
					MCT	T N / T								
Name:	Salton, Kath	v			VICTI	LIVI								
Home	Same as Abo													
Address:														
Occupation:	Student													
Relation:	Daughter 271 2700	1												
SSN:	271-37-2901 h: 08-09 Sex: M F Place of NJ													
Date of Birth:	08-09	Sex:		M	F	Plac Birt		NJ						
Age:	12 Race: Caucasian Marital Single Status:													
				KNOV	VNI CTIC	DEC	Ր #1							

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

Build:		Hair Styl	e:			Hospi	tal					
						Dispo	sition:					
Complexion:		Facial Ha	air:			Conve	yed By:					
Eye Color:		AR#:				Injury	Type:					
•				CHAI	RGES		• •	•				
				N.	/A							
RS	MO USC			MO				F/N	A/C			
TKD.	MO OBC			MO	Code			1/1	<i>II</i> (C			
			K	NOWN S	USPECT #2							
Name:												
Date of Birth:		Sex: Ma	le	SS#	‡:	Age:		Race	:			
Height:		Hair Cole				Injure	d:					
Weight:		Hair Len				Hospi						
Build:		Hair Styl				Hospi						
						Dispo						
Complexion:		Facial Ha	air:				yed By:					
Eye Color:		AR#:			Injury Type:							
				CHAI	RGES		• •	•				
RS	MO USC			MO	Code			F/N	A/C			
			K	NOWN S	USPECT #3							
Name:												
Date of Birth:		Sex:		SS#	<u></u> :	Age:		Race	:			
Height:		Hair Col				Injure						
Weight:		Hair Len				Hospi						
Build:		Hair Styl	e:			Hospi						
						Dispo						
Complexion:		Facial Ha	air:				eyed By:					
Eye Color:		AR#:				Injury	Type:					
				CHAI	RGES							
7.0	110 1100		ı	1.60	G 1	1						
RS.	MO USC			MO	Code			F/N	M/C			
	37/4			PROPE	RTY							
Owner's	N/A											
Name:		37.1			Τ. //	1	1 1 2	. 1				
Item #:		Value:			Item #:			alue:				
Quantity:		Status:			Quantity:	+		tatus:				
Property Description:		Owner's Name:			Property	1		wner's ame:				
Description:					Description:		N	ame:				
Owner's Name:	N/A	//A			ICLE							
Vehicle Number			Vehicle S	Status:		Code:						
Vehicle Make:	•		Vehicle S			Ye						
v chicle iviane.	1		I VUITUE S	ityIC.		1 1 6	ш.		1			

NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

911 caller reports sick child with high fever, diarrhea, nausea and vomiting; cannot get child to car and needs ambulance; Child came home early from Forest Hills Elementary School with fever and vomiting; Ambulance dispatched.

Off. Stampler, Chris Reporting Officer: Off. Clary, Jill Supervising Officer:

Reviewing Officer: Det. Stiller

Vehicle Number:

Doors Locked:

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

INCIDENT DATE/TIME														
Date Printed:	08-03	Time	05:55	-	M.R	.S.	1132	Record Number						
		Printed:	AM	PM	Nun	nber:				12				
				INC	CIDEN	T DAT	Α							
Incident Type:	Illness – 9	11 call												
Address of	85 Rosewa	od Street												
Occurrence:		1						1	1					
Originally	Phone in		Weapon			-								
Received As:			Objects			OCC III	7.	D .:	3.7					
How Received:			Reporti Officer	:		Off. We	ong, Liam		No					
Type of Premises	Residence		Other C Notifie			-		Complaint Status:	N/A					
Copies To:			Fire					Arson Related:	Related: No					
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No					
From:														
Date Reported	08-03		Call Re			03:55		Car Number:	N/A					
Time Reported:	03:55 PM		Time of	f Arriv	al:	04:15	PM	District:	The V	⁷ illage				
Officer	No		GEO C	ode:		11		Processed By:	Brow	n, D.				
Assaulted or														
Killed:														
	BURGLARY DATA													
	Method of Burglary Type: Point of Entry													
Entry:			N/A	DEDC	DTIN	IG PAR	TV	Visible to Patrol:						
Name:	Linton, Fran	nces		KEI	/11 11 1	OIAN								
Home	Same as abo													
Address:														
Occupation:	Retired													
Relation:														
SSN:	339-93-5622													
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911 caller compl				vomiti	ng for	last two days o	and grow	ing wea	ker; ca	annot d	drive car d	and
needs ambulance,	; ambulance	aispatchea	l.									
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Supervising Office	<u>V</u>]]	. cury, stl	·									

Supervising Officer: Reviewing Officer:

Det. Stiller

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

			I	NCIDE	ENT D	ATE/T	IME				
Date Printed:	08-03	Time	06:28		M.R.		1133	Record Number			
	0000	Printed:	AM	PM	Numl		1100		13		
			7 11/1	<u> </u>	IDENT	ГДАТ	Λ				
Incident Type:	Illness – 91	l 1 call		1110	IDEN	DAI	A				
Address of		Brook Road									
Occurrence:	> 2 2007,07	Di con Itolia									
Originally	Phone in		Weapoi	n or		_					
Received As:			Objects								
How Received:			Reporti		(Off. La	wson, Raz	y Domestic:	No		
			Officer:								
Type of	Residence		Other Offices			-		Complaint Status:	Close	ed .	
Premises			Notified	d:							
Copies To:	-	TT:	Fire				T m:	Arson Related:	No		
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No		
From:											
Date Reported	08-03		Call Re			04:28 1		Car Number:	N/A		
Time	04:28 PM		Time of	f Arriva	al: (04:39 1	PM	District:	South	Zenith	
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Assaulted or	No		GEOC	oae:	-	11		Processed By:	Brow	n, D.	
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· ·	•			REPO	RTIN	G PAR	TY		•		
Name:	Halpern, Ste	ven									
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	Security Gua	ırd									
	Father										
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Date of Birth:	08-14	Sex:		M			ce of	MA			
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Occupation:	N/A										
Relation:	Daughter										
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Doors Locked:		Vehicle	Value:					Other:				

NARRATIVE

911 caller says that his daughter is very sick, experiencing severe stomach pain, fever, and diarrhea and came home early form school today; didn't feel well last night after returning home from fair; thinks maybe caused by something she ate or drank – ambulance dispatched.

Reporting Officer:	Off. Lawson, Ray
Supervising Officer:	Off. Clary, Jill
Reviewing Officer:	Det. Stiller

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

INCIDENT DATE/TIME											
Date Printed:	08-03	Time	07:41 M.R.S.		.S.	1134	Record Number				
		Printed:	AM	PM	Num	ber:				14	
				INC	CIDEN'	T DAT	Α				
Incident Type:	Illness – 9	11 call									
Address of	88 Chase I	Drive									
Occurrence:											
Originally	Phone in		Weapo			-					
Received As:			Objects								
How Received:			Reporting Officer:			Off. Cr Mia	andon,	Domestic:	No		
Type of	Residence		Other Offices			-		Complaint Status:	Close	ed	
Premises			Notified:					A D 1 . 1	3.7		
Copies To:	Dete	T	Fire			D		Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:											
Date Reported	08-03		Call Re	eceived	:	05:41	PM	Car Number:			
Time	05:41 PM		Time o	f Arriv	al:	05:56	PM	District:	Glens		
Reported:											
Officer	No		GEO C	ode:		22		Processed By:	Brow	n, D.	
Assaulted or											
Killed:				DID	CLAD	T DA	T. A				
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911 caller comple	ains of dehyd	tration asso	ociated with	h diari	rhea ar	ıd vomiting; am	bulance d	ispatch	ed		
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Supervising Officer		r. Cranaon, f. Clary, Jil									
Reviewing Office		t. Stiller	·								
Reviewing Office	1. <u>De</u>	ı. siiiei									

Direct Phone Call to Police from Eye Witness

Date: August 3 Time: 10:15 AM

• Call received on non-emergency line.

• Call logged by Sgt. James Rollins

Call Transcript:

Jeremy Sanders, age 17, and a resident of South Zenith, called in to report some helpful information regarding the recent tank break-in. Mr. Sanders explained that on his way to work at the fair yesterday morning, at around 7am, he noticed a man dressed in a white outfit repelling down a rope from the top of the Strawberry Hill tank. At the time, he thought the man looked like a maintenance worker or a painter who was preparing to paint the outside of the tank, so he continued on his way. However, after hearing about the tank break-in on the news, he thought he should contact the police to tell them what he saw.

Action:

Mr. Sanders is coming down to the station to deliver a formal statement.

Direct Phone Call to Police from Perpetrator

Date: August 3 Time: 6:15 PM

- Call received on non-emergency line
- Call logged by Sgt. Kathy Simmons

Call Transcript:

Mr. Rocky Marino, an acrobat and illusionist working locally at the Zenith City Fair, called to confess to breaking into the Strawberry Hill water tank. Mr. Marino claims that he never meant any harm. He was simply "doing a stunt". Mr. Marino alleges that one of his acrobatic counterparts videotaped the entire stunt, and that the video will demonstrate that he did not contaminate the Zenith City water supply. The video apparently shows Mr. Marino climbing the tank with a rope and grapple hook. He then breaks into the tank. Finally, he repels down the side of the tank and flees the scene. Rocky admits that he has pulled stunts like this in the past, but that his antics have never generated so much commotion.

Action:

Mr. Marino was asked to provide the videotape as evidence. Police cruiser 76 was sent to apprehend Mr. Marino and his counterpart.

KWSD interrupts regularly scheduled programming to bring you this breaking news development in the Strawberry Hill tank contamination investigation. This morning, a local high school senior by the name of Jeremy Sanders reported to police that early yesterday morning he witnessed some potentially suspicious activity at the Strawberry Hill tank. Apparently, Jeremy was riding his bike past the tank on his way to work at the Zenith City Fair when he witnessed a man repelling down from the top of the tank on a rope. Jeremy told KWSD that the man was wearing a one-piece white outfit. This may be the perpetrator that Zenith City Police are looking for n connection with the tank break-in. If anyone has any more information related to this incident, please contact the Zenith City Police or the KWSD Information Hotline at 1-800-123-4567. KWSD will continue to keep you posted of any new developments in this breaking news story. We now return you to your regularly scheduled programming.

KWSD interrupts regularly scheduled programming to bring you this news update. The mystery of the break-in at the Strawberry Hill water supply tank has been resolved. Just moments ago, Rocky Marino, an acrobat and illusionist working locally at the Zenith City Fair, confessed to breaking into the water tank. Rocky told police and KWSD news that he never meant any harm; He was "simply doing a stunt". One of his acrobatic counterparts, who wishes to remain anonymous, videotaped the entire act. The video confirms that Rocky climbed the tank with a rope and grapple hook and then broke into the tank with a wire coat hanger and a pair of scissors. Then, he repelled down the side of the tank and fled the scene. The video does not display Rocky Marino contaminating the tank at any time during the stunt. When asked why he would do such a thing, Rocky answered, "...because I could." Rocky stated he has pulled stunts like this in the past, but claims that his antics have never generated so much commotion. Tampering with a drinking water supply is a federal offense, and Rocky may be facing several years of jail time.

*NOTE: only read the following portion of the news alert if the health department has tested the food at the fair and received notification from the lab that *Salmonella spp.* was detected

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KWSD interrupts regularly scheduled programming to bring you this news update. The mystery of the break-in at the Strawberry Hill water supply tank has been resolved. Just moments ago, Rocky Marino, an acrobat and illusionist working locally at the Zenith City Fair, confessed to breaking into the water tank. Rocky told police and KWSD news that he never meant any harm; He was "simply doing a stunt". One of his acrobatic counterparts, who wishes to remain anonymous, videotaped the entire act. The video confirms that Rocky climbed the tank with a rope and grapple hook and then broke into the tank with a wire coat hanger and a pair of scissors. Then, he repelled down the side of the tank and fled the scene. The video does not display Rocky Marino contaminating the tank at any time during the stunt. When asked why he would do such a thing, Rocky answered, "...because I could." Rocky stated he has pulled stunts like this in the past, but claims that his antics have never generated so much commotion. Tampering with a drinking water supply is a federal offense, and Rocky may be facing several years of jail time.

*NOTE: only read the following portion of the news alert if the health department has tested the food at the fair and received notification from the lab that *Salmonella spp.* was detected

SPARE FORMS

The Spare Forms folder must contain the following files:

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

Scenario 2 Participant Tables

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

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

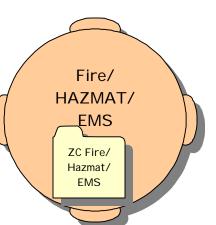
provided as they have special printing instructions. These other materials are to be printed in steps 3 and 4 of the Printing Instructions. The contents of each folder shown here are listed on cover pages that act as dividers throughout this document.

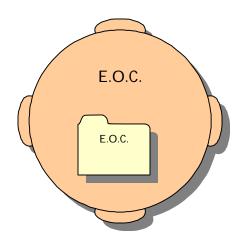
Public Health
Department

ZC
Health
Dept.

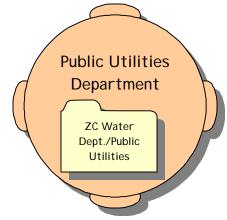
Hospital

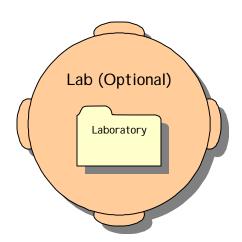
Hospitals

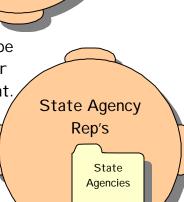








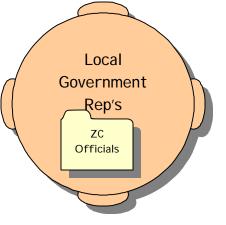




Federal Agency Rep's

Federal

Agencies



EMERGENCY OPERATIONS CENTER

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

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

ZENITH CITY HOSPITALS

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

ZENITH CITY HEALTH DEPARTMENT

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

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

Entities to be Notified by Public Health

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

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

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

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

	т в Iniodule 5, pp. 25-20	
Entity		Purpose of the Notification
Public Health	State/local health and/or	To work with these officials in making the decision on
Agencies	environmental department	the distribution of "boil water," "do not drink," or "do
		not use" notices. These officials may be involved with
		public health decisions related to the proper use of the
	Other associated system	water supply, status of the water distribution system,
	authorities (wastewater,	selection of a short-term alternate water supply, and
	water)	communicating the necessary public health information.
	Poison Control Centers	
Emergency	Emergency Medical	To notify the organization of the need for assistance
Responders	Services (EMS)	with the distribution of an alternate water supply (e.g.,
1	, , ,	bottled water) and whether or not the contamination
		impacts the availability of water for firefighting. Also,
	Fire Department	these agencies should be provided with all information
	-	related to public health including: information on water
	State and/or Local Office of	notices, alternate water supplies, critical care facilities,
	Emergency Services	and public health notifications.
Law	Federal, State, and local law	Local law enforcement should be notified immediately
Law	enforcement	if a malevolent act is suspected. Law enforcement
	chroreement	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.
Consequiive System	ns (i.e., public water systems	To provide information related to restrictions on the use
	om the water utility where the	of the drinking water supply, as well as instructions on
	threat or incident occurred)	obtaining alternate sources of drinking water, through
water containination	i tilleat of ilicident occurred)	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
Customers/Public		
		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
1		public notification.

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

	P i B ivioaule 5, pp. 25-2	0)
Entity		Purpose of the Notification
Customers with special needs	Critical care facilities (e.g., hospitals, clinics, nursing homes, dialysis centers)	These facilities should be some of the first to be notified. Information should be provided regarding the proper use of the water supply for public health purposes as well as the identity of the contaminant so these facilities can identify the symptoms of exposure as well as potential medical treatment. They may be given information on how water will be provided or how they need to obtain short-term alternate water supplies. Critical care facilities may also need to be notified of any changes in the type of chemical disinfection being used or the concentration of these chemicals in the water as this may affect some of their medical procedures.
	Schools Day Care Facilities	To provide information regarding restrictions on water use, alternate water supplies, and other public health information. To provide information regarding restrictions on water
		use, alternate water supplies, and other public health information.
	Businesses (e.g., food and beverage manufacturers, commercial ice manufacturers, restaurants, agricultural operations, power generation facilities, any other businesses identified by the utility)	To provide information regarding restrictions on water use, alternate water supplies, and other public health information. These customers may also need information regarding whether heating or superheating the water may pose a hazard.
Other	Elected officials	To provide all information related to public health, including: the status of the <i>threat evaluation</i> , information on "boil water," "do not drink," or "do not use" notices, alternate water supplies, customers with special needs, and public health notifications.

Public Health Response Action Worksheet

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

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

Public Health Response Action Worksheet

☐ Complete contaminant isolation

INSTRUCTIONS

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

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

☐ Reduction in spread of contaminant

	Unknown Other	
	containment expected to provide adequate public health protect Yes No Unknown	ion?
Co	ntainment procedures to and:	
EV	ALUATION OF PUBLIC NOTIFICATION OPTIONS	
ls p	public notification necessary?	□ Yes □ No
	llaboration Agencies (identified in Public Health Response Public health agencies □ Police departments Hospitals/clinics □ Laboratories Regional Poison Control Center Other	☐ Fire departments
Тур	pe of notification (Follow steps shown)	
ls t	he 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.
Со	ntent of public notification	
		□ Yes □ No □ Yes □ No
	Restrictions on use Ingestion exposure Exposure symptoms Medical treatments Transmission mode (if biological)	
	Alternate water supply	
	Other information about the incident	

	ation to customers with special needs			
	tical Care Facilities Hospitals			Clinics
	Nursing Homes			Dialysis Centers
□ Sch	Other			
	y Care Facilities			
	sinesses Food and Beverage Manufacturers			Commercial Ice Manufacturers
	Restaurants			Agricultural Operations
	Power Generation Facilities Other			
Are the □ Yes	ere subpopulations that will be affected at a greater rate s	e than g		
	ation to consecutive system. s No Not Applicable			
	d of dissemination (check all that apply)			
				vernment access channels serve email
	Newspaper		Lett	ters by mail
	` ',			one banks adcast faxes
				ss distribution through partners
	•			or-to-door canvassing nference calls
	Other			nerence cans
Notifica	ation/restriction timeline ation/restriction to begin: ation/restriction to end:			
ALTER	NATE WATER SUPPLY NEEDS			
Is an al	ternate water supply needed?			
	Drinking water ☐ Firefighting Other			
Where □	can customers obtain the alternate water supply? Bottled water provided by local government agencies	:		
	Bottled water provided by local retailers			
	Bulk water provided by certified water haulers Bulk water transported or provided by military assets			
	Bulk water providing by neighboring water utilities			
	Water treated at plant and hauled to distribution center contamination)	ers (i.e.,	in t	he case of distribution system
	Other			

What customers with special needs should be notified	of the alternate water supply availability?
☐ Critical Care Facilities ☐ Hospitals ☐ Nursing Homes	□ Clinics□ Dialysis Centers
 □ Other □ Schools □ Day Care Facilities □ Businesses 	
 Food and Beverage Manufacturers □ Restaurants □ Power Generation Facilities □ Other 	☐ Commercial Ice Manufacturers☐ Agricultural Operations
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 Paraguat?

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

What should I do?

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

What are the symptoms of illnesses associated with paraquat poisoning?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

Example Do Not Use Notice

WARNING

DO NOT USE THE WATER

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

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

What is Parathion?

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

What should I do?

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

What are the symptoms associated with the exposure to parathion?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

Example Notice for an Unknown Contaminant

WARNING

DO NOT USE THE WATER

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

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

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

What should I do?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

LABORATORY (OPTIONAL)

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

ZENITH CITY POLICE DEPT.

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc2-p-1	PRE-EVENT POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

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

INCIDENT DATE/TIME											
Date Printed:	07-30	Time	3:10		M.R.S. 1111 R			Record Number			
		Printed:	AM	PM	Nu	ımber:				1	
					IDE	NT DATA	4				
Incident Type:	Noise com	plaint		1110	101		_				
Address of	7 Blueberr										
Occurrence:		•									
Originally	Phone in		Weapoi	1 or		N/A					
Received As:			Objects								
How Received:			Reporting Officer:			Off. Ter	ry, Bill	Domestic:			
Type of Premises	Residence		Other C Notified					Complaint Status:	Complaint Status: Cleared		
Copies To:			Nounce	٠.				Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	Date	Time	10.			Date	Time	Officer injured.	100		
Tiom.	07-30	12:07 A									
Date Reported	07-30		Call Re	ceived:		1:20 AN	1	Car Number:	15		
Time Reported:	1:20 AM		Time of	f Arriva	al:	2:25 AM	Л	District:	South Zenith		
Officer	No		GEO C	ode:		55		Processed By:	Trac	ey, D.	
Assaulted or											
Killed:											
				BUR	GLA	RY DAT	`A				
Method of Entry:			Burglar	у Туре	:			Point of Entry Visible to Patrol:			
			L	REPO	RTI	NG PAR	TY				
Name:	Miller, Stepi	hanie									
Home	5 Blueberry	Court									
Address:											
Occupation:	N/A										
Relation:	Resident										
SSN:	123-12-1212	2									
Date of Birth:	04-23	Sex:		M F		Place of Birth:		CA			
Age:	22	Race:		Саиса	sian	Mar Stati		Single			
1		I I				l.		- 1			
					VIC	CTIM					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Plac Birtl					
Age:		Race:				Mar					
						Stati					

KNOWN SUSPECT #1										
Name:	Kidd, Willi	Kidd, William								
Date of Birth:	12-06	Sex: Male	SS#:9876-98-7654	Age:	24	Race:	Caucasian			
Height:	6'0"	Hair Color:	Black	Injured	1:	No				
Weight:	182	Hair Length:	Long		Hospital:					

ESc2-p-1

Build:	Medium	Hair Styl	e:	Curly Ho		tal	N/A				
						Disposition:					
Complexion:	Tan	Facial Hair:		No		Conveyed By:		N/A			
Eye Color:	Blue	AR#:			Injury	Type:	N/A				
				CHARGES							
				CHARGES MO Code							
RS	SMO USC			F/N	M/C						
			KNOW	N SUSPECT #2							
Name:											
Date of Birth:		Sex:		SS#:	Age:		Race	:			
Height:		Hair Col			Injure						
Weight:		Hair Len			Hospi						
Build:		Hair Styl	e:		Hospi						
						sition:					
Complexion:		Facial Ha	air:			eyed By:					
Eye Color:		AR#:			Injury	Type:					
				CHARGES							
RS	SMO USC]	MO Code		F/M/C					
			KNOW	N SUSPECT #3							
Name:											
Date of Birth:		Sex:		SS#:	Age:		Race	:			
Height:		Hair Col	or:		Injure	Injured:					
Weight:		Hair Len	gth:		Hospital:						
Build:		Hair Styl	e:		Hospi	tal					
					Dispo	sition:					
Complexion:		Facial Ha	air:			eyed By:					
Eye Color:		AR#:			Injury	Type:					
			C	CHARGES							
RS	SMO USC]	MO Code			F/M/C				
			PR	OPERTY							
Owner's				_							
Name:											
Item Number:									-		
Property Code:				Value:							
Quantity:				Status:							
Property				Owner's Name:							
Description:											
	•		V	VEHICLE							
Owner's Name:											
Vehicle Number	r:		Vehicle Status:		Co	de:					
Vehicle Make:			Vehicle Style:			ar:					

NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Police cruiser drove by address of noise complaint. 22-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. No visit necessary. Received higher priority call. No further complaints.

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

Vehicle Number:

Doors Locked:

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

			I	NCIDE	ENT	DATE/I	IME				
Date Printed:	07-30	Time	11:59		M.	R.S.	1112	Record Number			
		Printed:	AM	PM	Nu	mber:					2
					IDE	NT DAT	Δ				
Incident Type:	Breaking a	and entering,	hurolar			III DAI	A				
Address of		iel Gould Ro		<i>y</i>							
Occurrence:	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	101 0011111 110									
Originally	Phone in		Weapor	n or		Hamme	er				
Received As:			Objects								
How Received:			Reporti			Off. Fr	ick, Rober	rt Domestic:			
			Officer			33	ŕ				
Type of	Residence		Other C	Offices				Complaint Sta	atus:	Clear	ed by arrest
Premises			Notifie	d:							
Copies To:	Zenith Cou							Arson Related		No	
Occurred	Date	Time	To:			Date	Time	Officer Injure	d:	No	
From:	07-30	11:20 PM									
	07-30	11:20 PM									
Date Reported	07-30	1	Call Re	ceived:		11:40	PM	Car Number:		15	
Time	11:40 PM		Time of	f Arriva	al:	11:50		District:		The C	Glens
Reported:											
Officer	No		GEO C	ode:		22		Processed By:	:	Trace	ey, D.
Assaulted or											
Killed:											
						RY DAT			ı		
Method of	Unlawful I	Entry	Burglar	у Туре	: :		6 PM - 6	Point of Entry		No	
Entry:						AM)		Visible to Patr	rol:		
N7	G 1	•		REPO	RTI	NG PAR	RTY				
Name:	Schwartz, M										
Home Address:	Same as Abo	ove									
Occupation:	Waitress										
Relation:	Owner										
SSN:	562-45-8912	2									
Date of Birth:	04-29	Sex:		M	F	Plac	ce of	OK			
Date of Birtin.	04-27	SCA.		141	T.	Birt		OK			
Age:	39	Race:		Саиса	sian	Mai		Married			
8						Stat					
1		•				•		1			
					VIC	TIM					
Name:	Same as Ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:	-	Sex:		M	F		ce of				
						Birt					
Age:		Race:				Mai					
						Stat	us:				

KNOWN SUSPECT #1										
Name:	Powell, Har	rrison								
Date of Birth:	05-23	Sex: male	SS#: 123-78-4567	Age:	19	Race:	Caucasian			
Height:	6'4"	Hair Color:	Brown	Injured:		Yes, lacerations				
Weight:	205	Hair Length:	Short	Hospital:		No				

										ESc2-p-1
Build:	Medium	Hair Style	:	Crew		Hospita Disposi		N/A		
Complexion:	Tan	Facial Hai	r·	No		Convey		Police C	ruisar	
Eye Color:	Brown	AR#:	1.	45		Injury 7		Tonce C	ruiser	
Lyc Color.	Brown	ΑΙΧπ.		CHARGES	<u> </u>	injury i	урс.			
		U		VTRY, SIMPLE	BURGLA	RY				
RS	MO USC			MO Code				F/M/C		
	603, 62			1462				М		
			KNO	WN SUSPECT	Γ#2					
Name:										
Date of Birth:		Sex:		SS#:		Age:		Race:		
Height:		Hair Color				Injured:				
Weight:		Hair Lengt				Hospita				
Build:		Hair Style	:			Hospita				
						Disposi				
Complexion:		Facial Hai	r:			Convey				
Eye Color:		AR#:				Injury 7	Туре:			
				CHARGES						
RS	MO USC			MO Code				F/M/C		
			KNO	WN SUSPECT	Γ#3					
Name:		_		•	1			•		
Date of Birth:		Sex:		SS#:		Age:		Race:		
Height:		Hair Color				Injured:				
Weight:		Hair Leng				Hospita				
Build:		Hair Style	:			Hospita				
						Disposi				
Complexion:		Facial Hai	r:			Convey				
Eye Color:		AR#:				Injury 7	Type:			
				CHARGES		ı				
RS	MO USC			MO Code				F/M/C		
			- DI	ODEDET						

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

NARRATIVE

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

INCIDENT DATE/TIME										
Date Printed:	07-31	Time	4:10		M.F	R.S.	1113	Record Number		
		Printed:	AM	PM	Nur	nber:				1
				INC	IDEN	T DAT	A			
Incident Type:	Injury – 9.	11 call				·				
Address of	Cobble Sti	reet Bar and	Grill, 2	6 Cobbl	le Stre	et				
Occurrence:										
Originally	Phone in		Weapo							
Received As:				ts Used:						
How Received:			Report Office	r:		Off. Te	rry, Bill	Domestic:	No	
Type of	Restauran	t		Offices				Complaint Status:		
Premises			Notifie							
Copies To:	_		Fire D	ept.			T	Arson Related:	No	
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No	
From:	07-31	2:10 AM								
Date Reported	07-31		Call R	eceived:	:	2:15 Al	M	Car Number:	N/A	
Time Reported:	2:15 AM		Time o	of Arriva	al:	2:27 A	М	District:	The C	Glens
Officer	No		GEO (Code:		22		Processed By:	Trace	y, D.
Assaulted or										•
Killed:										
						RY DAT	ΓΑ			
Method of	N/A		Burgla	ary Type	e:	N/A		Point of Entry	N/A	
Entry:	<u> </u>							Visible to Patrol:		
- X	****	•		REPO	RTI	NG PAR	TY			
Name:	Wheaton, C									
Home	17 Rosewoo	d Street								
Address:	Dogtarnant									
Occupation: Relation:	Restaurant i	nanager								
SSN:	123-12-123	1								
Date of Birth:	10-14	Sex:		M	F	Plac	ce of	MN		
						Birt	h:			
Age:	31	Race:		Black		Mar Stat		Single		
					VIC'	TIM				
Name:	Patterson, J	loe			VIC	1 11V1				
rame.	i ancison, s									
Home Address:	5 Sandy Ric	lge Circle								
Occupation:	Bartender									
Relation:	employee									
SSN:	456-45-789	6								
Date of Birth:	02-15	Sex:		M	F	Plac Birt		UNK		
Age:	27	Race:		Cauca	sian	Mar Stat	rital	single		
		1		ı		1 2 130				
				KNOV	VN SI	USPECT	Γ#1			
				, _ ,						

Race:

Age:

Injured:

SS#:

Sex:

Hair Color:

Date of Birth:

Height:

ESc2-p-1

Weight:	Hair Len	oth.		Hospital:				
Build:	Hair Style			Hospital				
2 dila.	111111 5071			Disposition:				
Complexion:	Facial Ha	nir:		Conveyed By:				
Eye Color:	AR#:			Injury Type:				
Lyc color.	THUIT	C	HARGES	injury Type.	I			
			HARGES					
RSI	MO USC		MO Code		F/M/C			
TO	.10 050	1	.10 0000		171117			
		KNOW	N SUSPECT #2					
Name:								
Date of Birth:	Sex:		SS#:	Age:	Race:			
Height:	Hair Cold	or:		Injured:				
Weight:	Hair Len	gth:		Hospital:				
Build:	Hair Styl	e:		Hospital				
				Disposition:				
Complexion:	Facial Ha	nir:		Conveyed By:				
Eye Color:	AR#:			Injury Type:				
		C	HARGES					
RSI	MO USC	N	MO Code		F/M/C			
		KNOW	N SUSPECT #3					
Name:								
Date of Birth:	Sex:		SS#:	Age:	Race:			
Height:	eight: Hair Color: Injured:							
Weight:	Hair Len	gth:		Hospital:				
Build:	Hair Styl	e:		Hospital				
				Disposition:				
Complexion:	Facial Ha	air:		Conveyed By:				
Eye Color:	AR#:			Injury Type:				
		C	HARGES					
RSI	MO USC	N	MO Code		F/M/C			
		PRO	OPERTY					
Owner's Name:								
Item Number:								
Property Code:			Value:					
Quantity:			Status:					
Property			Owner's Name:					
Description:								
		V	EHICLE					
Owner's Name:								
Vehicle Number:		Vehicle Status:		Code:				
Vehicle Make:		Vehicle Style:		Year:				
Vehicle Number:		Vehicle Status:		Code:				
Doors Locked:		Vehicle Value:		Other:				

NARRATIVE

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

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

INCIDENT DATE/TIME											
Date Printed:	07-31	Time	6:15		M.1	R.S.	1114	Record 1	Number		
		Printed:	AM	PM	Nu	mber:					2
				INC	IDE	NT DAT	A				
Incident Type:	Arson/fire	– 911 Call				· · · · · · · · · · · · · · · · · · ·					
Address of	64 Donova	n Way									
Occurrence:											
Originally			Weapo								
Received As:				ts Used:						1	
How Received:			Report Office	r:		Off. Fr	ick, Robe	rt Dome	estic:	No	
Type of Premises	Unfinished	residence	Other Notifie	Offices		31,77		Comp	plaint Status:		
Copies To:	Zenith Cou	ntv Court	1,00111	-				Arson	n Related:	Yes	
Occurred	Date	Time	To:			Date	Time		er Injured:	No	
From:									3		
	07-31	4:27 AM				07-31	7:30 AM				
Date Reported	07-31			eceived:		4:27 A	M	Car N	Number:	9	
Time Reported:	4:27 AM		Time of	of Arriva	al:	4:37 Al	М	Distr	ict:	The	Village
Officer	No		GEO (Code:		33		Proce	essed By:	Trac	ey, D.
Assaulted or									•		
Killed: BURGLARY DATA											
	1									_	
Method of	Unlawful E	Entry	Burgla	ary Type	:		6PM-6		of Entry	No	
Entry: AM Visible to Patrol: REPORTING PARTY											
NY	I. 1. C.			REPO	KTI.	NG PAR	TY				
Name: Home	Johnson, Gr										
Address:	66 Donovan	way									
Occupation:	Builder										
Relation:	neighbor										
SSN:	987-98-9874			1							
Date of Birth:	01-11	Sex:		M	F	Plac Birt	e of h:	NH			
Age:	54	Race:		Black		Mar Stat		Divore	ced		
		<u>.</u>						•			
					VIC	TIM					
Name:											
Home											
Address:											
Occupation:											
Relation:											
SSN:				3.6	-	1 51		1			
Date of Birth:		Sex:		M	F	Plac Birt					
Age:		Race:				Mar					
						Stat	us:				
				KNOV	VN S	USPEC T	Γ#1				

Short 219/293

Brown

SS#: UNK

Age:

Injured:

Hospital:

UNK

Race:

UNK

No

Caucasian

UNK

UNK

6'0"

180

Sex: Male

Hair Color:

Hair Length:

Name: Date of Birth:

Height:

Weight:

ESc2-p-1

UNK

Hospital

					Disposition	n:				
Complexion:	light	Facial Ha	ir:	Beard	Conveyed	By:				
Eye Color:	N/A	AR#:			Injury Ty	oe:				
•	•	•	(CHARGES						
			ARSON, U	JNLAWFUL ENTRY						
RS	MO USC			MO Code			F/N	I/C		
	52,603			4288			Λ			
			KNOW	VN SUSPECT #2						
Name:										
Date of Birth:		Sex:		SS#:	Age:		Race			
Height:		Hair Colo	or:		Injured:					
Weight:		Hair Len	gth:		Hospital:					
Build:		Hair Styl			Hospital				-	-
					Disposition	n:				
Complexion:		Facial Ha	ir:		Conveyed				-	-
Eye Color:		AR#:			Injury Ty					
	CHARGES									
RS	MO USC			MO Code			F/N	1/C		
									-	
			KNOW	VN SUSPECT #3	<u>'</u>					
Name:										
Date of Birth:		Sex:		SS#:	Age:		Race:			
Height:		Hair Colo	or:		Injured:					
Weight:		Hair Len	gth:		Hospital:					
Build:		Hair Styl			Hospital					
					Disposition	n:				
Complexion:		Facial Ha	ir:		Conveyed	By:				
Eye Color:		AR#:			Injury Typ	e:				
			(CHARGES						
RS	MO USC			MO Code			F/N	1/C		
			PR	OPERTY						
Owner's Name:										
Item Number:	•									
Property Code:				Value:						
Quantity:				Status:						
Property				Owner's Name:						
Description:										
Î	•		1	VEHICLE						
Owner's Name:										
Vehicle Number			Vehicle Status	:	Code:					
Vehicle Make:			Vehicle Style:		Year:					

Crew

NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Witness observed middle-aged Caucasian male running from an unfinished residence on Donovan Way. ZC Fire Department and ZC Police Department notified. Source of fire is still unknown; investigation is ongoing. Suspect remains at large.

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

Vehicle Number:

Doors Locked:

Build:

Medium

Hair Style:

INCIDENT DATE/TIME											
Date Printed:	07-31	Time	8:05		M.	R.S.	1115	5	Record Number		
		Printed:	AM	PM	Nu	mber:					3
			ľ	INC	IDE	NT DAT	`A				
Incident Type:	Injury – 9										
Address of	4 Meadow	Lark Lane									
Occurrence:	1	1	***						1	ı	
Originally			Weapon								
Received As: How Received:			Objects Reporti			Off. Fr	iak D	ahaut	Domestic:	No	
			Officer	:		Ojj. 14	ick, Ke	обен		100	
Type of	residence		Other C						Complaint Status:		
Premises			Notifie	d:							
Copies To:	-	m:							Arson Related:	No	
Occurred From:	Date	Time	To:			Date	Tiı	me	Officer Injured:	No	
	07-31	6:05 PM									
Date Reported	07-31		Call Re			6:05 P	M		Car Number:	N/A	
Time	6:05 PM		Time of	f Arriva	al:	6:15 P	M		District:	Fore	st Hills
Reported:											
Officer	No		GEO C	lode:		44			Processed By:	Trac	ey, D.
Assaulted or											
Killed: BURGLARY DATA											
Method of	N/A	<u> </u>	Dunalar			N/A	I A		Doint of Enter	No	
Entry:	IV/A		Burglar	ту туре	÷.	IV/A			Point of Entry Visible to Patrol:	IVO	
REPORTING PARTY											
Name:	Blake, Glad	ys									
Home	Same as abo	ove									
Address:											
Occupation:	Retired Scho	ool Teacher									
Relation:	victim										
SSN:	124-98-786		1	3.6	T ==	- Di			****		
Date of Birth:	03-03	Sex:		M	F		ce of		KS		
Agai	92	Race:		Саиса	sian	Bir	ın: rital		Widow		
Age:	92	Race.		Сииси	siuri	Sta			Widow		
					VIC	TIM					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:		G		3.6	-	l Di	<u> </u>				
Date of Birth:		Sex:		M	F	Pla Bir	ce of th:				
Age:		Race:			•	Ma	rital				
						Sta	tus:		<u> </u>		
							- U.				
				KNOV	VN S	USPEC'	I`#1				

SS#:

Age:

Injured:

Hospital:

Race:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color: Hair Length:

ESc2-p-1

D 111		1		TT 1. 1		T		=302-p-1				
Build:	Hair Styl	le:		Hospital								
				Disposition								
Complexion:	Facial Ha	air:		Conveyed								
Eye Color:	AR#:			Injury Ty	pe:							
			CHARGES									
			CHARGES									
RS	MO USC		MO Code			F/M/C						
		KNOW	N SUSPECT #2									
Name:												
Date of Birth:	Sex:		SS#:	Age:		Race:						
Height:	Hair Col	Or:	22	Injured:		110001		-				
Weight:	Hair Len			Hospital:								
Build:	Hair Styl			Hospital								
Bullu.	Tian Styl	ie.		Disposition	ont							
Complanion	Facial Ha		Conveyed									
Complexion: Eye Color:	AR#:	a11.										
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 Col	or:		Injured:								
Weight:	Hair Len	gth:		Hospital:								
Build:	Hair Styl			Hospital								
				Disposition	on:							
Complexion:	Facial Ha	air:		Conveyed								
Eye Color:	AR#:			Injury Ty								
Zje color.	12200		CHARGES	111,011,11	Pe.	1						
RS	MO USC		MO Code			F/M/C						
KD.	WIO OBC	-	WIO COUC			17141/6						
		PR	OPERTY									
Owner's												
Name:												
Item Number:												
Property Code:			Value:									
Quantity:			Status:									
Property			Owner's Name:									
Description:												
		1	/EHICLE									
Owner's Name:												
Vehicle Number	:	Vehicle Status:		Code:								
Vehicle Make:		Vehicle Style:		Year:								
Vehicle Number		Vehicle Status:		Code:								
Doors Locked:	•	Vehicle Value:		Other:								
Doors Locked.		veincie value.		J Other.								
			DD / Freeze									
			RRATIVE									
	she fell off her bicycle	in her driveway.	She is in great pa	in and think	s she r	nay have b	roken her	r arm.				
Ambulance dispo	ıtched.											

 Reporting Officer:
 Off. Frick, Robert

 Supervising Officer:
 Det. McCarthy, Henry

 Reviewing Officer:
 Det. Smith, Peter

INCIDENT DATE/TIME											
Date Printed:	08-01	Time	12:28		M.	R.S.	1110	6]	Record Number		1
		Printed:	AM	PM		mber:					
			7 11/1		IDE	NT DAT	<u> </u>				
Incident Type:	Grand the	ft auto		INC	IDE	NIDAI	A				
Address of		's Liquors p	arkina lo	t 747 l	Main	Stroot					
Occurrence:	Thompson	s Liquors pe	arking io	ι, / τ/ 1	viuii	Sireei					
Originally	Phone in	1	Weapor	ı or		N/A					
Received As:	1 none in		Objects			1,711					
How Received:			Reporti			Off. An	derso	on.	Domestic:	No	
			Officer:			Richard		,			
Type of	Parking lo	t	Other C			13, 21			Complaint Status:	Clea	red with
Premises			Notified	1:					1	arres	rt .
Copies To:									Arson Related:	No	
Occurred	Date	Time	To:			Date	Ti	ime	Officer Injured:	No	
From:	08-01	10:28 A				08-01	11	1:30A			
Date Reported	08-01		Call Re	coived:	•	10:48	1 1/1		Car Number:	7	
Time	10:48 AM		Time of			11:00 A			District:		Village
Reported:					ш.		1171				
Officer	No		GEO C	ode:		33			Processed By:	Trac	ey, D.
Assaulted or											
Killed:											
	T ==					RY DAT			T =	T	
Method of	Unlawful e	entry	Burglar	у Туре	: :	Day (6	AM	-6	Point of Entry	N/A	
Entry:				DEDO	DET	PM)	/FDX 7		Visible to Patrol:		
NT	D D /	,		KEPO	KII	NG PAR	XIY_				
Name: Home	Roper, Paul 2 Fisher Ro										
Address:	2 Fisher Ro	ш									
Occupation:	Software En	aineer									
Relation:	Car Owner	gineer									
SSN:	456-45-456	1									
Date of Birth:	08-11	Sex:		M	F	Plac	e of		IL		
Dute of Bitti.	00 11	BCA.		141	1	Birt			IL.		
Age:	33	Race:		Саиса	sian	Mai			Single		
						Stat	us:		O		
					VIC	CTIM					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:			ı		-	l			Т		
Date of Birth:		Sex:		M	F	Plac Birt	e of h:				
Age:		Race:				Mai					
Ü						Stat					

	KNOWN SUSPECT #1										
Name: Michelle Simpson											
Date of Birth:	03-03	03-03 Sex: female SS#: 173-12-1734 Age: 23 Race: <i>Caucasian</i>									
Height:	4'11"	4'11" Hair Color: Blond Injured: No									
Weight: 95 Hair Length: Long Hospital: No											

							ESc2-p-1
Build:	Small	Hair Style:	Wavy	Hospita Dispos		No	•
Complexion:	Tan	Facial Hair:	N/A		ed By:	Police cri	uiser
Eye Color:	Blue	AR#:	76	Injury '		N/A	
		· ·	CHARGES	<u> </u>	J1		
		AUTO THE	FT, SPEEDING, RECKLESS D	RIVING			
RS	MO USC		MO Code			F/M/C	
503	, 505, 510		2463			F	
			KNOWN SUSPECT #2				
Name:	Preston, E						
Date of Birth:	06-17	Sex: Female	SS#: 141-17-5451	Age:	22	Race:	Caucasian
Height:	5'6"	Hair Color:	Red	Injured		No	
Weight:	125	Hair Length:	Medium	Hospita		No	
Build:	Small	Hair Style:	Curly	Hospita Dispos		No	
Complexion:	Light	Facial Hair:	N/A	Convey	ed By:	Police cri	iiser
Eye Color:	Blue	AR#:	80	Injury '	Гуре:	N/A	
			CHARGES				
			AUTO THEFT				
RS	MO USC		MO Code			F/M/C	
	503		2463			F	
	1		KNOWN SUSPECT #3				
Name:		T _	T ==	T .	ı	Ι _	
Date of Birth:		Sex:	SS#:	Age:		Race:	
Height:		Hair Color:		Injured			
Weight:		Hair Length:		Hospita			
Build:		Hair Style:		Hospita			
				Dispos			
Complexion:		Facial Hair:			ed By:		
Eye Color:		AR#:		Injury '	Type:		
	110 1100		CHARGES			Th fig	
RS	MO USC		MO Code			F/M/C	

		PR(OPERTY					
Owner's								
Name:								
Item Number:								
Property Code:			Value:					
Quantity:			Status:					
Property			Owner's Name:					
Description:								
		V	EHICLE					
Owner's Name:	Same as Above							
Vehicle Number:	1414TOB	Vehicle Status:	Recovered	Code:	GTA1			
Vehicle Make:	Lexus	Vehicle Style:	Sedan	Year:	2000			
Vehicle Number:	1432567jh8kd902	Vehicle Status:		Code:	13h			
Doors Locked:	ocked: Yes Vehicle Value: \$30,000 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 FIRE DEPT., HAZMAT & EMS

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

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-4	CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-5	INVESTIGATION CARDS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc2-p-2	PRE-EVENT FIRE DEPARTMENT LOGS
ESc2-p-3	PRE-EVENT 911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

Zenith City Fire Department Log

July 30

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

0730 Building maintenance at station to fix kitchen sink.

0800 Rourke took Engine 1 out for a fill up.

July 31

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

911 dispatch calls with reported house fire at 64 Donovan Way. Incident

42362 handled by Engines 1 and 2. Suspected Arson – Eyewitness report of suspicious person fleeing from scene. Investigation pending.

Engine 1 leaking oil from transmission, mechanic notified.

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

Aug 1

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

O839 Simpson took Engine 2 out for a fill up.

1420 Ladder test on Engine 1 – functioning properly

INCIDENT DATE/TIME											
Date Printed:	07-30	Time	3:10		M.	R.S.	1111	Record Number			
		Printed:	AM	PM	Nu	mber:				1	
				INC	IDE	NT DATA	4				
Incident Type:	Noise com	plaint									
Address of	7 Blueberr										
Occurrence:		•									
Originally	Phone in		Weapoi	ı or		N/A					
Received As:			Objects	Used:							
How Received:			Reporting Off. Terry, Bill Domestic:								
Type of	Residence		Other C					Complaint Status:	Clea	red with visit	
Premises			Notified	d:							
Copies To:	<u> </u>					_	T	Arson Related:	No		
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No		
1101111	07-30	12:07 A									
Date Reported	07-30		Call Re	ceived:		1:20 AN	1	Car Number:	15		
Time	1:20 AM		Time of			2:25 AM		District:	Sout	h Zenith	
Reported:											
Officer	No		GEO C	ode:		55		Processed By:	Trac	ey, D.	
Assaulted or											
Killed:											
	1					RY DAT	'A				
Method of			Burglar	у Туре	:			Point of Entry			
Entry:	Entry: Visible to Patrol: REPORTING PARTY										
Name:	Miller, Stepi	hanie		KEI O	I I I	NGIAN	11				
Home	5 Blueberry										
Address:	5 Billeoerry	Comi									
Occupation:	N/A										
Relation:	Resident										
SSN:	123-12-1212	2									
Date of Birth:	04-23	Sex:		M	F	Plac Birtl		CA			
Age:	22	Race:		Caucas	sian	Mar Stati	ital	Single			
1		•	1								
					VIC	CTIM					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:		M	F	Plac Birtl					
Age:		Race:			1	Mar					
1-50.		Tuco.				Stati					

	KNOWN SUSPECT #1												
Name:	Kidd, Willi	am											
Date of Birth:	12-06	Sex: Male	SS#:9876-98-7654	Age:	24	Race:	Caucasian						
Height:	6'0"	Hair Color:	Black	Injured	l:	No							
Weight:	Weight: 182 Hair Length: Long Hospital: No												

ESc2-p-3

Build:	Medium	Hair Styl	le:	Curly	Hospital	N/A				
					Disposition:					
Complexion:	Tan	Facial H	air:	No	Conveyed By:	N/A				
Eye Color:	Blue	AR#:			Injury Type:	N/A				
				CHARGES						
				CHARGES						
R	SMO USC			MO Code		F/M/C				
			KNOW	N SUSPECT #2						
Name:		1			T . T	1-				
Date of Birth:		Sex:		SS#:	Age:	Race:				
Height:		Hair Col			Injured:					
Weight:		Hair Len			Hospital:					
Build:		Hair Styl	le:		Hospital					
G 1 :		F : 177			Disposition:					
Complexion:		Facial H	aır:		Conveyed By:					
Eye Color:		AR#:		THA D CEC	Injury Type:					
	are riag			CHARGES		FACC				
R	SMO USC			MO Code		F/M/C				
			TANON.	AL CLICATE CIT. III						
N			KNOW	N SUSPECT #3						
Name:				aan	T & T	l p				
Date of Birth:		Sex:		SS#:	Age:	Race:				
Height:		Hair Col			Injured:					
Weight:		Hair Len			Hospital:					
Build:		Hair Styl	le:		Hospital					
Complexion:		Facial H	~i		Disposition:					
		AR#:	air:		Conveyed By:					
Eye Color:		AK#:		CHARGES	Injury Type:					
D	SMO USC			MO Code		F/M/C				
K	SMO OSC			MO Code		r/W/C				
			PR	OPERTY						
Owner's Name:										
Item Number:										
Property Code:				Value:						
Quantity:				Status:						
Property				Owner's Name:						
Description:										
			1	VEHICLE						
Owner's Name	:									
Vehicle Numbe			Vehicle Status		Code					

NARRATIVE

Year:

Code:

Other:

Vehicle Style:

Vehicle Status:

Vehicle Value:

Police cruiser drove by address of noise complaint. 22-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. No visit necessary. Received higher priority call. No further complaints.

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

Vehicle Make:

Doors Locked:

Vehicle Number:

INCIDENT DATE/TIME												
Date Printed:	07-30	Time	11:59		M.	R.S.	1112	Record Number				
		Printed:	AM	PM	Nu	mber:				2		
					IDE	NT DAT	Δ					
Incident Type:	Breaking a	and entering,	hurolar			III DAI	A					
Address of		iel Gould Ro		<i>y</i>								
Occurrence:	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	101 0011111 110										
Originally	Phone in		Weapor	n or		Hamme	er					
Received As:			Objects									
How Received:			Reporti			Off. Fr	ick, Rober	rt Domestic:				
			Officer			33	ŕ					
Type of	Residence		Other C	Offices				Complaint Stati	us: C	leared by	arrest	
Premises			Notifie	d:								
Copies To:	Zenith Cou							Arson Related:	N			
Occurred	Date	Time	To:			Date	Time	Officer Injured:	N	'o		
From:	07-30	11:20 PM										
	07-30	11:20 PM										
Date Reported	07-30	1	Call Re	ceived:		11:40	PM	Car Number:	1.	5		
Time	11:40 PM		Time of	f Arriva	al:	11:50		District:	T	he Glens		
Reported:												
Officer	No		GEO C	ode:		22		Processed By:	T	racey, D.		
Assaulted or												
Killed:												
BURGLARY DATA												
Method of Unlawful Entry Burglary Type: Night (6 PM – 6 Point of Entry No												
Entry:						AM)		Visible to Patro	ol:			
N7	G 1	•		REPO	RTI	NG PAR	RTY					
Name:	Schwartz, M											
Home Address:	Same as Abo	ove										
Occupation:	Waitress											
Relation:	Owner										-	
SSN:	562-45-8912	2										
Date of Birth:	04-29	Sex:		M	F	Plac	ce of	OK				
Date of Birtin.	04-27	SCA.		111	T.	Birt		OK				
Age:	39	Race:		Caucas	sian	Mai		Married				
8						Stat						
1		•				•		1				
					VIC	TIM						
Name:	Same as Ab	ove										
Home												
Address:												
Occupation:												
Relation:												
SSN:												
Date of Birth:	-	Sex:		M	F		ce of					
						Birt						
Age:		Race:				Mai						
						Stat	us:					

	KNOWN SUSPECT #1												
Name:	Name: Powell, Harrison												
Date of Birth:	05-23	Sex: male	SS#: 123-78-4567	Age:	19	Race:	Caucasian						
Height:	Height: 6'4" Hair Color: Brown Injured: Yes, lacerations												
Weight:													

									ESc	:2-p-
Build:	Medium	Hair Styl	e:	Crew		Hospita Disposi		N/A		
Complexion:	Tan	Facial Ha	air:	No	(Convey	ed By:	Police C	ruiser	
Eye Color:	Brown	AR#:		45	I	njury 7	уре:			
	•			CHARGES						
		l	UNLAWFU	L ENTRY, SIMPLE B	BURGLAR	RY				
RS	SMO USC			MO Code				F/M/C		
	603, 62			1462				M		
			K	NOWN SUSPECT #	‡2					
Name:										
Date of Birth:		Sex:		SS#:		Age:		Race:		
Height:		Hair Col				njured:				
Weight:		Hair Len				Hospita				
Build:		Hair Styl	e:			Hospita				
						Disposi				
Complexion:		Facial Ha	air:				ed By:			
Eye Color:		AR#:			I	njury 7	Гуре:			
				CHARGES						
R	SMO USC			MO Code				F/M/C		
			K	NOWN SUSPECT #	‡ 3					
Name:						-		1		
Date of Birth:		Sex:		SS#:		Age:		Race:		
Height:		Hair Col				njured:				
Weight:		Hair Len				Hospita				
Build:		Hair Styl	e:			Hospita				
						Disposi				
Complexion:		Facial Ha	air:				ed By:			
Eye Color:		AR#:			I	njury 7	Гуре:			
				CHARGES						
R	SMO USC			MO Code				F/M/C		

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

NARRATIVE

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

INCIDENT DATE/TIME											
Date Printed:	07-31	Time	4:10		M.	R.S.	1113	Record Number			
		Printed:	AM	PM	Nu	mber:				1	
				INC	IDE	NT DATA	1				
Incident Type:	Injury – 9.	11 call				,					
Address of		reet Bar and	Grill, 2	6 Cobbl	le Stre	eet					
Occurrence:											
Originally	Phone in		Weapo								
Received As:				ts Used:							
How Received:			Report Office			Off. Ter	ry, Bill	Domestic:	No		
Type of	Restauran	t		Offices				Complaint Status:			
Premises			Notifie								
Copies To:		T	Fire D	ept.			•	Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	Officer Injured:	No		
From:	07-31	2:10 AM									
Date Reported	07-31		Call R	eceived	:	2:15 AM	1	Car Number:	N/A		
Time	2:15 AM			of Arriva		2:27 AN		District:		Glens	
Reported:											
Officer	No		GEO (Code:		22		Processed By:	Trac	ey, D.	
Assaulted or											
Killed:											
	<u> </u>		ı			RY DAT	A		1		
Method of	N/A		Burgla	ary Type	e:	N/A		Point of Entry	N/A		
Entry:				DEDO	DOT	NG DAD	T) X 7	Visible to Patrol:			
Name:	Wheaton, C	awinna		REPU)KII.	NG PAR	<u>I Y</u>				
Home	17 Rosewoo										
Address:											
Occupation:	Restaurant i	nanager									
Relation:	boss 123-12-123	1									
SSN: Date of Birth:	123-12-1234		1	M	F	Place	£	MAY			
		Sex:		M	r	Birth	ı:	MN			
Age:	31	Race:		Black		Mari Statu		Single			
_					VIC	TIM					
Name:	Patterson, J										
Home Address:	5 Sandy Ria	lge Circle									
Occupation:	Bartender										
Relation:	employee										
SSN:	456-45-789	6									
Date of Birth:	02-15	Sex:		M	F	Place Birth		UNK			
Age:	27	Race:		Саиса	sian	Mari Statu	tal	single			
				I		Biatt					
				KNOV	VN S	USPECT	#1				

SS#:

Sex:

Hair Color:

Age:

Injured:

Race:

Name:

Height:

Date of Birth:

ESc2-p-3

							 ESCZ-p-3
Weight:	Hair Len			Hospital	:		
Build:	Hair Styl	le:		Hospital			
				Disposit	ion:		
Complexion:	Facial H	air:		Conveye	ed By:		
Eye Color:	AR#:			Injury T	ype:		
		C	CHARGES				
		C	CHARGES				
RSN	10 USC		MO Code			F/M/C	
		KNOW	'N SUSPECT #2				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:		Injured:			
Weight:	Hair Len	gth:		Hospital	:		
Build:	Hair Styl	le:		Hospital			
				Disposit			
Complexion:	Facial H	air:		Conveye	ed By:		
Eye Color:	AR#:			Injury T	ype:		
		C	CHARGES		-		
RSN	10 USC		MO Code			F/M/C	
		KNOW	'N SUSPECT #3				
Name:							
Date of Birth:	Sex:		SS#:	Age:		Race:	
Height:	Hair Col	or:		Injured:			
Weight:	Hair Len			Hospital	:		
Build:	Hair Styl			Hospital			
				Disposit			
Complexion:	Facial H	air:		Conveye	ed By:		
Eye Color:	AR#:			Injury T	ype:		
	·	C	CHARGES				
RSN	10 USC]	MO Code			F/M/C	
		PR	OPERTY				
Owner's Name:							
Item Number:							
Property Code:			Value:				
Quantity:			Status:				
Property			Owner's Name:				
Description:							
		7	EHICLE				
Owner's Name:							
Vehicle Number:		Vehicle Status:		Code	:		
Vehicle Make:		Vehicle Style:		Year:			
Vehicle Number:		Vehicle Status:		Code			
Doors Locked:		Vehicle Value:		Other			
	- 1		l .	1			
		NA	RRATIVE				

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

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

INCIDENT DATE/TIME												
Date Printed:	07-31	Time	6:15		M.	R.S.	1114	Record Number				
		Printed:	AM	PM	Nu	mber:				2		
				INC	IDE	NT DATA						
Incident Type:	Arson/fire	– 911 Call				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Address of	64 Donova											
Occurrence:		•										
Originally			Weapo	n or								
Received As:			Objects									
How Received:			Reporti Officer			Off. Fric	k, Robei	Domestic:	No			
Type of Premises	Unfinished	residence	Other O			31,77		Complaint Status:				
Copies To:	Zenith Cou	inty Court						Arson Related:	Yes			
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:	No			
110m.	07-31	4:27 AM				07-31	7:30 AM					
Date Reported	07-31		Call Re	ceived	:	4:27 AM		Car Number:	9			
Time Reported:	4:27 AM		Time o	f Arriva	al:	4:37 AM		District:	The	Village		
Officer	No		GEO C	ode:		33		Processed By:	Trac	ey, D.		
Assaulted or	or											
Killed: RIPCI ARY DATA												
BURGLARY DATA Method of Unlawful Entry Burglary Type: Night (6 PM - 6) Point of Entry No												
Entry:	- Chiawjiii I	zitir y	Durgian	y Type	•	AM	1 m 0	Visible to Patrol:	1,40			
23.00.31				REPO	RTI	NG PART	Ϋ́	, 15101 0 to 1 44 1011	ı			
Name:	Johnson, Gr	egory										
Home Address:	66 Donovan											
Occupation:	Builder											
Relation:	neighbor											
SSN:	987-98-9874	1										
Date of Birth:	01-11	Sex:		M	F	Place Birth		NH				
Age:	54	Race:		Black	ı	Marit Statu	tal	Divorced				
						Statu	5.					
					VIC	TIM						
Name:												
Home												
Address:												
Occupation:												
Relation:												
SSN:			ı	3.7	Ι			T				
Date of Birth:		Sex:		M	F	Place Birth						
Age:		Race:				Marit Statu						
<u> </u>						Statu		<u> </u>				

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

ESc2-p-3

UNK

Hospital

				Disposition							
Complexion:	light	Facial Ha	ir:	Bear	rd	Conve	eyed By:				
Eye Color:	N/A	AR#:				Injury	Type:				
		•	(CHAR	GES						
			ARSON, U	JNLA V	WFUL ENTRY						
RS	MO USC			MO C	Code			F/N	Л/C		
	52,603			428	38			Λ	И		
			KNOW	VN SU	SPECT #2						
Name:											
Date of Birth:		Sex:		SS#:		Age:		Race	:		
Height:		Hair Colo	or:			Injure	d:				
Weight:		Hair Leng	gth:			Hospi	tal:				
Build:		Hair Style	e:			Hospi					
							sition:				
Complexion:		Facial Ha	ir:				eyed By:				
Eye Color:		AR#:				Injury	Type:				
		•	(CHAR	GES						
RS	MO USC			MO C	Code			F/N	Л/С		
			KNOW	VN SU	SPECT #3						
Name:											
Date of Birth:		Sex:		SS#:		Age:		Race	:		
Height:		Hair Colo	or:	Injured:							
Weight:		Hair Leng	gth:			Hospi					
Build:		Hair Style				Hospi					
							osition:				
Complexion:		Facial Ha	ir:			Conve	eyed By:				
Eye Color:		AR#:				Injury	Type:				
			(CHAR	GES						
RS	MO USC			MO C	ode			F/N	A/C		
											•
			PR	OPE	RTY						
Owner's Name:											
Item Number:	II.										
Property Code:				Valu	ie:						-
Quantity:				Statu							-
Property					er's Name:						
Description:											
•			1	VEHI	CLE						
Owner's Name:											
Vehicle Number	:		Vehicle Status	:		Co	de:				
Vehicle Make:			Vehicle Style:				ar:				

Crew

NARRATIVE

Code:

Other:

Vehicle Status:

Vehicle Value:

Witness observed middle-aged Caucasian male running from an unfinished residence on Donovan Way. ZC Fire Department and ZC Police Department notified. Source of fire is still unknown; investigation is ongoing. Suspect remains at large.

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

Vehicle Number:

Doors Locked:

Build:

Hair Style:

Medium

	INCIDENT DATE/TIME											
Date Printed:	07-31	Time	8:05		M.	R.S.	1115	F	Record Number			
		Printed:	AM	PM	Nu	mber:					3	
				INC	CIDE	NT DAT	'A					
Incident Type:	Injury – 91	l 1 call				<u> </u>						
Address of	4 Meadow	Lark Lane										
Occurrence:												
Originally			Weapon									
Received As:			Objects									
How Received:			Reporti Officer	:		Off. Fr	ick, Rob	ert	Domestic:	No		
Type of Premises	residence		Other C Notifie						Complaint Status:			
Copies To:									Arson Related:	No		
Occurred	Date	Time	To:			Date	Time	;	Officer Injured:	No		
From:	07-31	6:05 PM										
	0/-31	0:03 PM										
Date Reported	07-31		Call Re	ceived	:	6:05 P	M		Car Number:	N/A		
Time	6:05 PM		Time of	f Arriv	al:	6:15 P	M		District:	Fore	st Hills	
Reported:												
Officer	No		GEO C	lode:		44			Processed By:	Trac	ey, D.	
Assaulted or												
Killed:				DIID	CT A	RY DA	ГА					
Method of	N/A		Rurglar				1A		Point of Entry	No		
Method of N/A Burglary Type: N/A Point of Entry Visible to Patrol: No												
Linuty.				REPO	RTI	NG PAF	RTY		visione to ration.			
Name:	Blake, Glad	ys										
Home	Same as abo	ve										
Address:												
Occupation:	Retired Scho	ool Teacher										
Relation:	victim											
SSN:	124-98-7865		1	3.6	T	l Di	<u> </u>		TZG			
Date of Birth:	03-03	Sex:		M	F	Pla Bir	ce of		KS			
Age:	92	Race:		Саиса	ısian		rital		Widow			
1150.	/2	Tucc.		Canca	secre	Star			**************************************			
					VIC	CTIM						
Name:	Same as abo	ove										
Home												
Address:												
Occupation:												
Relation: SSN:												
Date of Birth:		Sex:		M	F	Dla	ce of					
				IVI	1.	Bir	h:					
Age:		Race:				l l	rital					
						Stat	us:					
				173707	XIN: ~	TIOPE	D //4					
				KNOV	NN S	USPEC'	1 #1					

Age:

Injured:

Hospital:

Race:

SS#:

Name:

Height:

Weight:

Date of Birth:

N/A

Sex:

Hair Color:

Hair Length:

ESc2-p-3

								ESCZ-p-
Build:	Hair Sty	/le:		Hospit				
				Dispos				
Complexion:	Facial H	łair:			yed By:	 		
Eye Color:	AR#:		SILA D GEG	Injury	Type:			
			CHARGES					
DC	MOTICO		CHARGES			E/M/C		
RS	MO USC		MO Code			F/M/C		
		KNOW	N SUSPECT #2					
Name:		KNOW	IN SUSI ECT #2					
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Co	lor.	55π.	Injured	 •	ixacc.		
Weight:	Hair Le			Hospit		1		
Build:	Hair Sty			Hospit		1		
Build.	Train St.	, 10.		Dispos				
Complexion:	Facial H	Hair:			yed By:	1		
Eye Color:	AR#:			Injury				
		(CHARGES	1 3 2	71	.1		
RS	MO USC		MO Code			F/M/C		
		KNOW	N SUSPECT #3					
Name:								
Date of Birth:	Sex:		SS#:	Age:		Race:		
Height:	Hair Co			Injured				
Weight:	Hair Le			Hospit				
Build:	Hair Sty	/le:		Hospit				
				Dispos				
Complexion:	Facial I	łair:			yed By:	 		
Eye Color:	AR#:		TILL D GEG	Injury	Type:			
D.C.	MOTIGO		CHARGES			EAL/C		
RS	MO USC		MO Code			F/M/C		
		nn.	OPEDIN					
Owner's	T	PK	OPERTY					
Name:								
Item Number:								
Property Code:			Value:					
Quantity:			Status:				+	
Property Property			Owner's Name:				_	
Description:			Owner situile.					
Bescription.			VEHICLE	_				
Owner's Name:								
Vehicle Number	:	Vehicle Status	:	Cod	le:			
Vehicle Make:		Vehicle Style:		Yea				
Vehicle Number	:	Vehicle Status:	:	Cod				
Doors Locked:		Vehicle Value:		Oth				
	•	•	•	ı				
		NA	ARRATIVE					
Ms. Blake says Ambulance dispo	she fell off her bicycle			in and thi	nks she i	nay have l	broken h	her arm.
incomme dispe								
						_		

Supervising Officer: Det. McCarthy, Henry
Reviewing Officer: Det. Smith, Peter

Off. Frick, Robert

Reporting Officer:

			I	NCIDE	ENT	DATE/T	IME	1			
Date Printed:	08-01	Time	12:28		M.	R.S.	1110	6]	Record Number		1
		Printed:	AM	PM		mber:					
			7 11/1		IDE	NT DAT	<u> </u>				
Incident Type:	Grand the	ft auto		INC	IDE	NIDAI	A				
Address of		's Liquors p	arkina lo	t 747 l	Main	Stroot					
Occurrence:	Thompson	s Liquors pe	arking io	ι, / τ/ 1	viuii	Sireei					
Originally	Phone in	1	Weapor	ı or		N/A					
Received As:	1 none in		Objects			1,711					
How Received:			Reporti			Off. An	derso	on.	Domestic:	No	
			Officer:			Richard		,			
Type of	Parking lo	t	Other C			13, 21			Complaint Status:	Clea	red with
Premises			Notified	1:					1	arres	rt .
Copies To:									Arson Related:	No	
Occurred	Date	Time	To:			Date	Ti	ime	Officer Injured:	No	
From:	08-01	10:28 A				08-01	11	1:30A			
Date Reported	08-01		Call Re	coived:	•	10:48	1 1/1		Car Number:	7	
Time	10:48 AM		Time of			11:00 A			District:		Village
Reported:					ш.		1171				
Officer	No		GEO C	ode:		33			Processed By:	Trac	ey, D.
Assaulted or											
Killed:											
	T ==					RY DAT			T =	T	
Method of	Unlawful e	entry	Burglar	у Туре	: :	Day (6	AM	-6	Point of Entry	N/A	
Entry:				DEDO	DET	PM)	/FDX 7		Visible to Patrol:		
NT	D D /	,		KEPO	KII	NG PAR	XIY_				
Name: Home	Roper, Paul 2 Fisher Ro										
Address:	2 Fisher Ro	ш									
Occupation:	Software En	aineer									
Relation:	Car Owner	gineer									
SSN:	456-45-456	1									
Date of Birth:	08-11	Sex:		M	F	Plac	e of		IL		
Dute of Bitti.	00 11	BCA.		141	1	Birt			IL.		
Age:	33	Race:		Саиса	sian	Mai			Single		
						Stat	us:		O		
					VIC	CTIM					
Name:	Same as ab	ove									
Home											
Address:											
Occupation:											
Relation:											
SSN:			ı		-	l			Т		
Date of Birth:		Sex:		M	F	Plac Birt	e of h:				
Age:		Race:				Mai					
Ü						Stat					

	KNOWN SUSPECT #1												
Name:	Michelle Sin	npson											
Date of Birth:	03-03	Sex: female	SS#: 173-12-1734	Age:	23	Race:	Caucasian						
Height:	4'11"	Hair Color: Blond		Injured	:	No							
Weight:	95	Hair Length:	Long	Hospita	al:	No							

								ESc2-p
Build:	Small	Hair Styl	e:	Wavy	Hospital Disposit		No	
Complexion:	Tan	Facial Ha	ir:	N/A	Conveye		Police cr	uiser
Eye Color:	Blue	AR#:		76	Injury T	ype:	N/A	
•	•			CHARGES		•	•	
		AUT	O THEFT,	, SPEEDING, RECKLESS I	DRIVING			
R	SMO USC			MO Code			F/M/C	
50.	3, 505, 510			2463			F	
			K	NOWN SUSPECT #2				
Name:	Preston, I							
Date of Birth:	06-17	Sex: Fem	ale	SS#: 141-17-5451		22	Race:	Caucasian
Height:	5'6"	Hair Cole	or:	Red	Injured:		No	
Weight:	125	Hair Len	gth:	Medium	Hospital	:	No	
Build:	Small	Hair Styl	e:	Curly	Hospital		No	
					Disposit			
Complexion:	Light	Facial Ha	ir:	N/A	Conveye		Police cr	uiser
Eye Color:	Blue	AR#:		80	Injury T	ype:	N/A	
				CHARGES				
				AUTO THEFT				
R	SMO USC			MO Code			F/M/C	
	503			2463			F	
			17	NOWN GLIGDE OF #2				
Name:	Τ		<u> </u>	NOWN SUSPECT #3				
Date of Birth:		Sex:		SS#:	1 1 221		Race:	
		Hair Cole		35#.	Age: Injured:		Race:	
Height: Weight:		Hair Cold			,			
Build:					Hospital Hospital			
Bulla:		Hair Styl	e:		Disposit			
Complexion:		Facial Ha	· · · ·		Conveye			
Eye Color:		AR#:	ur:		Injury T	•		
Lye Color.		AN#.		CHARGES	Injury 1	ype.		
D	SMO USC			MO Code			F/M/C	
K,	DIVIO OSC			IVIO Code			r/wi/C	

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

NARRATIVE

Both suspects apprehended after lengthy chase across town; suspects abandoned car and ran through abandoned 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 WATER DEPT./PUBLIC UTILITIES

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

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-4	CHAIN OF CUSTODY FORMS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc2-p-4	BACKGROUND WATER QUALITY DATA
ESc-p-5	RESPONSE PROTOCOL TOOLBOX MODULE 2: CONTAMINATION THREAT MANAGEMENT GUIDE MATERIALS
ESc-p-6	RESPONSE PROTOCOL TOOLBOX MODULE 3: SITE CHARACTERIZATION AND SAMPLING GUIDE MATERIALS
ESc2-p-8	WATER TREATMENT PLANT FACILITIES INSPECTION LOG
m-1	ZENITH CITY WATER DISTRIBUTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-2	ZENITH CITY WASTEWATER COLLECTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP
m-3	ZENITH CITY WATER DISTRIBUTION SYSTEM PROCESS SCHEMATIC (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-4	ZENTIH CITY WATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-5	ZENTIH CITY WASTEWATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

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

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

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

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

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

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

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

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

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

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

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

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

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

Source: Response Protocol Toolbox - Module 2: Contamination Threat Management Guide 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
			Considerations		on the public
	# people	Health			
- · · · ·	affected	Impact			
Possible	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			
Credible	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			
Confirmed	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			

Threat Evaluation Worksheet

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

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



Figure 2-2. Summary of Threat Warnings

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

Source: Response Protocol Toolbox - Module 2: Contamination Threat Management Guide http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module2.pdf

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

INSTRUCTIONS

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

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

Source: Response Protocol Toolbox - Module 2: Contamination Threat Management Guide http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module2.pdf

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

 $Source: Response\ Protocol\ Toolbox\ -\ Module\ 2:\ Contamination\ Threat\ Management\ Guide\ http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module2.pdf$

ADDITIONAL INFORMATION

Has there been a breach of security at the suspected site? If "Yes", review the completed 'Security Incident Report' (Apple	☐ Yes endix 8.3)	□ No
Are there any witness accounts of the suspected incident? If "Yes", review the completed 'Witness Account Report' (App	☐ Yes endix 8.4)	□ No
Was the threat made verbally over the phone? If "Yes", review the completed 'Phone Threat Report' (Appendicular)	☐ Yes dix 8.5)	□ No
Was a written threat received? If "Yes", review the completed 'Written Threat Report' (Appen	☐ Yes dix 8.6)	□ No
Are there unusual water quality data or consumer complaint If "Yes", review the completed 'Water Quality/Consumer Completed 'Water Quality/Consumer Completed 'Water Quality/Consumer Completed 'Water Quality/Consumer Comp		□ No (Appendix 8.7)
Are there unusual symptoms or disease in the population? If "Yes", review the completed 'Public Health Report' (Append	□ Yes lix 8.8)	□ No
Is a 'Site Characterization Report' available? ☐ Yes If "Yes", review the completed 'Site Characterization Report' (□ No Module 3, App	pendix 8.3)
Are results of sample analysis available? ☐ Yes If "Yes", review the analytical results report, including appropri	□ No iate QA/QC da	ata
Is a 'Contaminant Identification Report' available? ☐ Yes If "Yes", review the completed 'Sample Analysis Report' (Mod	_	iv 8 1)
The foot the completed cample finally de Report (med	аю о, дррспа	IX 0.1)
Is there relevant information available from external sources Check all that apply		,
Is there relevant information available from external sources	? □ Yes □ □ DW pr □ US EF	,
Is there relevant information available from external sources Check all that apply □ Local law enforcement □ FBI □ Public health agency □ Hospitals / 911 call centers □ Media reports □ Homeland security alerts	? □ Yes □ □ DW pr □ US EF	No imacy agency PA / Water ISAC
Is there relevant information available from external sources Check all that apply □ Local law enforcement □ FBI □ Public health agency □ Hospitals / 911 call centers □ Media reports □ Homeland security alerts □ Other	? □ Yes □ □ DW pr □ US EF	No imacy agency PA / Water ISAC
Is there relevant information available from external sources Check all that apply □ Local law enforcement □ FBI □ Public health agency □ Hospitals / 911 call centers □ Media reports □ Homeland security alerts □ Other	Pres Dres Dres Dresses	imacy agency PA / Water ISAC poring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	imacy agency PA / Water ISAC poring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	imacy agency PA / Water ISAC poring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	imacy agency PA / Water ISAC poring utilities
Is there relevant information available from external sources Check all that apply Local law enforcement FBI Public health agency Hospitals / 911 call centers Media reports Homeland security alerts Other Point of Contact:	Pres Dres Dres Dresses	imacy agency PA / Water ISAC poring utilities

 $Source: Response\ Protocol\ Toolbox\ -\ Module\ 2:\ Contamination\ Threat\ Management\ Guide\ http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module2.pdf$

THREAT EVALUATION

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

How do other organizations characterize the threat?

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

Security Incident Report Form

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

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

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

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

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

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

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

INSTRUCTIONS

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

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

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

 Unusual equipment found at the site and □ Discarded PPE (e.g., gloves, masks) □ Tools (e.g., wrenches, bolt cutters) □ Lab equipment (e.g., beakers, tubing) □ None 	I time of discovery of the security incident: □ Empty containers (e.g., bottles, drums □ Hardware (e.g., valves, pipe) □ Pumps or hoses □ Other
Describe equipment:	
Unusual vehicles found at the site and ti Car/sedan S Flatbed truck C	UV
Describe vehicles (including make/mode	el/year/color, license plate #, and logos or markings):
Signs of tampering at the site and time o Cut locks/fences Open/damaged access hatches Facility in disarray Other	☐ Open/damaged gates, doors, or windo☐ Missing/damaged equipment☐ None
Are there signs of sequential intrusion (e	e.g., locks removed from a gate and hatch)? ☐ Ye ☐ No
Signs of hazard at the site and time of di Unexplained or unusual odors Unexplained dead or stressed vegeta Unexplained clouds or vapors Other	☐ Unexplained dead animalsation☐ Unexplained liquids☐ None
Describe signs of hazard:	
NOFF	
ame of person responsible for documenting t	•
Print name Signature	 Date/Time:

Witness Account Report Form

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

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

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

INSTRUCTIONS

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

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

/pe of activit ☐ Trespass ☐ Theft ☐ Other			Vandalism Tampering		□ Breaki □ Survei	ng and entering llance
Additional d	escripti	ion of the ac	tivity			
escription of			sito?	V.00	□ No	
•	·				□ No	
How many s	suspect	ts were pres	ent?			
Describe ea	ch sus	pect's appea	arance:			
Suspect #	Sex	Race	Hair color	Clothing		Voice
1						
2						
3						
4						
5						
6						
			aring uniforms? s):			□ No
Describe an	y other	unusual ch	aracteristics of th	e suspects:		
Did any of the	ne susp	pects notice	the witness?	□ Yes		□ No
If "Yes," hov	v did th	ey respond:				
hicles at the	e site					
		sent at the si	ite?	Yes	□ No	
Did the vehi	cles ap	pear to belo	ong to the suspec	ts?	□ Yes	□ No

Describe each vehicle:

L	Vehicle #	Туре	Color	Make	Model	License plate
L	1					
Ļ	2					
Ļ	3					
L	4					
-	5					
L	6					
			istinguishing ma	rkings on the vehicl	es? Yes	□ No
	Provide an	y additional deta	il about the vehic	cles and how they v	vere used (if at all):	
Eq	☐ Explosiv ☐ PPE (e. ☐ Tools (e ☐ Lab equ	nusual equipmer ve or incendiary g., gloves, mask e.g., wrenches, b iipment (e.g., be	s) olt cutters) akers, tubing)	☐ Firearms ☐ Containe ☐ Hardwar	ers (e.g., bottles, dr e (e.g., valves, pipa and related equipm	rums) e, hoses) ent
Ur		ditions at the si	te nditions at the si	te? □	l Yes □ N	0
	☐ Dead/st	ressed vegetation	☐ Fogs o	animals □	Unusual odors Unusual noises	
	Describe th	ne site conditions	s:			
	•					

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

Phone and Written Threat Report Forms

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

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

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

INSTRUCTIONS

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

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

THREAT NOTIFICATION Name of person receiving the call:				
Date phone call received:		Time phone ca	ıll re	eceived:
Time phone call ended:		Duration of ph	one	call:
Originating number: If the number/name is not displayed call and inform law enforcement that	on the caller li	Originating na D, press *57 (or mpany may hav	me: call e tra	trace) at the end of the
Is the connection clear?	□ Yes	□ N)	
Could call be from a wireless phone?	☐ Yes	□ N)	
DETAILS OF THREAT Has the water already been contamina	ated?	□ Yes		□ No
Date and time of contaminant introduce Date and time if known:				□ No
Location of contaminant introduction Site Name:	-	□ Yes		□ No
Type of facility ☐ Source water ☐ Ground storage tank ☐ Distribution main ☐ Other	l Hydrant			Pump station Finished water reservoir Service connection
Address:				
A LUM and Otto Information				

Tune of contouringuit			
Type of contaminant ☐ Chemical ☐	Biological	Е] Radiological
Specific contaminant name/description	n:		
Mode of contaminant introduction kno Method of addition: ☐ Single dos	wn? e □ Over ti	□ Yes me I	□ No □ Other
Amount of material:			
Motive for contamination known?	☐ Yes	□ No)
☐ Retaliation/revenge ☐ ☐ Other			Religious doctrine
Describe motivation:			
ER INFORMATION Basic Information: Stated name:			
Basic Information: Stated name: Affiliation:			
Basic Information: Stated name:			
Basic Information: Stated name: Affiliation: Phone number:			
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice:		3	
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or altered	ed? 🗆 Yes	5	□ No
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or altered	ed? □ Yes	; ;	□ No
Basic Information: Stated name: Affiliation: Phone number: Location/address: Caller's Voice: Did the voice sound disguised or altered by the call sound like a recording? Did the voice sound? Did the voice sound familiar?	ed?	; ;	□ No □ No □ Young / □ Old

What was the caller's tone	of voice?		
□ Calm	☐ Angry	☐ Lisping	☐ Stuttering/broken
☐ Excited	□ Nervous	☐ Sincere	☐ Insincere
☐ Slow	□ Rapid	□ Normal	☐ Slurred
☐ Soft	☐ Loud	□ Nasal	Clearing throat
☐ Laughing	□ Crying	☐ Clear	Deep breathing
□ Deep	☐ High	☐ Raspy	☐ Cracking
☐ Other			
Were there background not silence Voices Children Animals Factory sounds Office sounds Music Traffic/street sounds Airplanes Trains Ships or large boats	describe		
SIGNOFF Name of call recipient:			
Print name			
Signature			Date/Time:
Name of person completing form	n (if different from ca	all recipient):	
Print name			
Signature			Date/Time:

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

INSTRUCTIONS

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

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

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

SAFETY

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

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

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Condition of paper/envelop: ☐ Marked personal ☐ Neatly typed or written ☐ Crumpled or wadded up ☐ Other:	☐ Marked confidential☐ Clean☐ Soiled/stained	□ Corrected or marked-up
How was the note prepared? ☐ Handwritten in print ☐ Machine typed ☐ Other:	☐ Handwritten in script☐ Spliced (e.g., from other type)	
If handwritten, does writing	look familiar? Yes	□ No
Language: ☐ Clear English ☐ Another language: ☐ Mixed languages:	☐ Poor English	
Writing Style ☐ Educated ☐ Uneducated ☐ Use of slang ☐ Other:	□ Proper grammar□ Poor grammar/spelling□ Obscene	
Writing Tone ☐ Clear ☐ Condescending ☐ Agitated ☐ Other:	☐ Direct ☐ Accusatory ☐ Nervous	☐ Sincere ☐ Angry ☐ Irrational
SIGNOFF Name of individual who received the	threat.	
	uneat.	
		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). (RPTB Module 2, pp. 23-24)

Consumer Complaints

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

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

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

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

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

INSTRUCTIONS

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

quality data or consumer complain	, ,	another type of threat warning in w t the evaluation.	nich water
Note that in this form, water quali aesthetic characteristics of the wa		ic water quality parameters and the consumer complaints.	e general
Threat warning is based on:	☐ Water quality	☐ Consumer complaints	☐ Other
What is the water quality param	neter or complaint un	der consideration?	
Are unusual consumer compla	ints corroborated by	unusual water quality data?	
Is the unusual water quality ind color, order, or taste associated		r contaminant of concern? For ontaminant?	example, is the
Are consumers in the affected	area experiencing an	y unusual health symptoms?	
What is 'typical' for consumer of Number of complaints. Nature of complaints. Clustering of complaints	complaints for the cu	rrent season and water quality?	
What is considered to be 'norm level of consumer complaints)?		, what is the baseline water qual	ity data or

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.

notification
r utility?
disease (severe) Death
ŋ/nausea □ Flu-like symptoms
ne
Cuanastad 🗆 Hakasuus
Suspected Unknown below
below
)

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

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

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

Site Characterization Plan Template

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

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

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

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

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

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

INSTRUCTIONS

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

THREAT WARNING INFORMATION

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

Site Name:			
Type of facility:			
☐ Source water	☐ Treatment plant	☐ Pump s	station
☐ Ground storage tank reservoir	☐ Elevated storage tank	☐ Finishe	ed water
☐ Distribution main ☐ Other	☐ Hydrant	☐ Service	e connection
Address:			
Additional Site Information:			
TIAL HAZARD ASSESSME	NT	□ Yes	□ No
TIAL HAZARD ASSESSME Are there any indicators of a	NT	□ Yes	
TIAL HAZARD ASSESSME. Are there any indicators of a If "Yes," notify law enforce	NT n explosive hazard? ement and do not send a team to	□ Yes	
TIAL HAZARD ASSESSME. Are there any indicators of a If "Yes," notify law enforce	NT n explosive hazard? ement and do not send a team to	☐ Yes o the site.	
Initial hazard categorization	NT n explosive hazard? ement and do not send a team to	☐ Yes o the site. hazard	

SITE CHARACTERIZATION TEAM

Name & Affiliation of Site Characterization Team Leader:

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

FIELD SCREENING CHECKLIST

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

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

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

SAMPLING CHECKLIST

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

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

EQUIPMENT CHECKLIST

☐ Complete	d Site Characterization Plan	Additional documentation
☐ Emergence	y Water Sampling Kit (Table 3-1)	Field Testing Kit (Table 3-3)
☐ Reagents	(if stored separately)	Bags of ice or freezer packs
Laborator	y grade water (5 gal)	Rinse water (20 liters)
☐ Special eq	uipment for the specific site	Disposable camera
\square Other		

SAMPLE HANDLING INSTRUCTIONS

Sample delivery:	
☐ Return samples to water utility	
Ship samples to specified location	
	pient (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 i	instructions related to sample storage and security:
SIGNOFF	
Incident Commander (or designee respons	ible for developing Site Characterization Plan):
Print name	
Signature	Date/Time:
Site Characterization Team Leader:	
Print name	
Signature	Date/Time·

Site Characterization Report Form

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

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

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

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

Signs specific to the presence of chemical contamination include:

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

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

Table 3-4. Characteristics of Example Chemical Contaminants¹

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

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

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

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

INSTRUCTIONS

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

Time arrived investigation at site:					
am Leader:					
Fax No.	:				
OCATION OF INVESTIGATION SITE Site Name:					
☐ Treatment plant	☐ Pump station				
☐ Elevated storage tank	☐ Finished water				
•	☐ Service connection				
	Fax No. ITE □ Treatment plant □ Elevated storage tank □ Hydrant				

□ None	ening (as listed in the "Site Chara ☐ Radiation	□ Volatile chemicals
☐ HAZCAT	☐ Chemical weapons	
☐ Other	Chemical weapons	
_	d safety screening in Appendix 8.3	"Field Testing Results
Form."		
	eening result is above the correspon	
immediately notify ind	cident command and do not proceed	l further into the site.
Initial Observation and	Assessment of Immediate Hazard	g.
	viduals present at the site	.S
☐ Fire or other obvio	*	
	up nuzulu	
☐ Signs of a notentia	l explosive hazard (e.g., devices with	n exposed wires)
	l explosive hazard (e.g., devices with	
☐ Signs of a potentia	l chemical hazard (e.g., dead animal	<u>*</u>
☐ Signs of a potentia☐ Unusual and unexp	I chemical hazard (e.g., dead animal blained equipment at the site	s, unusual fogs, unusual od
☐ Signs of a potentia☐ Unusual and unexp	l chemical hazard (e.g., dead animal	s, unusual fogs, unusual od
☐ Signs of a potentia☐ Unusual and unexp☐ Other signs of imm	I chemical hazard (e.g., dead animal blained equipment at the site	s, unusual fogs, unusual od
☐ Signs of a potentia☐ Unusual and unexp☐ Other signs of imm	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	s, unusual fogs, unusual od
☐ Signs of a potentia☐ Unusual and unexp☐ Other signs of imm If there are any indica and do not proceed fu	I chemical hazard (e.g., dead animal blained equipment at the site nediate hazard	s, unusual fogs, unusual od
☐ Signs of a potentia☐ Unusual and unexp☐ Other signs of imm If there are any indica and do not proceed fur Report initial observation	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	s, unusual fogs, unusual od tely notify incident commo
☐ Signs of a potentia☐ Unusual and unexp☐ Other signs of imm If there are any indica and do not proceed fur Report initial observation	I chemical hazard (e.g., dead animal blained equipment at the site nediate hazard	s, unusual fogs, unusual od
☐ Signs of a potentia ☐ Unusual and unexp ☐ Other signs of imm If there are any indicate and do not proceed further the signs of imm Report initial observation observation of the signs of imm Approval granted to	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	s, unusual fogs, unusual od tely notify incident commo
☐ Signs of a potentia☐ Unusual and unexp☐ Other signs of imm If there are any indica and do not proceed further the signs of imm Report initial observation Approval granted to E INVESTIGATION	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	s, unusual fogs, unusual od tely notify incident commo
☐ Signs of a potentia ☐ Unusual and unexp ☐ Other signs of imm If there are any indicate and do not proceed further the signs of imm Report initial observation observation of the signs of imm Approval granted to	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	s, unusual fogs, unusual od tely notify incident commo
☐ Signs of a potentia ☐ Unusual and unexp ☐ Other signs of imm If there are any indicate and do not proceed further are any indicate and do not proceed further are any indicate and do not proceed further initial observation Approval granted to E INVESTIGATION Time of Entry to Site:	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	s, unusual fogs, unusual od tely notify incident commo
☐ Signs of a potentia ☐ Unusual and unexp ☐ Other signs of imm If there are any indica and do not proceed fu Report initial observation Approval granted to E INVESTIGATION Time of Entry to Site:	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	nder.
☐ Signs of a potentia ☐ Unusual and unexp ☐ Other signs of imm If there are any indicated and do not proceed further are any indicated to the signs of imm Report initial observation Approval granted to the signs of the sign	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard ators of immediate hazard, immediate the into the site. ons and results to incident comma proceed further into the site? eening Radiation	nder. Volatile chemicals
☐ Signs of a potentia ☐ Unusual and unexp ☐ Other signs of imm If there are any indica and do not proceed fu Report initial observation Approval granted to E INVESTIGATION Time of Entry to Site:	I chemical hazard (e.g., dead animal plained equipment at the site nediate hazard	nder. Volatile chemicals

Signs of Hazard: ☐ None ☐ Unexplained dead or s ☐ Unexplained liquids	stressed vegetation	☐ Unexpla	nined dead animals nined clouds or vapors	
Describe signs of hazard:				
Unexplained or Unusual O ☐ None ☐ Sulfur ☐ Sweet/Fruity	Odors: Pungent Skunky New mown	n hay	☐ Irritating☐ Bitter almond☐ Other	
Describe unusual odor: _				
Unusual Vehicles Found at Car/sedan Flatbed truck Other Describe vehicles (includ markings):	☐ SUV ☐ Constructing make/model/year	ar/color, licen	se plate #, and logos or	
Signs of Tampering: ☐ None ☐ Open/damaged gates, ☐ Missing/damaged equ ☐ Other	ipment	☐ Facility	imaged access hatches in disarray	
Signs of sequential intrus ☐ Yes	ion (e.g., locks remo	oved from a g	ate and hatch)? ☐ No	
Describe signs of tamperi	ng:			

Unusual Equipment: ☐ None ☐ Tools (e.g., wrenches, be) ☐ Lab equipment (e.g., be) ☐ Other	oolt cutters)	☐ Discarded PPE (e.g., gloves, masks)☐ Hardware (e.g., valves, pipe)☐ Pumping equipment
Describe equipment:		
Unusual Containers: Type of container: None Plastic bag Test Tube	□ Drum/Bar □ Box/Bin □ Bulk cont	☐ Pressurized cylinder
Condition of container: □ Opened □ Unopened Size of container:	□ New □ Old	☐ Damaged/leaking☐ Intact/dry
	. •	
Describe labeling on cont	ainer:	
Describe visible contents	of container:	
Rapid Field Testing of the V None Cyanide	☐ Residua ☐ Radiation	al disinfectant pH / conductivity VOCs and SVOCs
☐ Pesticides ☐ Other	□ Biotoxins	☐ General toxicity
Results Form."	ove the correspondi	ter in Appendix 8.3 "Field Testing ng reference value, immediately notify tarding how to proceed.
Report findings of site inves Approval granted to proc	_	

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

EXITING THE SITE Time of Site Exit:
Site Exit Checklist
☐ Verify that hatches, locks, etc. are properly secured.
☐ Remove all samples, equipment, and materials from the site.
☐ Verify that all samples are in the cooler and properly 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:

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Zenith City Water Treatment Plant - Facilities Inspection Log

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Inspection Log	28-Jul	29-Jul	30-Jul	31-Jul	1-Aug	2-Aug	3-Aug
Strawberry Hill Standpipe							
Inspection Time	10:48	10:53	11:04	11:02	10:50		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Rosewood Elevated Tank							
Inspection Time	11:40	11:38	11:42	11:50	11:39		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Tree Hill Standpipe							
Inspection Time	12:20	12:35	12:35	12:28	12:35		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Tall Oak Elevated Tank							
Inspection Time	13:50	13:52	13:29	13:48	13:46		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Pumphouse A							
Inspection Time	10:38	10:43	10:50	10:49	10:41		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Pumphouse B							
Inspection Time	12:28	12:42	12:40	12:35	12:48		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Pumphouse C							
Inspection Time	14:10	14:15	13:59	14:16	14:06		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		
Pumphouse D							
Inspection Time	11:50	11:48	11:52	12:00	11:50		
Inspector's Initials	SS	SS	SS	JT	SS		
Comments	AS	AS	AS	AS	AS		

AS = All secure

Staff
SS: Susan Sanchez, Junior WTP Operator
JT: Jim Thompson, Junior WTP Operator

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)
	ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
	ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
	m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

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)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

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)
ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)