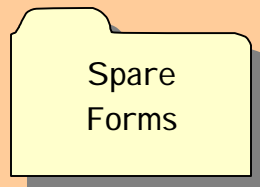


SCENARIO 2

Control (Facilitator's) Table

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



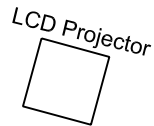
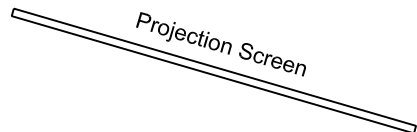
Some of the materials to be contained within each of these folders have been provided on the following pages. Other materials have not been provided as they have special printing instructions. These other materials are to be printed in steps 3 and 4 of the Printing Instructions. The contents of each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

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

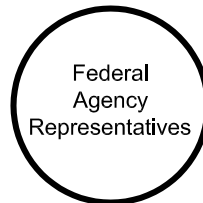
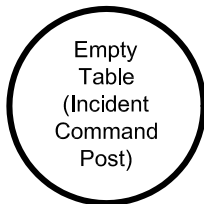
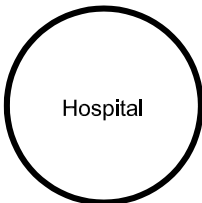
CONTROL MATERIALS

The Control Materials folder must contain the following files:

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

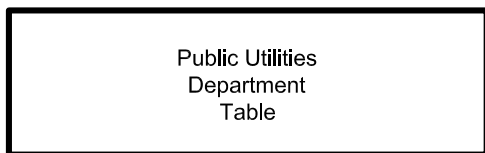
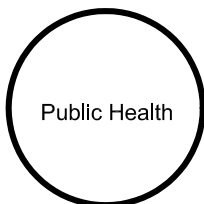


Suggested Personnel:
Emergency Room Staff
Physicians
Nurses & Nurse Practitioners
Hospital Administrators
Medical Laboratory Staff
Public Information Officer

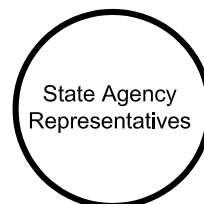


Suggested Personnel:
EPA Staff
FBI Staff
FEMA Staff
CDC Staff
DHS Staff

Suggested Personnel:
Health Officers
Epidemiologists
Technical Specialists
Public Information Officer

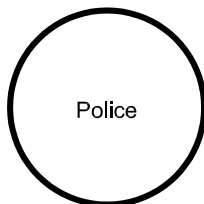


Suggested Personnel:
Water/Wastewater Utility Managers
Emergency Response Team Members
Utility Operators
IT/SCADA Operators
Engineers
Sampling Staff
Administrative Staff

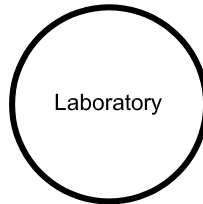


Suggested Personnel:
State Environmental Agency Staff
State Health Department Staff
State Drinking Water Primacy Agency
State Emergency Management Agency
Governor's Office Representatives

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



Suggested Personnel:
Police Officers
Counter Terrorism Specialists

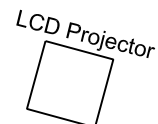
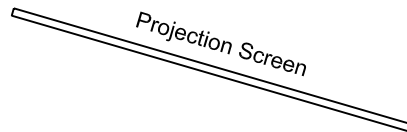


Suggested Personnel:
Analysts / Technicians
Laboratory Administrators

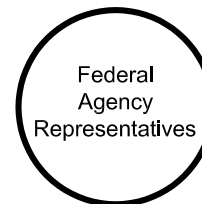
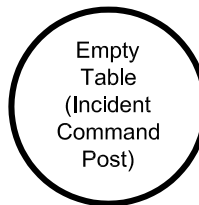
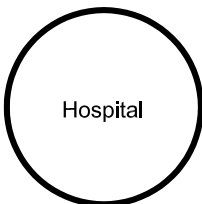


Suggested Personnel:
Mayor and Elected Officials
City Council Members
LEPC Members
Local Emerg. Man. Agency Staff

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

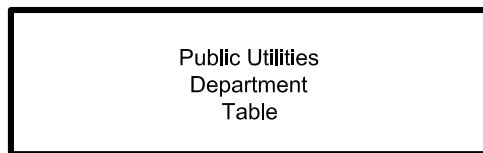
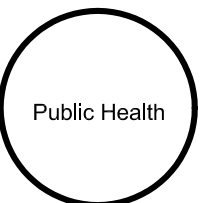


Suggested Personnel:
 Emergency Room Staff
 Physicians
 Nurses & Nurse Practitioners
 Hospital Administrators
 Medical Laboratory Staff
 Public Information Officer

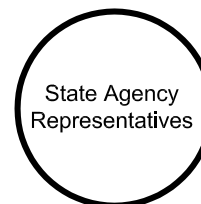


Suggested Personnel:
 EPA Staff
 FBI Staff
 FEMA Staff
 CDC Staff
 DHS Staff

Suggested Personnel:
 Health Officers
 Epidemiologists
 Technical Specialists
 Public Information Officer

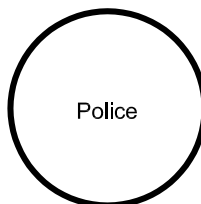


Suggested Personnel:
 Water/Wastewater Utility Managers
 Emergency Response Team Members
 Utility Operators
 IT/SCADA Operators
 Engineers
 Sampling Staff
 Administrative Staff



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

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



Suggested Personnel:
 Police Officers
 Counter Terrorism Specialists



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

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

Instructions for the Controllers/Facilitators:

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

- Control;
- Laboratory; and
- Media.

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

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

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

Zenith City Tabletop Exercise Timetable
(For Controllers and Simulators Only)
Scenario 2

<i>EVENT DAY / TIME</i>	<i>ACTION</i>	<i>DATE</i>
--------------------------------	----------------------	--------------------

PRE-EVENT

- ❑ Present Zenith City background including the fact that the 20th annual Zenith City fair is in town.
- ❑ Discuss exercise rules and familiarize tables with exercise materials.

EVENT DAY 1

August 2

_____: *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 reports 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.

_____: *(ST + 0 hr. 40 min.)*

- ❑ **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.
- ❑ **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 police stating that he had climbed the tower as a stunt and has a video to prove that there was no contamination to the tank.

_____ : (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.

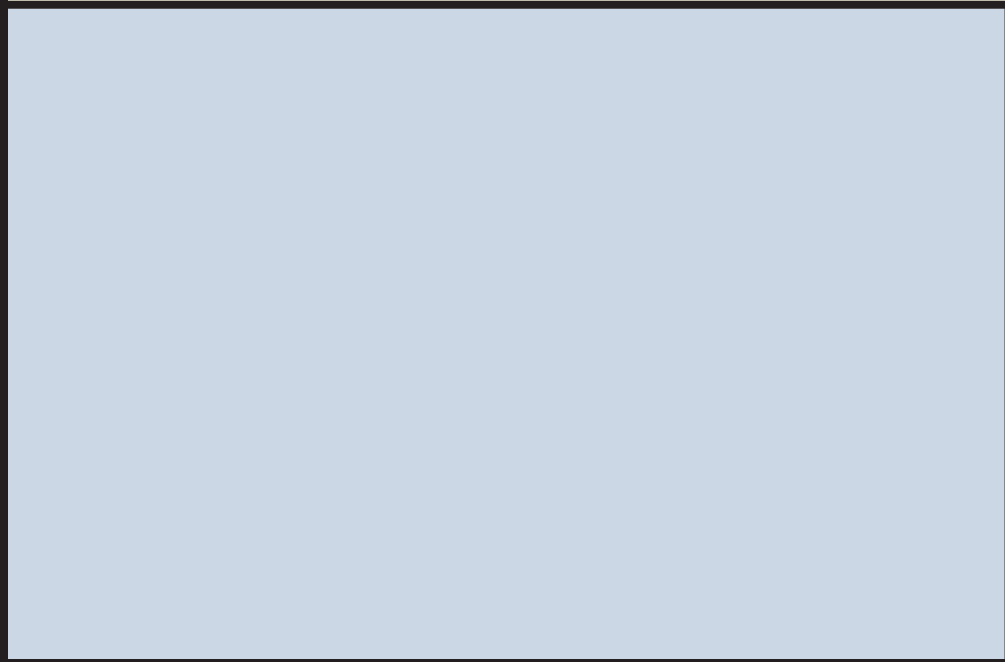


Control



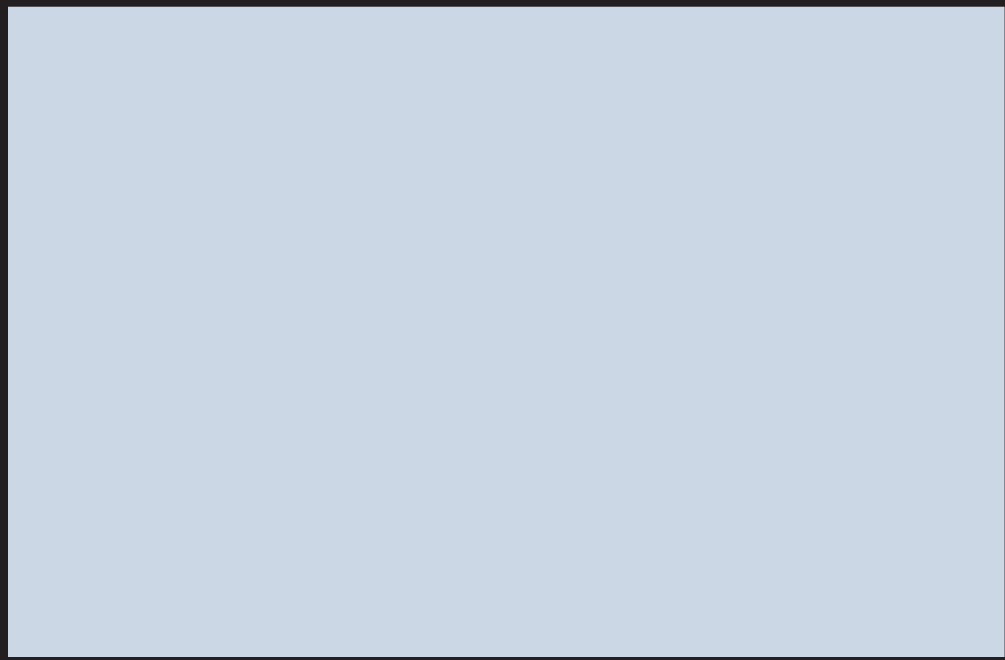


Control



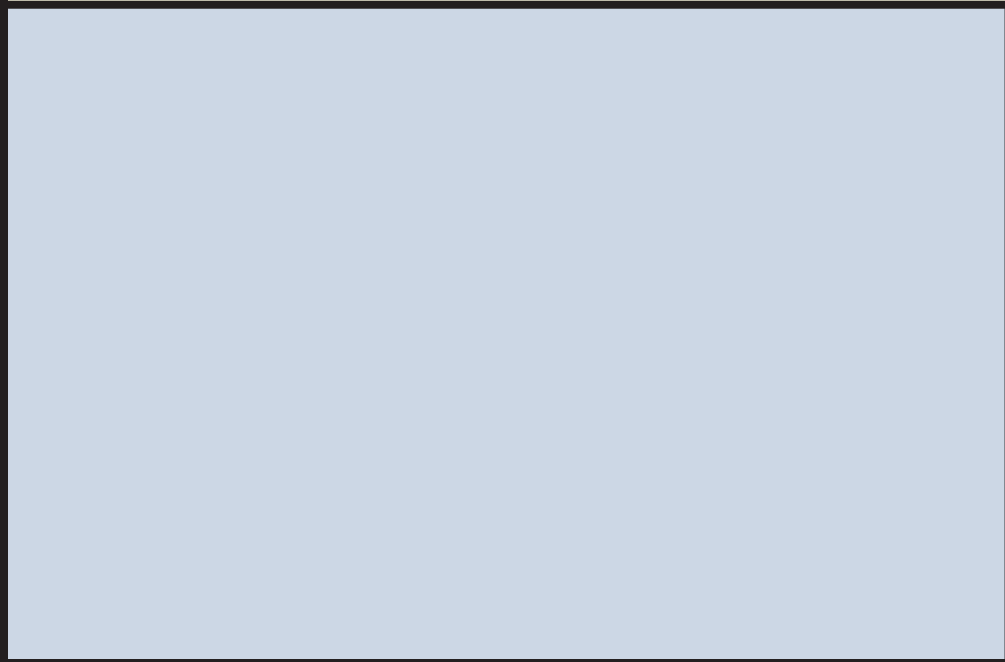


State Agency Representatives



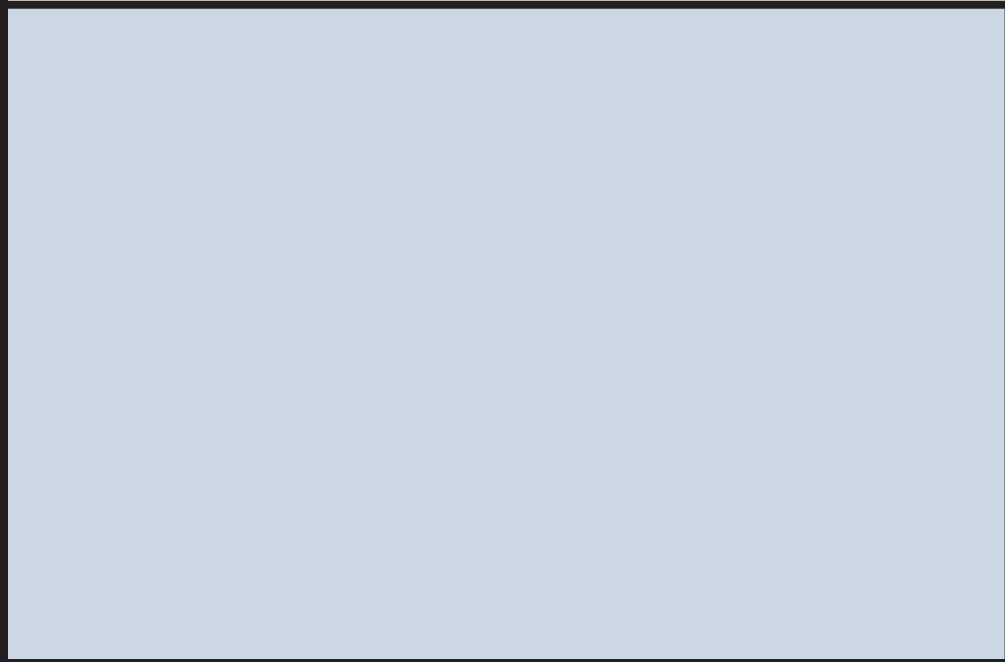


State Agency Representatives



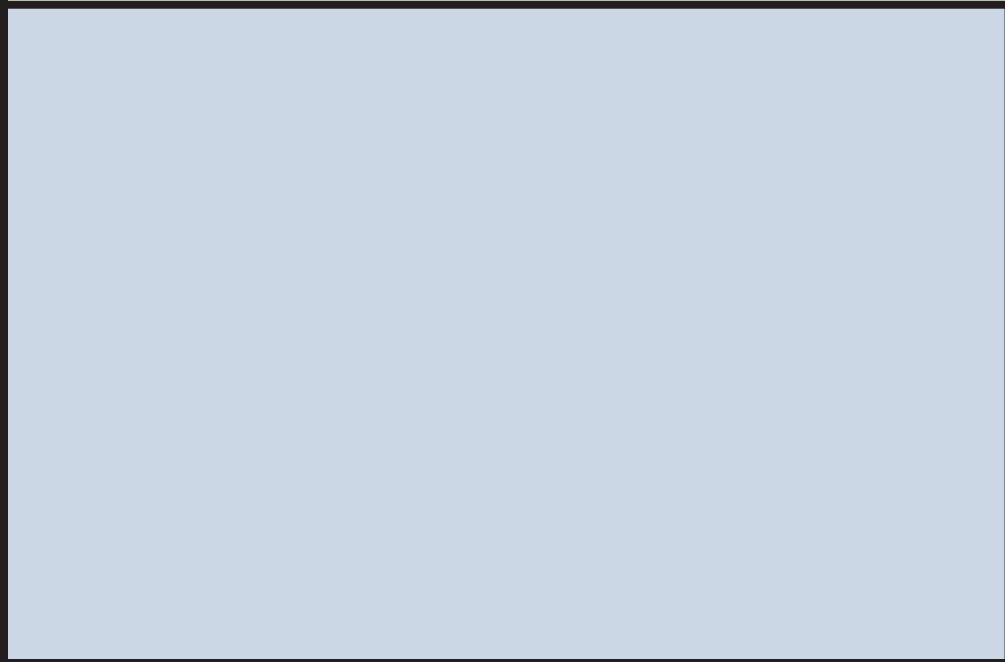


Zenith City Police Department





Zenith City Police Department





Zenith City Officials

**City Council &
Administration**





Zenith City Officials

**City Council &
Administration**



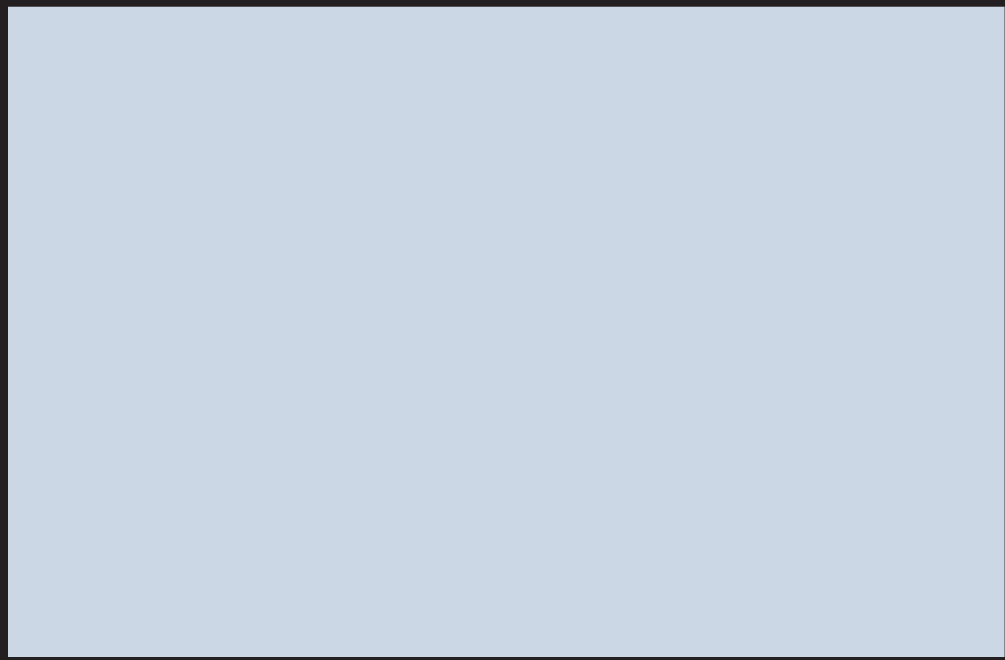


Laboratory





Laboratory



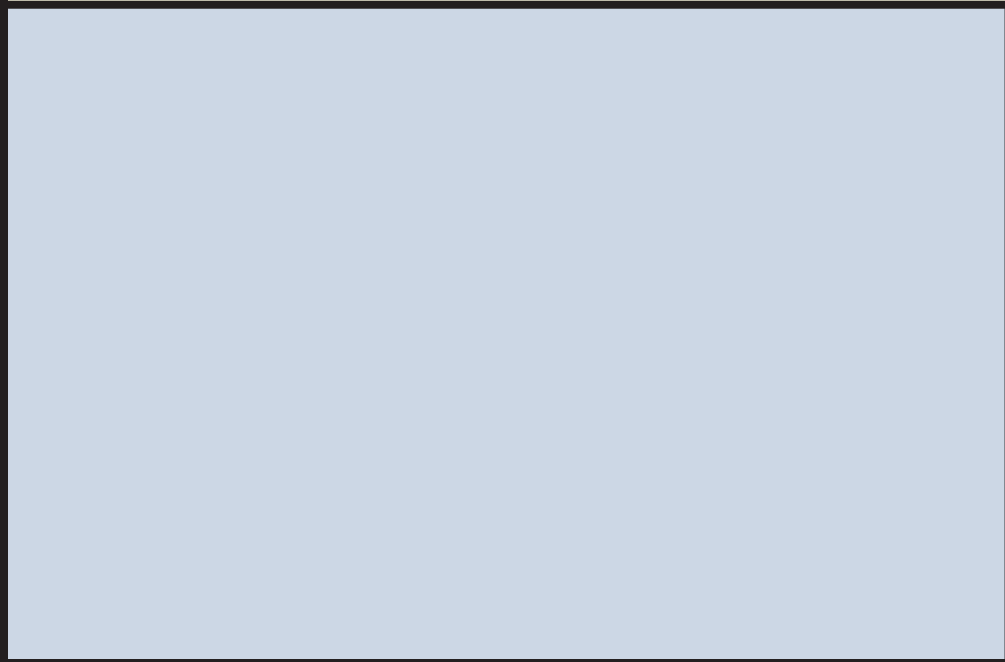


KWSD Media





KWSD Media





Zenith City Hospitals

**St. Michael's
Zenith City
Sacred Heart
North End**





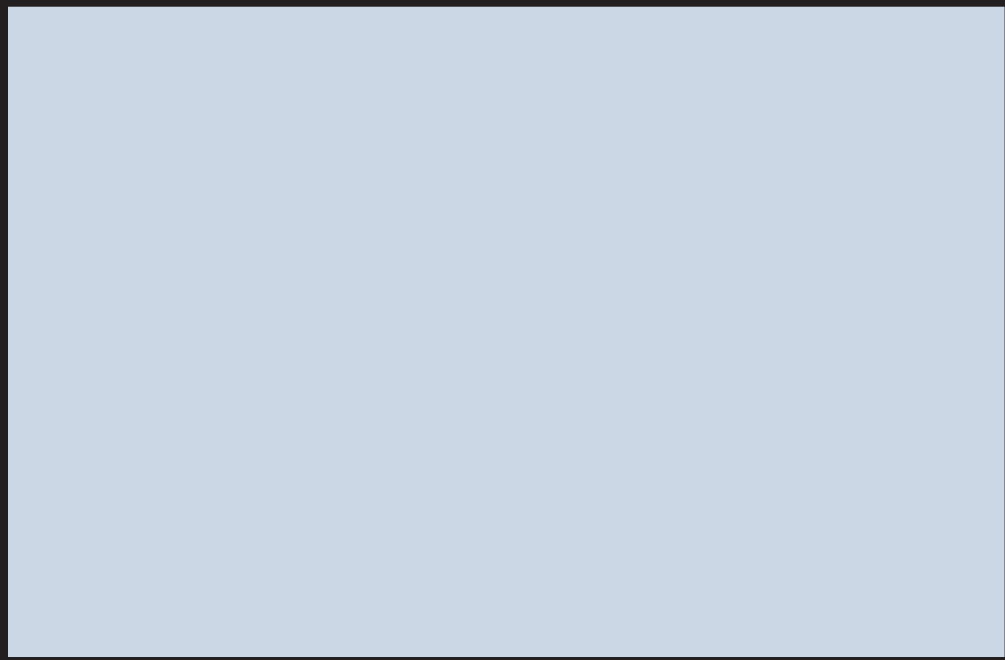
Zenith City Hospitals

St. Michael's
Zenith City
Sacred Heart
North End





Zenith City Health Department





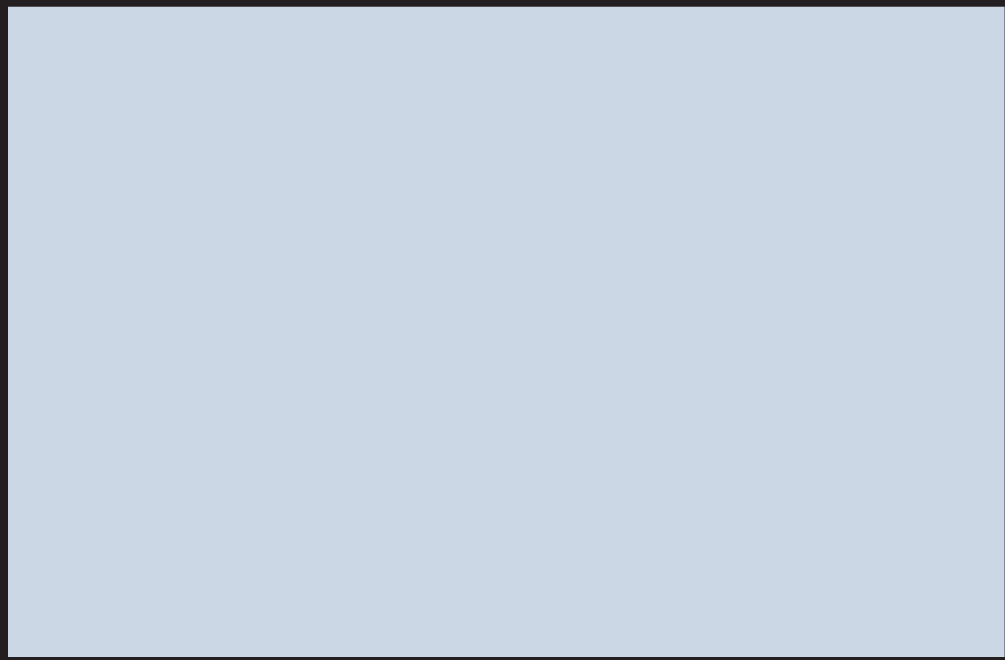
Zenith City Health Department





Zenith City

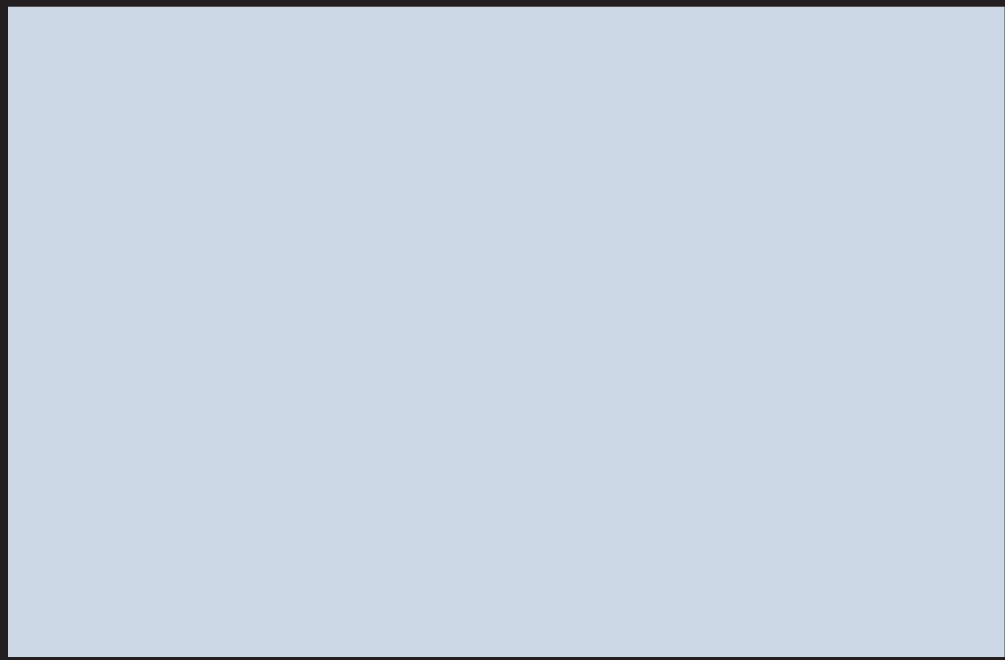
Fire Dept., HAZMAT & EMS





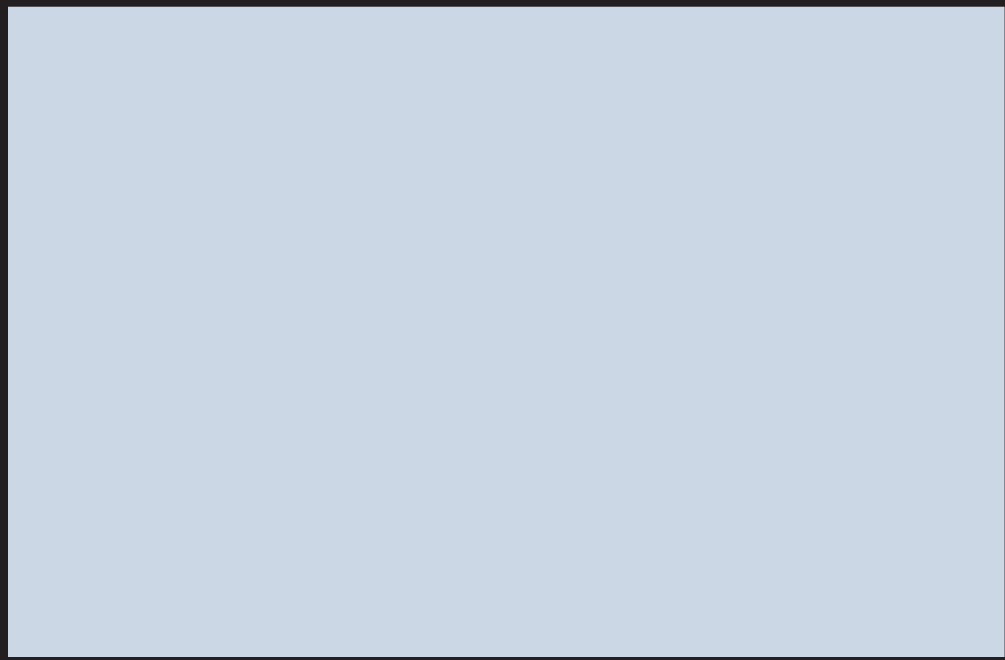
Zenith City

Fire Dept., HAZMAT & EMS



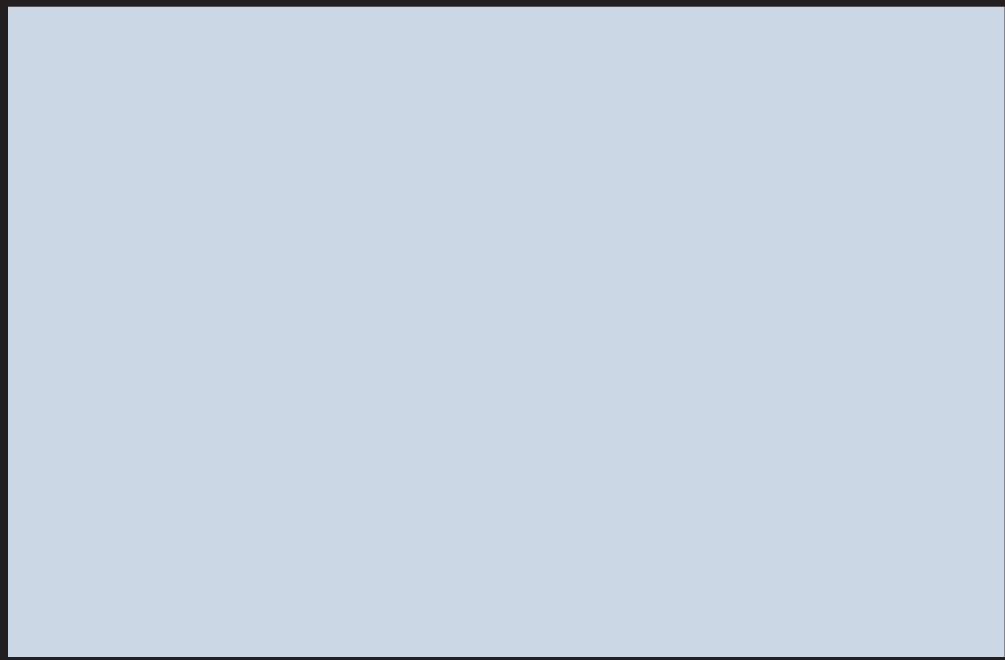


Federal Agency Representatives





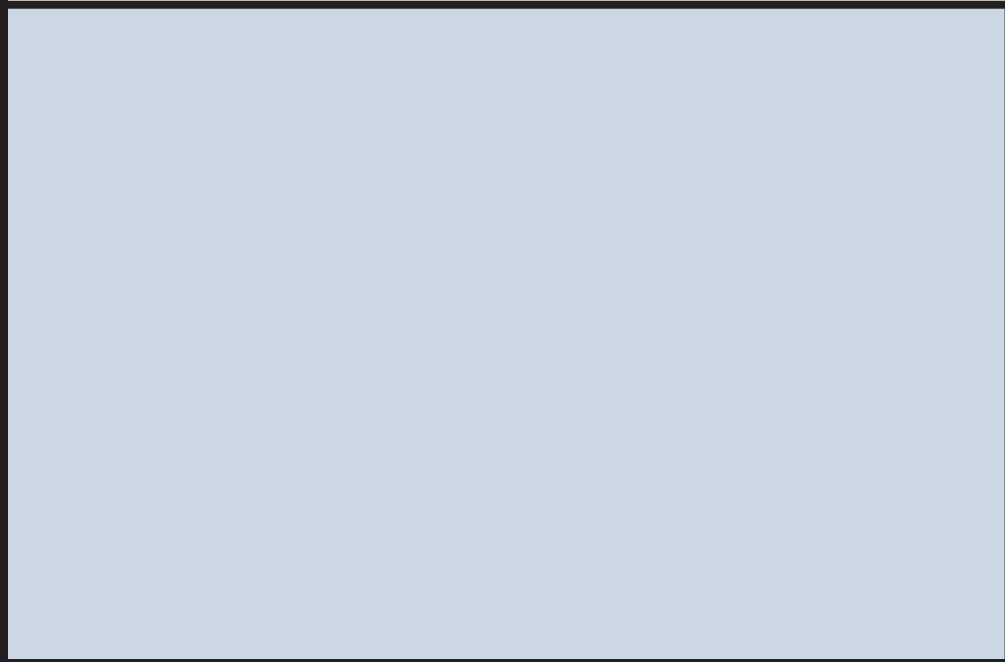
Federal Agency Representatives





Zenith City

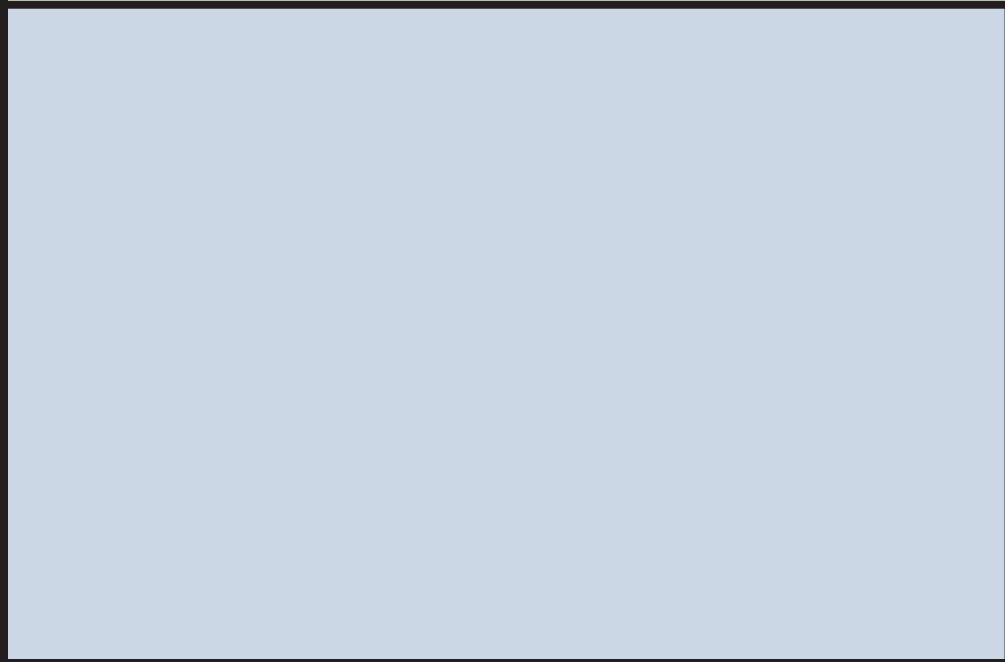
Water Dept./Public Utilities





Zenith City

Water Dept./Public Utilities



EVENT DAY 1 MATERIALS

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

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc2-1-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TABLE TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc2-1-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc2-1-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc2-1-4	CALL FROM WATER UTILITY EMPLOYEE REPORTING "TANK BREACH"
<input type="checkbox"/> ESc2-1-5	POLICE - "TANK BREACH" INVESTIGATION RESULTS (3 COPIES, 2 ARE EXTRA COPIES FOR POLICE TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc2-1-6	HAZMAT - "TANK BREACH" INVESTIGATION RESULTS (3 COPIES, 2 ARE EXTRA COPIES FOR HAZMAT TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> 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 Glens TV = The Village SZ = South Zenith													
1	08/02	6:45 AM	Gittleman	Jerry	M	4	10 Goddard Rd.	TV	380 Main St.	TV	HMO Blue	No	lacerated hand, heavy bleeding
2	08/02	9:40 AM	Shrambing	Marvin	M	45	35 Garfield Ave.	TV	11 Bullard St.	SZ	HMO Blue	No	fever, diarrhea, stomach cramps
3	08/02	10:39 AM	Jordan	Reggie	M	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	M	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 Om	Yes	Fever, headache, severe diarrhea and dehydration
7	08/02	1:49 PM	Hong	Marty	M	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	M	16	5 Garden St.	TG	N/A	N/A	Aetna	No	diarrhea, cramping, and fever
9	08/02	3:25 PM	Quick	Richard	M	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

Zenith City Hospitals - Emergency Room Log													
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
*FH = Forest Hills LD = Lake District TG = The Glens TV = The Village SZ = South Zenith													
13	08/02	5:00 PM	France	Zack	M	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	M	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	M	20	92 Foxfire Dr.	TG	601 Highway 1	TG	PPO Blue	No	fractured femur
18	08/02	8:40 PM	Farro	James	M	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, bloody 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

Zenith City Hospitals - Emergency Room Log													
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
*FH = Forest Hills LD = Lake District TG = The Glens TV = The Village SZ = South Zenith													
1	08/02	6:45 AM	Gittleman	Jerry	M	4	10 Goddard Rd.	TV	380 Main St.	TV	HMO Blue	No	lacerated hand, heavy bleeding
2	08/02	9:40 AM	Shrambing	Marvin	M	45	35 Garfield Ave.	TV	11 Bullard St.	SZ	HMO Blue	No	fever, diarrhea, stomach cramps
3	08/02	10:39 AM	Jordan	Reggie	M	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	M	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 Om	Yes	Fever, headache, severe diarrhea and dehydration
7	08/02	1:49 PM	Hong	Marty	M	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	M	16	5 Garden St.	TG	N/A	N/A	Aetna	No	diarrhea, cramping, and fever
9	08/02	3:25 PM	Quick	Richard	M	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

Zenith City Hospitals - Emergency Room Log													
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
*FH = Forest Hills LD = Lake District TG = The Glens TV = The Village SZ = South Zenith													
13	08/02	5:00 PM	France	Zack	M	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	M	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	M	20	92 Foxfire Dr.	TG	601 Highway 1	TG	PPO Blue	No	fractured femur
18	08/02	8:40 PM	Farro	James	M	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, bloody 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

Zenith City Hospitals - Emergency Room Log													
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
*FH = Forest Hills LD = Lake District TG = The Glens TV = The Village SZ = South Zenith													
1	08/02	6:45 AM	Gittleman	Jerry	M	4	10 Goddard Rd.	TV	380 Main St.	TV	HMO Blue	No	lacerated hand, heavy bleeding
2	08/02	9:40 AM	Shrambing	Marvin	M	45	35 Garfield Ave.	TV	11 Bullard St.	SZ	HMO Blue	No	fever, diarrhea, stomach cramps
3	08/02	10:39 AM	Jordan	Reggie	M	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	M	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 Om	Yes	Fever, headache, severe diarrhea and dehydration
7	08/02	1:49 PM	Hong	Marty	M	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	M	16	5 Garden St.	TG	N/A	N/A	Aetna	No	diarrhea, cramping, and fever
9	08/02	3:25 PM	Quick	Richard	M	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

Zenith City Hospitals - Emergency Room Log													
Patient #	Date	Time In	Last Name	First Name	Sex	Age	Home Address	Zone*	Work Address	Zone*	Insurer	Brought in by EMS	Symptoms Reported
*FH = Forest Hills LD = Lake District TG = The Glens TV = The Village SZ = South Zenith													
13	08/02	5:00 PM	France	Zack	M	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	M	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	M	20	92 Foxfire Dr.	TG	601 Highway 1	TG	PPO Blue	No	fractured femur
18	08/02	8:40 PM	Farro	James	M	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, bloody 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 Police Department Incident Reports
Event Day 1
August 2

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

INCIDENT DATE/TIME										
Date Printed:	08-02		Time Printed:	02:23 AM PM		M.R.S. Number:	1111		Record Number	1
INCIDENT DATA										
Incident Type:	Grand theft auto									
Address of Occurrence:	27 Hickory Way									
Originally Received As:				Weapon or Objects Used:	Crowbar					
How Received:				Reporting Officer:	Off. Bradley, Joe			Domestic:		
Type of Premises				Other Offices Notified:				Complaint Status:	Cleared by arrest	
Copies To:	Muni Court						Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-02			Call Received:	01:23 AM			Car Number:	12	
Time Reported:	01:23 AM			Time of Arrival:	01:38 AM			District:	Forest Hills	
Officer Assaulted or Killed:	No			GEO Code:				Processed By:	Grant, P.	
BURGLARY DATA										
Method of Entry:	Unlawful entry			Burglary Type:	Night (6 PM -6 AM)			Point of Entry Visible to Patrol:	No	
REPORTING PARTY										
Name:	Stevens, Ralph									
Home Address:	27 Hickory Way									
Occupation:	Attorney									
Relation:	Owner									
SSN:	876-45-8756									
Date of Birth:	12-11		Sex:	Male		Place of Birth:	PA			
Age:	56		Race:	Caucasian		Marital Status:	Divorced			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	Finch, Steven									
Date of Birth:	12-12		Sex: Male	SS#: 826-48-8269		Age: 38	Race: Caucasian			
Height:	6"-0"		Hair Color: Black	Injured: Yes, lacerations						

Weight:	182	Hair Length:	Long	Hospital:	No
Build:	Medium	Hair Style:	Curly	Hospital Disposition:	N/A
Complexion:	Tan	Facial Hair:	N/A	Conveyed By:	Police cruiser
Eye Color:	Blue	AR#:	4567	Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

PROPERTY							
Owner's Name:	Same as above						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE							
Owner's Name:	Stevens, Ralph						
Vehicle Number:	428 6JK	Vehicle Status:	UNK	Code:			
Vehicle Make:	Lexus	Vehicle Style:		Year:	2003		
Vehicle Number:	5htj89i0ymk6754	Vehicle Status:		Code:			
Doors Locked:	Yes	Vehicle Value:		Other:			

NARRATIVE
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

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

INCIDENT DATE/TIME							
Date Printed:	08-02	Time Printed:	06:58 AM PM	M.R.S. Number:	1112	Record Number	2
INCIDENT DATA							
Incident Type:	Arson/fire – 911 Call						
Address of Occurrence:	14 Cobble Street						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Rusten, Harry	Domestic:	No		
Type of Premises	Residence	Other Offices Notified:	28, 17	Complaint Status:			
Copies To:	Muni Court	Fire Dept.		Arson Related:	Yes		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	08-02	5:00 AM		08-02	5:15 AM		
Date Reported	08-02	Call Received:	05:15 AM	Car Number:	12		
Time Reported:	05:16 AM	Time of Arrival:	05:25 AM	District:	The Glens		
Officer Assaulted or Killed:	No	GEO Code:		Processed By:	Grant, P.		
BURGLARY DATA							
Method of Entry:	N/A	Burglary Type:	N/A	Point of Entry Visible to Patrol:	No		
REPORTING PARTY							
Name:	Michaels, Polly						
Home Address:	12 Cobble Street						
Occupation:	Housewife						
Relation:	Neighbor						
SSN:	134-56-9000						
Date of Birth:	12-11	Sex:	Female	Place of Birth:	OK		
Age:	41	Race:	Caucasian	Marital Status:	Married		
VICTIM							
Name:	Tide, John						
Home Address:	14 Cobble Street						
Occupation:	UNK						
Relation:	Neighbor						
SSN:	UNK						
Date of Birth:	UNK	Sex:	M F	Place of Birth:	UNK		
Age:	UNK	Race: Cauc.		Marital Status:	UNK		
KNOWN SUSPECT #1							
Name:	UNK						
Date of Birth:		Sex:		Age:		Race:	
Height:		Hair Color:		Injured:			
Weight:		Hair Length:		Hospital:			

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

CHARGES

ARSON, BREAKING & ENTERING, UNLAWFUL ENTRY

RSMO USC	MO Code	F/M/C
28.12	4288	-

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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
 Reviewing Officer: Det. Armstrong

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

INCIDENT DATE/TIME										
Date Printed:	08-02		Time Printed:	11:10 AM PM		M.R.S. Number:	1113		Record Number	3
INCIDENT DATA										
Incident Type:	Injury – 911 call									
Address of Occurrence:	119 East Chestnut St.									
Originally Received As:			Weapon or Objects Used:							
How Received:			Reporting Officer:	Off. McKay, Jim		Domestic:	No			
Type of Premises	Hardware store		Other Offices Notified:			Complaint Status:				
Copies To:			Fire Dept.			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-02	10:10 A								
Date Reported	08-02		Call Received:	10:15 AM		Car Number:	N/A			
Time Reported:	10:16 AM		Time of Arrival:	10:25 AM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	77		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY										
Name:	Jackson, Bill									
Home Address:	30 Taylor Dr.									
Occupation:	Store owner									
Relation:	Employer									
SSN:	159-15-4589									
Date of Birth:	04-23	Sex:	Male	Place of Birth:	CA					
Age:	41	Race:	Caucasian	Marital Status:	Married					
VICTIM										
Name:	Jordan, Reggie									
Home Address:	7 Francis Road									
Occupation:	Store clerk									
Relation:	Employee									
SSN:	246-46-8642									
Date of Birth:	02-16	Sex:	M	F	Place of Birth:	UNK				
Age:	27	Race:	Cauc.		Marital Status:	single				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

PROPERTY							
Owner's Name:	<i>Same as above</i>						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

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

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

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

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

INCIDENT DATE/TIME										
Date Printed:	08-02		Time Printed:	12:22 AM PM		M.R.S. Number:	1114		Record Number	4
INCIDENT DATA										
Incident Type:	<i>Burglary; Breaking and Entering</i>									
Address of Occurrence:	<i>77 Dunbar Street</i>									
Originally Received As:			Weapon or Objects Used:							
How Received:			Reporting Officer:	<i>Off. Simpson, Jim</i>		Domestic:	<i>No</i>			
Type of Premises	<i>Unfinished residence</i>		Other Offices Notified:	<i>31, 77</i>		Complaint Status:				
Copies To:	<i>Muni Court</i>		Fire Dept.			Arson Related:	<i>No</i>			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>			
	<i>08-02</i>	<i>11:22 AM</i>		<i>08-02</i>	<i>12:00 PM</i>					
Date Reported	<i>08-02</i>		Call Received:	<i>11:22 AM</i>		Car Number:	<i>9</i>			
Time Reported:	<i>11:22 AM</i>		Time of Arrival:	<i>11:25 AM</i>		District:	<i>The Village</i>			
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>66</i>		Processed By:	<i>Grant, P.</i>			
BURGLARY DATA										
Method of Entry:	<i>Unlawful entry</i>		Burglary Type:	<i>Night (6 AM -6 PM)</i>		Point of Entry Visible to Patrol:	<i>No</i>			
REPORTING PARTY										
Name:	<i>Brown, David</i>									
Home Address:	<i>82 Dunbar Street</i>									
Occupation:	<i>Builder</i>									
Relation:	<i>neighbor</i>									
SSN:	<i>123-12-1236</i>									
Date of Birth:	<i>01-11</i>		Sex:	<i>Male</i>		Place of Birth:	<i>ME</i>			
Age:	<i>54</i>		Race:	<i>Caucasian</i>		Marital Status:	<i>Divorced</i>			
VICTIM										
Name:	<i>Same as above</i>									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	<i>N/A</i>									
Date of Birth:	<i>N/A</i>		Sex:			Age:			Race:	
Height:	<i>6'-0"</i>		Hair Color:	<i>Brown</i>		Injured:	<i>No</i>			
Weight:	<i>180</i>		Hair Length:	<i>Long</i>		Hospital:	<i>N/A</i>			

Build:	<i>Medium</i>	Hair Style:	<i>Curly and long</i>	Hospital Disposition:	
Complexion:	<i>Dark</i>	Facial Hair:	<i>Beard</i>	Conveyed By:	
Eye Color:	<i>Dark</i>	AR#:		Injury Type:	

CHARGES

UNLAWFUL ENTRY

RSMO USC	MO Code	F/M/C
<i>28.12</i>	<i>4288</i>	-

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

Witness observed 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*
 Supervising Officer: *Det. Peters, Phil*
 Reviewing Officer: *Det. Armstrong*

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

INCIDENT DATE/TIME										
Date Printed:	08-02		Time Printed:	02:20 AM PM		M.R.S. Number:	1115		Record Number	5
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	24 Rendell Drive									
Originally Received As:				Weapon or Objects Used:						
How Received:				Reporting Officer:	Off. Rusten, Harry		Domestic:	No		
Type of Premises	Residence			Other Offices Notified:				Complaint Status:		
Copies To:				Fire Dept.				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-02	01:20 PM								
Date Reported	08-02		Call Received:	01:20 PM		Car Number:	N/A			
Time Reported:	01:20 PM		Time of Arrival:	01:30 PM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	95		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY										
Name:	Whiten, Sandra									
Home Address:	Same as above									
Occupation:	Bank teller									
Relation:	Victim									
SSN:	154-89-3495									
Date of Birth:	03-03		Sex:	Female		Place of Birth:	KY			
Age:	33		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:			Hair Color:			Injured:				
Weight:			Hair Length:			Hospital:				

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

PROPERTY							
Owner's Name:	<i>Same as above</i>						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

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

NARRATIVE
<i>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</i>

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

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

INCIDENT DATE/TIME							
Date Printed:	08-02	Time Printed:	04:53	M.R.S. Number:	1116	Record Number	6
			AM PM				
INCIDENT DATA							
Incident Type:	Illness – 911 Call						
Address of Occurrence:	79 Bay Road						
Originally Received As:	Phone in	Weapon or Objects Used:	-				
How Received:		Reporting Officer:	Off. Donnelly, David		Domestic:	No	
Type of Premises	Residence	Other Offices Notified:	13, 21		Complaint Status:		
Copies To:					Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
Date Reported	08-02		Call Received:	02:53 PM		Car Number:	
Time Reported:	02:53 PM		Time of Arrival:	03:10 PM		District:	Forest Hills
Officer Assaulted or Killed:	No		GEO Code:	77		Processed By:	Grant, P.
BURGLARY DATA							
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A
REPORTING PARTY							
Name:	Quick, Richard						
Home Address:	Same as above						
Occupation:	Car dealer						
Relation:	Victim						
SSN:	123-12-1235						
Date of Birth:	04-07	Sex:	Male	Place of Birth:	HI		
Age:	33	Race:	Caucasian	Marital Status:	Single		
VICTIM							
Name:	Same as Above						
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:		Marital Status:			
KNOWN SUSPECT #1							
Name:							
Date of Birth:		Sex:		Age:		Race:	
Height:		Hair Color:	Black		Injured:	No	

Weight:		Hair Length:	Crew	Hospital:	No
Build:	Medium	Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C
		-

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

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

INCIDENT DATE/TIME										
Date Printed:	08-02		Time Printed:	05:32 AM PM		M.R.S. Number:	1117		Record Number	7
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	3 Upland Rd.									
Originally Received As:			Weapon or Objects Used:							
How Received:			Reporting Officer:	Off. Crandon, Mia		Domestic:	No			
Type of Premises	Residence		Other Offices Notified:			Complaint Status:				
Copies To:			Fire Dept.			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-02	04:32 PM								
Date Reported	08-02		Call Received:	04:32 PM		Car Number:	5			
Time Reported:	04:32 PM		Time of Arrival:	04:44 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	77		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY										
Name:	Stone, Sarah									
Home Address:	Same as above									
Occupation:	Housewife									
Relation:										
SSN:	245-51-6189									
Date of Birth:	07-11	Sex:	Female		Place of Birth:	IL				
Age:	43	Race:	Black		Marital Status:	Married				
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

PROPERTY							
Owner's Name:	Same as above						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

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

NARRATIVE
<i>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</i>

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

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

INCIDENT DATE/TIME													
Date Printed:	08-02		Time Printed:	9:52 AM PM		M.R.S. Number:	1118		Record Number	8			
INCIDENT DATA													
Incident Type:	Noise complaint												
Address of Occurrence:	100 Riverdale Parkway												
Originally Received As:	Phone in			Weapon or Objects Used:									
How Received:				Reporting Officer:			Off. Jeff Ward		Domestic:	No			
Type of Premises				Other Offices Notified:						Complaint Status:	Cleared with visit		
Copies To:				Fire Dept.						Arson Related:	No		
Occurred From:	Date	Time		To:			Date	Time		Officer Injured:		No	
	08-02	08:52 PM					08-02	09:00 PM					
Date Reported	08-02			Call Received:			08:52 PM		Car Number:	28			
Time Reported:	08:52 PM			Time of Arrival:			09:00 PM		District:	The Village			
Officer Assaulted or Killed:	No			GEO Code:			77		Processed By:	Grant, P.			
BURGLARY DATA													
Method of Entry:	N/A			Burglary Type:			N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY													
Name:	Richards, Drew												
Home Address:	89 Riverdale Parkway												
Occupation:	Postal clerk												
Relation:	Neighbor												
SSN:	234-23-2345												
Date of Birth:	11-04		Sex:	Male		Place of Birth:	IL						
Age:	24		Race:	Caucasian		Marital Status:	Single						
VICTIM													
Name:	Same as above												
Home Address:													
Occupation:													
Relation:													
SSN:													
Date of Birth:			Sex:	M	F	Place of Birth:							
Age:			Race:			Marital Status:							
KNOWN SUSPECT #1													
Name:	N/A												
Date of Birth:			Sex:			Age:			Race:				
Height:			Hair Color:					Injured:					
Weight:			Hair Length:					Hospital:					

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

PROPERTY							
Owner's Name:	<i>Same as above</i>						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

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

NARRATIVE
<i>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.</i>

Reporting Officer: Off. Ward, Jeff
 Supervising Officer: Det. Henry, J.K.
 Reviewing Officer: Det. Armstrong

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

INCIDENT DATE/TIME										
Date Printed:	08-02		Time Printed:	11:59 AM PM		M.R.S. Number:	1119		Record Number	9
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	282 Wilson Drive									
Originally Received As:			Weapon or Objects Used:							
How Received:			Reporting Officer:	Off. Strahan, Ellen		Domestic:			No	
Type of Premises	Residence		Other Offices Notified:			Complaint Status:				
Copies To:			Fire Dept.			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-02	11:38 PM								
Date Reported	08-02		Call Received:	11:38 PM		Car Number:	10			
Time Reported:	11:38 PM		Time of Arrival:	11:44 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	73		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY										
Name:	Moore, Susan									
Home Address:	Same as above									
Occupation:	Housewife									
Relation:										
SSN:	456-19-3485									
Date of Birth:	06-12	Sex:	female	Place of Birth:	MI					
Age:	54	Race:	Black	Marital Status:	married					
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	Same as above						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE

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

NARRATIVE

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

Zenith City 911 Incident Reports
Event Day 1
August 2

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

INCIDENT DATE/TIME											
Date Printed:	08-02		Time Printed:	06:58		M.R.S. Number:	1112		Record Number	2	
			AM	PM							
INCIDENT DATA											
Incident Type:	Arson/fire – 911 Call										
Address of Occurrence:	14 Cobble Street										
Originally Received As:				Weapon or Objects Used:							
How Received:				Reporting Officer:	Off. Rusten, Harry		Domestic:	No			
Type of Premises	Residence			Other Offices Notified:	28, 17		Complaint Status:				
Copies To:	Muni Court			Fire Dept.				Arson Related:	Yes		
Occurred From:	Date	Time		To:	Date	Time		Officer Injured:	No		
	08-02	5:00 AM			08-02	5:15 AM					
Date Reported	08-02			Call Received:	05:15 AM		Car Number:	12			
Time Reported:	05:16 AM			Time of Arrival:	05:25 AM		District:	The Glens			
Officer Assaulted or Killed:	No			GEO Code:				Processed By:	Grant, P.		
BURGLARY DATA											
Method of Entry:	N/A			Burglary Type:	N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY											
Name:	Michaels, Polly										
Home Address:	12 Cobble Street										
Occupation:	Housewife										
Relation:	Neighbor										
SSN:	134-56-9000										
Date of Birth:	12-11		Sex:	Female		Place of Birth:	OK				
Age:	41		Race:	Caucasian		Marital Status:	Married				
VICTIM											
Name:	Tide, John										
Home Address:	14 Cobble Street										
Occupation:	UNK										
Relation:	Neighbor										
SSN:	UNK										
Date of Birth:	UNK		Sex:	M	F	Place of Birth:	UNK				
Age:	UNK		Race: Cauc.			Marital Status:	UNK				
KNOWN SUSPECT #1											
Name:	UNK										
Date of Birth:			Sex:			Age:			Race:		
Height:			Hair Color:			Injured:					

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

CHARGES

ARSON, BREAKING & ENTERING, UNLAWFUL ENTRY

RSMO USC	MO Code	F/M/C
28.12	4288	-

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

Reviewing Officer: *Det. Armstrong*

Zenith City Police - 911

Incident Report Form / Call Log Form

INCIDENT DATE/TIME

Date Printed:	08-02	Time Printed:	11:10	M.R.S. Number:	1113	Record Number	3
			AM PM				

INCIDENT DATA

Incident Type:	<i>Injury – 911 call</i>						
Address of Occurrence:	<i>119 East Chestnut St.</i>						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:		<i>Off. McKay, Jim</i>	Domestic:	<i>No</i>	
Type of Premises	<i>Hardware store</i>		Other Offices Notified:		Complaint Status:		
Copies To:		Fire Dept.			Arson Related:	<i>No</i>	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
	<i>08-02</i>	<i>10:10 A</i>					
Date Reported	<i>08-02</i>		Call Received:	<i>10:15 AM</i>		Car Number:	<i>N/A</i>
Time Reported:	<i>10:16 AM</i>		Time of Arrival:	<i>10:25 AM</i>		District:	<i>The Village</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>77</i>		Processed By:	<i>Grant, P.</i>

BURGLARY DATA

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

Name:	<i>Jackson, Bill</i>					
Home Address:	<i>30 Taylor Dr.</i>					
Occupation:	<i>Store owner</i>					
Relation:	<i>Employer</i>					
SSN:	<i>159-15-4589</i>					
Date of Birth:	<i>04-23</i>	Sex:	<i>Male</i>	Place of Birth:	<i>CA</i>	
Age:	<i>41</i>	Race:	<i>Caucasian</i>	Marital Status:	<i>Married</i>	

VICTIM

Name:	<i>Jordan, Reggie</i>					
Home Address:	<i>7 Francis Road</i>					
Occupation:	<i>Store clerk</i>					
Relation:	<i>Employee</i>					
SSN:	<i>246-46-8642</i>					
Date of Birth:	<i>02-16</i>	Sex:	M	F	Place of Birth:	<i>UNK</i>
Age:	<i>27</i>	Race:	<i>Cauc.</i>		Marital Status:	<i>single</i>

KNOWN SUSPECT #1

Name:	<i>N/A</i>					
Date of Birth:		Sex:		Age:		Race:
Height:		Hair Color:		Injured:		

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	<i>Same as above</i>						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE

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

NARRATIVE

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

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

INCIDENT DATE/TIME						
Date Printed:	08-02	Time Printed:	02:20 AM PM	M.R.S. Number:	1115	Record Number 5

INCIDENT DATA						
Incident Type:	Illness – 911 call					
Address of Occurrence:	24 Rendell Drive					
Originally Received As:		Weapon or Objects Used:				
How Received:		Reporting Officer:	Off. Rusten, Harry	Domestic:	No	
Type of Premises	Residence	Other Offices Notified:		Complaint Status:		
Copies To:		Fire Dept.		Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:
	08-02	01:20 PM				
Date Reported	08-02	Call Received:	01:20 PM	Car Number:	N/A	
Time Reported:	01:20 PM	Time of Arrival:	01:30 PM	District:	South Zenith	
Officer Assaulted or Killed:	No	GEO Code:	95	Processed By:	Grant, P.	

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

REPORTING PARTY					
Name:	Whiten, Sandra				
Home Address:	Same as above				
Occupation:	Bank teller				
Relation:	Victim				
SSN:	154-89-3495				
Date of Birth:	03-03	Sex:	Female	Place of Birth:	KY
Age:	33	Race:	Caucasian	Marital Status:	Single

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

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

Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:	N/A	Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC		MO Code		F/M/C	

KNOWN SUSPECT #2

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

CHARGES

RSMO USC		MO Code		F/M/C	

KNOWN SUSPECT #3

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

CHARGES

RSMO USC		MO Code		F/M/C	

PROPERTY

Owner's Name:	<i>Same as above</i>					
Item #:		Value:		Item #:		Value:
Quantity:		Status:		Quantity:		Status:
Property Description:		Owner's Name:		Property Description:		Owner's Name:

VEHICLE

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

NARRATIVE

Ms. 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
 Reviewing Officer: Det. Armstrong

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

INCIDENT DATE/TIME							
Date Printed:	08-02	Time Printed:	04:53	M.R.S. Number:	1116	Record Number	6
			AM PM				

INCIDENT DATA							
Incident Type:	Illness – 911 Call						
Address of Occurrence:	79 Bay Road						
Originally Received As:	Phone in	Weapon or Objects Used:	-				
How Received:		Reporting Officer:	Off. Donnelly, David		Domestic:	No	
Type of Premises	Residence	Other Offices Notified:	13, 21		Complaint Status:		
Copies To:					Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
Date Reported	08-02		Call Received:	02:53 PM		Car Number:	
Time Reported:	02:53 PM		Time of Arrival:	03:10 PM		District:	Forest Hills
Officer Assaulted or Killed:	No		GEO Code:	77		Processed By:	Grant, P.

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

REPORTING PARTY					
Name:	Quick, Richard				
Home Address:	Same as above				
Occupation:	Car dealer				
Relation:	Victim				
SSN:	123-12-1235				
Date of Birth:	04-07	Sex:	Male	Place of Birth:	HI
Age:	33	Race:	Caucasian	Marital Status:	Single

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

KNOWN SUSPECT #1					
Name:					
Date of Birth:		Sex:		Age:	
Height:		Hair Color:	Black	Injured:	No

Weight:		Hair Length:	Crew	Hospital:	No
Build:	Medium	Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	

CHARGES

RSMO USC	MO Code	F/M/C
		-

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

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

INCIDENT DATE/TIME						
Date Printed:	08-02	Time Printed:	05:32 AM PM	M.R.S. Number:	1117	Record Number 7

INCIDENT DATA							
Incident Type:	Illness – 911 call						
Address of Occurrence:	3 Upland Rd.						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Crandon, Mia	Domestic:	No		
Type of Premises	Residence	Other Offices Notified:		Complaint Status:			
Copies To:		Fire Dept.		Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	08-02	04:32 PM					
Date Reported	08-02	Call Received:	04:32 PM	Car Number:	5		
Time Reported:	04:32 PM	Time of Arrival:	04:44 PM	District:	The Village		
Officer Assaulted or Killed:	No	GEO Code:	77	Processed By:	Grant, P.		

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

REPORTING PARTY					
Name:	Stone, Sarah				
Home Address:	Same as above				
Occupation:	Housewife				
Relation:					
SSN:	245-51-6189				
Date of Birth:	07-11	Sex:	Female	Place of Birth:	IL
Age:	43	Race:	Black	Marital Status:	Married

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

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

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	Same as above						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE

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

NARRATIVE

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

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

INCIDENT DATE/TIME							
Date Printed:	08-02	Time Printed:	11:59	M.R.S. Number:	1119	Record Number	9
			AM PM				

INCIDENT DATA							
Incident Type:	Illness – 911 call						
Address of Occurrence:	282 Wilson Drive						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:		Off. Strahan, Ellen	Domestic:	No	
Type of Premises	Residence	Other Offices Notified:			Complaint Status:		
Copies To:		Fire Dept.			Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	08-02	11:38 PM					
Date Reported	08-02	Call Received:		11:38 PM	Car Number:	10	
Time Reported:	11:38 PM	Time of Arrival:		11:44 PM	District:	The Village	
Officer Assaulted or Killed:	No	GEO Code:		73	Processed By:	Grant, P.	

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

REPORTING PARTY					
Name:	Moore, Susan				
Home Address:	Same as above				
Occupation:	Housewife				
Relation:					
SSN:	456-19-3485				
Date of Birth:	06-12	Sex:	female	Place of Birth:	MI
Age:	54	Race:	Black	Marital Status:	married

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

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

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

Owner's Name:	Same as above						
Item #:		Value:		Item #:		Value:	
Quantity:		Status:		Quantity:		Status:	
Property Description:		Owner's Name:		Property Description:		Owner's Name:	

VEHICLE

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

NARRATIVE

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**

Upon Arrival at the Strawberry Hill Tank Area:

- 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.

**Results of Zenith City Police Department Investigation
August 2**

Upon Arrival at the Strawberry Hill Tank Area:

- 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.

**Results of Zenith City Police Department Investigation
August 2**

Upon Arrival at the Strawberry Hill Tank Area:

- 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.

**Results of Zenith City HazMat Investigation
August 2**

Upon Arrival at the Strawberry Hill Tank Area:

- 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**

Upon Arrival at the Strawberry Hill Tank Area:

- 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**

Upon Arrival at the Strawberry Hill Tank Area:

- 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.

News Alert #1

KWSD interrupts regularly scheduled programming to bring you this breaking news story. A source at the Zenith City Water Treatment Plant has informed KWSD that the Zenith City Police Department is currently investigating a possible break in at the Strawberry Hill water tank. Our source tells us that the water may have been intentionally contaminated! For those of you who might not know it, the Strawberry Hill tank supplies many Zenith City residents with drinking water. This act of vandalism or terrorism has the potential to affect people of all ages. KWSD plans to keep the residents of Zenith City informed during this potentially damaging situation. As more information becomes available, we'll be on scene to get the facts to you first. We now return you to your regularly scheduled broadcast.

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EVENT DAY 2 MATERIALS

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

MATERIAL CODE	MATERIAL DESCRIPTION AND NUMBER OF COPIES (provide one copy unless otherwise specified)
<input type="checkbox"/> ESc2-2-1	EMERGENCY ROOM LOG (3 COPIES ARE PROVIDED, 2 ARE FOR THE HOSPITAL TO DISTRIBUTE IF THEY CHOOSE)
<input type="checkbox"/> ESc2-2-2	POLICE LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc2-2-3	911 LOGS (PLEASE NOTE, EACH INDIVIDUAL LOG IS TWO PAGES LONG)
<input type="checkbox"/> ESc2-2-4	PHONE CALL TO POLICE FROM TEENAGER "EYEWITNESS ACCOUNT OF SUSPICIOUS ACTIVITY"
<input type="checkbox"/> ESc2-2-5	PHONE CALL CONFESSION TO POLICE FROM PERPETRATOR "ACROBAT FROM FAIR ADMITS TO CLIMBING TANK AS A STUNT"
<input type="checkbox"/> ESc2-2-6	NEWS ALERT #2 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
<input type="checkbox"/> ESc2-2-7	NEWS ALERT #3 (10 COPIES ARE PROVIDED, 1 FOR EACH PARTICIPANT TABLE)
<input type="checkbox"/> 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

Zenith City Hospitals - Emergency Room Log													
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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 Printed:	12:58		M.R.S. Number:	1121		Record Number	1
			AM	PM						
INCIDENT DATA										
Incident Type:	Aggravated assault, assault on a police officer – 911 call									
Address of Occurrence:	678 Main Street									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Peters, Henry		Domestic:	No			
Type of Premises	Parking lot			Other Offices Notified:	-			Complaint Status:	Cleared with arrest	
Copies To:	Muni Court					Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-03	12:28 AM		08-03	12:52 AM					
Date Reported	08-03		Call Received:	12:28 AM		Car Number:	44			
Time Reported:	12:28 AM		Time of Arrival:	12:32 AM		District:	The Village			
Officer Assaulted or Killed:	Yes		GEO Code:	67		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Jamali, Alex									
Home Address:	34 Reeves Road									
Occupation:	Dishwasher									
Relation:	Witness									
SSN:	234-45-6789									
Date of Birth:	03-05	Sex:	Male		Place of Birth:	India				
Age:	43	Race:	East Indian		Marital Status:	Married				

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

KNOWN SUSPECT #1										
Name:	Zagreb, Alexei									
Date of Birth:	08-23	Sex:	Male		Age:	42	Race:	Other		
Height:	5'-10"	Hair Color:	Black		Injured:	No				

Weight:	165	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Short	Hospital Disposition:	No
Complexion:	Dark	Facial Hair:	Yes, beard	Conveyed By:	N/A
Eye Color:	Brown	AR#:	34	Injury Type:	Broken jaw

CHARGES

AGGRAVATED ASSAULT, ASSAULT UPON A POLICE OFFICER

RSMO USC	MO Code	F/M/C
456.98	333	M

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

Reporting Officer: Off. Peters, Henry

Supervising Officer: Off. Black, Joe

Reviewing Officer: Det. Manly

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

INCIDENT DATE/TIME							
Date Printed:	08-03	Time Printed:	07:37 AM	PM	M.R.S. Number:	1122	Record Number 2
INCIDENT DATA							
Incident Type:	Traffic accident – 911 call						
Address of Occurrence:	205 Main St.						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Rusten, Harry	Domestic:	No		
Type of Premises	Retail store	Other Offices Notified:		Complaint Status:			
Copies To:	Muni court	Fire Dept.		Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	08-03	06:37 AM					
Date Reported	08-03	Call Received:	06:37 AM	Car Number:	11		
Time Reported:	06:38 AM	Time of Arrival:	06:46 AM	District:	The Village		
Officer Assaulted or Killed:	No	GEO Code:	73	Processed By:	Grant, P.		
BURGLARY DATA							
Method of Entry:	N/A	Burglary Type:	N/A	Point of Entry Visible to Patrol:	No		
REPORTING PARTY							
Name:	Ryan, Elizabeth						
Home Address:	19 Heather Way						
Occupation:	Sales associate						
Relation:	Witness						
SSN:	159-45-1679						
Date of Birth:	02-28	Sex:	Female	Place of Birth:	WI		
Age:	23	Race:	Caucasian	Marital Status:	Single		
VICTIM							
Name:	UNK						
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:		Marital Status:			
KNOWN SUSPECT #1							
Name:	N/A						
Date of Birth:		Sex:		Age:		Race:	
Height:		Hair Color:		Injured:			
Weight:		Hair Length:		Hospital:			

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

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

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

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

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

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

INCIDENT DATE/TIME										
Date Printed:	08-03		Time Printed:	09:15 AM PM		M.R.S. Number:	1123		Record Number	3
INCIDENT DATA										
Incident Type:	Suspicious person									
Address of Occurrence:	1 Glenwood Street (Convention Center)									
Originally Received As:			Weapon or Objects Used:							
How Received:			Reporting Officer:	Off. Filicia, Ben		Domestic:	No			
Type of Premises	Park		Other Offices Notified:			Complaint Status:	Cleared with visit			
Copies To:			Fire Dept.			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-03	08:15 AM								
Date Reported	08-03		Call Received:	08:16 AM		Car Number:	20			
Time Reported:	08:16 AM		Time of Arrival:	08:25 AM		District:	Lake District			
Officer Assaulted or Killed:	No		GEO Code:	77		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:	N/A		Burglary Type:	N/A		Point of Entry Visible to Patrol:	No			
REPORTING PARTY										
Name:	Foust, Peter									
Home Address:	2 Birchwood Cir.									
Occupation:	DPW Grounds man									
Relation:	Witness									
SSN:	259-19-4937									
Date of Birth:	02-11		Sex:	Male		Place of Birth:	WI			
Age:	40		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:										
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:			Hair Color:			Injured:				
Weight:			Hair Length:			Hospital:				

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

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

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

NARRATIVE
<i>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.</i>

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

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

INCIDENT DATE/TIME							
Date Printed:	08-03	Time Printed:	11:30	M.R.S. Number:	1124	Record Number	4
			AM PM				

INCIDENT DATA							
Incident Type:	<i>Vandalism</i>						
Address of Occurrence:	<i>109 Main St.</i>						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:		<i>Off. Joseph, Curt</i>	Domestic:	<i>No</i>	
Type of Premises	<i>Junk yard</i>		Other Offices Notified:		Complaint Status:	<i>Open</i>	
Copies To:	<i>Muni court</i>		Fire Dept.		Arson Related:	<i>No</i>	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
Date Reported	<i>08-03</i>		Call Received:	<i>10:30 AM</i>		Car Number:	<i>18</i>
Time Reported:	<i>10:30 AM</i>		Time of Arrival:	<i>10:50 AM</i>		District:	<i>The Glens</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>74</i>		Processed By:	<i>Grant, P.</i>

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

REPORTING PARTY					
Name:	<i>Poole, Randall</i>				
Home Address:	<i>22 Gavins Pond Road</i>				
Occupation:	<i>Auto repair</i>				
Relation:	<i>Business owner</i>				
SSN:	<i>658-12-1978</i>				
Date of Birth:	<i>02-28</i>	Sex:	<i>Male</i>	Place of Birth:	<i>LA</i>
Age:	<i>48</i>	Race:	<i>Caucasian</i>	Marital Status:	<i>Single</i>

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

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

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

Mr. 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

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

INCIDENT DATE/TIME										
Date Printed:	08-03		Time Printed:	11:54 AM PM		M.R.S. Number:	1125		Record Number	5
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	5607 Riverdale Parkway									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Stampler, Chris			Domestic:			
Type of Premises	Apartment building			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	10:44 AM		Car Number:	7			
Time Reported:	10:44 AM		Time of Arrival:	10:55 AM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	66		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Roberts, Jason									
Home Address:	Same as above									
Occupation:	Carpenter									
Relation:	Victim									
SSN:	765-54-4321									
Date of Birth:	04-28	Sex:	Male	Place of Birth:	WA					
Age:	49	Race:	Caucasian	Marital Status:	Married					
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

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

NARRATIVE	
911 Caller reports feeling dizzy, weak, with sudden onset of nausea, vomiting and diarrhea. Ambulance dispatched.	

Reporting Officer: Off. Stampler, Chris
 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 Printed:	11:55 AM PM		M.R.S. Number:	1126		Record Number	6
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	57 Sturges Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Bronson, Karen		Domestic:	No			
Type of Premises	Retail Store			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	10:45 AM		Car Number:	37			
Time Reported:	10:45 AM		Time of Arrival:	11:00 AM		District:	Lake District			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Glover, Larry									
Home Address:	57 Sturges Rd.									
Occupation:	Store clerk									
Relation:	Victim									
SSN:	301-52-4322									
Date of Birth:	03-28		Sex:	Male		Place of Birth:	NY			
Age:	42		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:				Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:				Age:		Race:		
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

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

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

NARRATIVE
<i>911 caller complains of fever, headache, severe stomach pain and nausea; requests immediate attention. Ambulance dispatched.</i>

Reporting Officer: Off. Bronson, Karen

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 Printed:	12:35 AM PM	M.R.S. Number:	1127	Record Number 7

INCIDENT DATA							
Incident Type:	Illness – 911 call						
Address of Occurrence:	33 Hampshire Ave.						
Originally Received As:	Phone in	Weapon or Objects Used:	-				
How Received:		Reporting Officer:	Off. Smith, Robert	Domestic:	No		
Type of Premises	Residence	Other Offices Notified:	-		Complaint Status:	Closed	
Copies To:		Fire		Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	
						No	
Date Reported	08-03		Call Received:	11:15 AM		Car Number:	37
Time Reported:	11:15 AM		Time of Arrival:	11:25 AM		District:	The Village
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Brown, D.

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

REPORTING PARTY					
Name:	Rivers, Danilo				
Home Address:	33 Hampshire Ave.				
Occupation:	Retired				
Relation:	Victim				
SSN:	329-98-5622				
Date of Birth:	07-14	Sex:	Male	Place of Birth:	WA
Age:	65	Race:	Caucasian	Marital Status:	Widower

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

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

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

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

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

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 Printed:	02:45		M.R.S. Number:	1128		Record Number	8
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	88 Pleasant Park Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Price, Sam		Domestic:	No			
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	01:45 PM		Car Number:	2		
Time Reported:	01:45 PM			Time of Arrival:	2:00 PM		District:	The Village		
Officer Assaulted or Killed:	No			GEO Code:	11		Processed By:	Brown, D.		
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Rolf, Ida									
Home Address:	Same as above									
Occupation:	Therapist									
Relation:	Mother									
SSN:	329-98-5622									
Date of Birth:	08-14		Sex:	F		Place of Birth:	IL			
Age:	38		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Rolf, Lila									
Home Address:	Same as above									
Occupation:	Student									
Relation:	Daughter									
SSN:	456-98-7632									
Date of Birth:	01-17		Sex:	M	F	Place of Birth:	IL			
Age:	13		Race:			Marital Status:	Single			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

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

NARRATIVE
911 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

INCIDENT DATE/TIME										
Date Printed:	08-03		Time Printed:	03:25 AM PM		M.R.S. Number:	1129		Record Number	9
INCIDENT DATA										
Incident Type:	Possible heart attack – 911 call									
Address of Occurrence:	67 North High St.									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Joseph, Curt			Domestic:	No	
Type of Premises	Office building			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	02:25 PM		Car Number:	N/A			
Time Reported:	02:25 PM		Time of Arrival:	02:33 PM		District:	The Village			
Officer Assaulted or Killed:	No			GEO Code:	11		Processed By:	Brown, D.		
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Farro, James									
Home Address:	12 Magnolia Rd.									
Occupation:	Custodian									
Relation:	Victim									
SSN:	329-98-5622									
Date of Birth:	06-22		Sex:	M		Place of Birth:	IL			
Age:	27		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M F		Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

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

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

NARRATIVE
911 caller, self-described as very obese, is complaining of soreness in chest, fatigue, difficulty breathing, and numbness in left arm – ambulance dispatched.

Reporting Officer: Off. Joseph, Curt

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 Printed:	04:55 AM PM		M.R.S. Number:	1130		Record Number	10
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	89 Heather Way									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Smith, Robert			Domestic:	Yes		
Type of Premises	House			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	02:55 PM		Car Number:	37			
Time Reported:	02:55 AM		Time of Arrival:	03:04 PM		District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Smith, Nancy									
Home Address:	Same as above									
Occupation:	Architect									
Relation:	Mother									
SSN:	765-54-4321									
Date of Birth:	04-28	Sex:	Female		Place of Birth:	WA				
Age:	49	Race:	Caucasian		Marital Status:	Married				
VICTIM										
Name:	Smith, James									
Home Address:	Same as above									
Occupation:	Student									
Relation:	Son									
SSN:	639-66-2792									
Date of Birth:	08-26	Sex:	M	F	Place of Birth:	WA				
Age:	9	Race:	Caucasian		Marital Status:	Single				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

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

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

NARRATIVE
<i>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.</i>

Reporting Officer:	<i>Off. Smith, Robert</i>
Supervising Officer:	<i>Off. Clary, Jill</i>
Reviewing Officer:	<i>Det. Stiller</i>

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

INCIDENT DATE/TIME										
Date Printed:	08-03		Time Printed:	05:31		M.R.S. Number:	1131		Record Number	11
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	200 Deerfield Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Stampler, Chris		Domestic:	No		
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:				Fire			Arson Related:	No		
Occurred From:	Date	Time		To:	Date	Time	Officer Injured:	No		
Date Reported	08-03			Call Received:	03:31 PM		Car Number:	N/A		
Time Reported:	03:35 PM			Time of Arrival:	03:44 PM		District:	Forest Hills		
Officer Assaulted or Killed:	No			GEO Code:	11		Processed By:	Brown, D.		
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Salton, Sarah									
Home Address:	Same as above									
Occupation:	Store clerk									
Relation:	Mother									
SSN:	301-52-4322									
Date of Birth:	03-28		Sex:	Female		Place of Birth:	NY			
Age:	42		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Salton, Kathy									
Home Address:	Same as Above									
Occupation:	Student									
Relation:	Daughter									
SSN:	271-37-2901									
Date of Birth:	08-09		Sex:	M	F	Place of Birth:	NJ			
Age:	12		Race:	Caucasian		Marital Status:	Single			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

911 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.

Reporting Officer: Off. Stampler, Chris
 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 Printed:	05:55		M.R.S. Number:	1132		Record Number	12
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	85 Rosewood Street									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Wong, Liam			Domestic:	No	
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	N/A	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	03:55 PM			Car Number:	N/A	
Time Reported:	03:55 PM			Time of Arrival:	04:15 PM			District:	The Village	
Officer Assaulted or Killed:	No			GEO Code:	11			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Linton, Frances									
Home Address:	Same as above									
Occupation:	Retired									
Relation:										
SSN:	339-93-5622									
Date of Birth:	07-14		Sex:	Male		Place of Birth:	ID			
Age:	65		Race:	Caucasian		Marital Status:	Widower			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

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

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

NARRATIVE
911 caller complains of severe stomach pain and vomiting for last two days and growing weaker; cannot drive car and needs ambulance; ambulance dispatched.

Reporting Officer: Off. Wong, Liam

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 Printed:	06:28		M.R.S. Number:	1133		Record Number	13
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	92 Beaver Brook Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Lawson, Ray			Domestic:	No	
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	04:28 PM			Car Number:	N/A	
Time Reported:	04:28 PM			Time of Arrival:	04:39 PM			District:	South Zenith	
Officer Assaulted or Killed:	No			GEO Code:	11			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Halpern, Steven									
Home Address:	Same as above									
Occupation:	Security Guard									
Relation:	Father									
SSN:	429-94-5632									
Date of Birth:	08-14		Sex:	M		Place of Birth:	MA			
Age:	38		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Halpern, Annie									
Home Address:	Same as above									
Occupation:	N/A									
Relation:	Daughter									
SSN:	258-58-9647									
Date of Birth:	01-17		Sex:	M	F	Place of Birth:	OH			
Age:	13		Race:			Marital Status:	Single			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

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

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

NARRATIVE
911 caller says that his daughter is very sick, experiencing severe stomach pain, fever, and diarrhea and came home early from 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 Printed:	07:41		M.R.S. Number:	1134		Record Number	14
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	88 Chase Drive									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Crandon, Mia			Domestic:	No	
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	05:41 PM			Car Number:	N/A	
Time Reported:	05:41 PM			Time of Arrival:	05:56 PM			District:	The Glens	
Officer Assaulted or Killed:	No			GEO Code:	22			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Mangione, Chuck									
Home Address:	Same as above									
Occupation:	Custodian									
Relation:	Victim									
SSN:	329-98-5622									
Date of Birth:	06-22		Sex:	M		Place of Birth:	TX			
Age:	27		Race:	Caucasian		Marital Status:	Divorced			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

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

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

NARRATIVE
911 caller complains of dehydration associated with diarrhea and vomiting; ambulance dispatched

Reporting Officer: Off. Crandon, Mia

Supervising Officer: Off. Clary, Jill

Reviewing Officer: Det. Stiller

**Zenith City 911 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 Printed:	12:58		M.R.S. Number:	1121		Record Number	1
			AM	PM						
INCIDENT DATA										
Incident Type:	Aggravated assault, assault on a police officer – 911 call									
Address of Occurrence:	678 Main Street									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Peters, Henry			Domestic:	No		
Type of Premises	Parking lot			Other Offices Notified:	-			Complaint Status:	Cleared with arrest	
Copies To:	Muni Court						Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	08-03	12:28 AM		08-03	12:52 AM					
Date Reported	08-03		Call Received:	12:28 AM		Car Number:	44			
Time Reported:	12:28 AM		Time of Arrival:	12:32 AM		District:	The Village			
Officer Assaulted or Killed:	Yes		GEO Code:	67		Processed By:	Grant, P.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Jamali, Alex									
Home Address:	34 Reeves Road									
Occupation:	Dishwasher									
Relation:	Witness									
SSN:	234-45-6789									
Date of Birth:	03-05	Sex:	Male		Place of Birth:	India				
Age:	43	Race:	East Indian		Marital Status:	Married				

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

KNOWN SUSPECT #1										
Name:	Zagreb, Alexei									
Date of Birth:	08-23	Sex:	Male		Age:	42	Race:	Other		
Height:	5'-10"	Hair Color:	Black		Injured:	No				

Weight:	165	Hair Length:	Short	Hospital:	No
Build:	Medium	Hair Style:	Short	Hospital Disposition:	No
Complexion:	Dark	Facial Hair:	Yes, beard	Conveyed By:	N/A
Eye Color:	Brown	AR#:	34	Injury Type:	Broken jaw

CHARGES

AGGRAVATED ASSAULT, ASSAULT UPON A POLICE OFFICER

RSMO USC	MO Code	F/M/C
456.98	333	M

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

Reporting Officer: Off. Peters, Henry

Supervising Officer: Off. Black, Joe

Reviewing Officer: Det. Manly

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

INCIDENT DATE/TIME						
Date Printed:	08-03	Time Printed:	07:37 AM PM	M.R.S. Number:	1122	Record Number
						2

INCIDENT DATA						
Incident Type:	Traffic accident – 911 call					
Address of Occurrence:	205 Main St.					
Originally Received As:		Weapon or Objects Used:				
How Received:		Reporting Officer:	Off. Rusten, Harry	Domestic:	No	
Type of Premises:	Retail store	Other Offices Notified:		Complaint Status:		
Copies To:	Muni court	Fire Dept.		Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:
	08-03	06:37 AM				No
Date Reported	08-03	Call Received:	06:37 AM	Car Number:	11	
Time Reported:	06:38 AM	Time of Arrival:	06:46 AM	District:	The Village	
Officer Assaulted or Killed:	No	GEO Code:	73	Processed By:	Grant, P.	

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

REPORTING PARTY					
Name:	Ryan, Elizabeth				
Home Address:	19 Heather Way				
Occupation:	Sales associate				
Relation:	Witness				
SSN:	159-45-1679				
Date of Birth:	02-28	Sex:	Female	Place of Birth:	WI
Age:	23	Race:	Caucasian	Marital Status:	Single

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

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

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

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

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

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

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

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

INCIDENT DATE/TIME										
Date Printed:	08-03		Time Printed:	11:54		M.R.S. Number:	1125		Record Number	5
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	5607 Riverdale Parkway									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Stampler, Chris			Domestic:			
Type of Premises	Apartment building			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	10:44 AM		Car Number:	7			
Time Reported:	10:44 AM		Time of Arrival:	10:55 AM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	66		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Roberts, Jason									
Home Address:	Same as above									
Occupation:	Carpenter									
Relation:	Victim									
SSN:	765-54-4321									
Date of Birth:	04-28		Sex:	Male		Place of Birth:	WA			
Age:	49		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					

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

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

911 Caller reports feeling dizzy, weak, with sudden onset of nausea, vomiting and diarrhea. Ambulance dispatched.

Reporting Officer: Off. Stampler, Chris

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 Printed:	11:55 AM PM		M.R.S. Number:	1126		Record Number	6
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	57 Sturges Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Bronson, Karen		Domestic:	No			
Type of Premises	Retail Store			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	10:45 AM		Car Number:	37			
Time Reported:	10:45 AM		Time of Arrival:	11:00 AM		District:	Lake District			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Glover, Larry									
Home Address:	57 Sturges Rd.									
Occupation:	Store clerk									
Relation:	Victim									
SSN:	301-52-4322									
Date of Birth:	03-28		Sex:	Male		Place of Birth:	NY			
Age:	42		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:				Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:				Age:		Race:		
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

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

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

NARRATIVE	
911 caller complains of fever, headache, severe stomach pain and nausea; requests immediate attention. Ambulance dispatched.	

Reporting Officer: Off. Bronson, Karen
 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 Printed:	12:35 AM PM		M.R.S. Number:	1127		Record Number	7
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	33 Hampshire Ave.									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Smith, Robert			Domestic:	No		
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	11:15 AM		Car Number:	37			
Time Reported:	11:15 AM		Time of Arrival:	11:25 AM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Rivers, Danilo									
Home Address:	33 Hampshire Ave.									
Occupation:	Retired									
Relation:	Victim									
SSN:	329-98-5622									
Date of Birth:	07-14	Sex:	Male	Place of Birth:	WA					
Age:	65	Race:	Caucasian	Marital Status:	Widower					
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

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

NARRATIVE
<i>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.</i>

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 Printed:	02:45		M.R.S. Number:	1128		Record Number	8
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	88 Pleasant Park Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Price, Sam		Domestic:	No			
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	01:45 PM		Car Number:	2			
Time Reported:	01:45 PM		Time of Arrival:	2:00 PM		District:	The Village			
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Rolf, Ida									
Home Address:	Same as above									
Occupation:	Therapist									
Relation:	Mother									
SSN:	329-98-5622									
Date of Birth:	08-14	Sex:	F	Place of Birth:	IL					
Age:	38	Race:	Caucasian	Marital Status:	Single					
VICTIM										
Name:	Rolf, Lila									
Home Address:	Same as above									
Occupation:	Student									
Relation:	Daughter									
SSN:	456-98-7632									
Date of Birth:	01-17	Sex:	M	F	Place of Birth:	IL				
Age:	13	Race:			Marital Status:	Single				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:			Age:		Race:			
Height:		Hair Color:			Injured:					
Weight:		Hair Length:			Hospital:					

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

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

NARRATIVE
911 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

INCIDENT DATE/TIME											
Date Printed:	08-03		Time Printed:	03:25 AM PM		M.R.S. Number:	1129	Record Number	9		
INCIDENT DATA											
Incident Type:	Possible heart attack – 911 call										
Address of Occurrence:	67 North High St.										
Originally Received As:	Phone in			Weapon or Objects Used:	-						
How Received:				Reporting Officer:	Off. Joseph, Curt			Domestic:	No		
Type of Premises	Office building			Other Offices Notified:	-			Complaint Status:	Closed		
Copies To:				Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
Date Reported	08-03		Call Received:	02:25 PM		Car Number:	N/A				
Time Reported:	02:25 PM		Time of Arrival:	02:33 PM		District:	The Village				
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Brown, D.				
BURGLARY DATA											
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY											
Name:	Farro, James										
Home Address:	12 Magnolia Rd.										
Occupation:	Custodian										
Relation:	Victim										
SSN:	329-98-5622										
Date of Birth:	06-22		Sex:	M		Place of Birth:	IL				
Age:	27		Race:	Caucasian		Marital Status:	Single				

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

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

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

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

NARRATIVE
911 caller, self-described as very obese, is complaining of soreness in chest, fatigue, difficulty breathing, and numbness in left arm – ambulance dispatched.

Reporting Officer: Off. Joseph, Curt

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 Printed:	04:55 AM PM		M.R.S. Number:	1130		Record Number	10
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	89 Heather Way									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Smith, Robert			Domestic:	Yes		
Type of Premises	House			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	02:55 PM		Car Number:	37			
Time Reported:	02:55 AM		Time of Arrival:	03:04 PM		District:	Forest Hills			
Officer Assaulted or Killed:	No		GEO Code:	11		Processed By:	Brown, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Smith, Nancy									
Home Address:	Same as above									
Occupation:	Architect									
Relation:	Mother									
SSN:	765-54-4321									
Date of Birth:	04-28		Sex:	Female		Place of Birth:	WA			
Age:	49		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Smith, James									
Home Address:	Same as above									
Occupation:	Student									
Relation:	Son									
SSN:	639-66-2792									
Date of Birth:	08-26		Sex:	M F		Place of Birth:	WA			
Age:	9		Race:	Caucasian		Marital Status:	Single			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:		Age:		Race:				
Height:		Hair Color:		Injured:						
Weight:		Hair Length:		Hospital:						

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

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

NARRATIVE
<i>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.</i>

Reporting Officer:	<i>Off. Smith, Robert</i>
Supervising Officer:	<i>Off. Clary, Jill</i>
Reviewing Officer:	<i>Det. Stiller</i>

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

INCIDENT DATE/TIME										
Date Printed:	08-03		Time Printed:	05:31		M.R.S. Number:	1131		Record Number	11
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	200 Deerfield Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Stampler, Chris			Domestic:	No	
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	03:31 PM			Car Number:	N/A	
Time Reported:	03:35 PM			Time of Arrival:	03:44 PM			District:	Forest Hills	
Officer Assaulted or Killed:	No			GEO Code:	11			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Salton, Sarah									
Home Address:	Same as above									
Occupation:	Store clerk									
Relation:	Mother									
SSN:	301-52-4322									
Date of Birth:	03-28		Sex:	Female		Place of Birth:	NY			
Age:	42		Race:	Caucasian		Marital Status:	Married			
VICTIM										
Name:	Salton, Kathy									
Home Address:	Same as Above									
Occupation:	Student									
Relation:	Daughter									
SSN:	271-37-2901									
Date of Birth:	08-09		Sex:	M	F	Place of Birth:	NJ			
Age:	12		Race:	Caucasian		Marital Status:	Single			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:			Hair Color:			Injured:				
Weight:			Hair Length:			Hospital:				

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

CHARGES

N/A

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

911 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.

Reporting Officer: Off. Stampler, Chris
 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 Printed:	05:55		M.R.S. Number:	1132		Record Number	12
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	85 Rosewood Street									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Wong, Liam			Domestic:	No	
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	N/A	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	03:55 PM			Car Number:	N/A	
Time Reported:	03:55 PM			Time of Arrival:	04:15 PM			District:	The Village	
Officer Assaulted or Killed:	No			GEO Code:	11			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Linton, Frances									
Home Address:	Same as above									
Occupation:	Retired									
Relation:										
SSN:	339-93-5622									
Date of Birth:	07-14		Sex:	Male		Place of Birth:	ID			
Age:	65		Race:	Caucasian		Marital Status:	Widower			
VICTIM										
Name:	Same as Above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:			Sex:	M	F	Place of Birth:				
Age:			Race:			Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

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

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

NARRATIVE
911 caller complains of severe stomach pain and vomiting for last two days and growing weaker; cannot drive car and needs ambulance; ambulance dispatched.

Reporting Officer: Off. Wong, Liam

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 Printed:	06:28		M.R.S. Number:	1133		Record Number	13
			AM	PM						
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	92 Beaver Brook Road									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:				Reporting Officer:	Off. Lawson, Ray			Domestic:	No	
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:				Fire				Arson Related:	No	
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03			Call Received:	04:28 PM			Car Number:	N/A	
Time Reported:	04:28 PM			Time of Arrival:	04:39 PM			District:	South Zenith	
Officer Assaulted or Killed:	No			GEO Code:	11			Processed By:	Brown, D.	
BURGLARY DATA										
Method of Entry:				Burglary Type:	N/A			Point of Entry Visible to Patrol:		
REPORTING PARTY										
Name:	Halpern, Steven									
Home Address:	Same as above									
Occupation:	Security Guard									
Relation:	Father									
SSN:	429-94-5632									
Date of Birth:	08-14		Sex:	M		Place of Birth:	MA			
Age:	38		Race:	Caucasian		Marital Status:	Single			
VICTIM										
Name:	Halpern, Annie									
Home Address:	Same as above									
Occupation:	N/A									
Relation:	Daughter									
SSN:	258-58-9647									
Date of Birth:	01-17		Sex:	M	F	Place of Birth:	OH			
Age:	13		Race:			Marital Status:	Single			
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:			Sex:			Age:			Race:	
Height:				Hair Color:				Injured:		
Weight:				Hair Length:				Hospital:		

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

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

NARRATIVE
911 caller says that his daughter is very sick, experiencing severe stomach pain, fever, and diarrhea and came home early from 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 Printed:	07:41 AM PM		M.R.S. Number:	1134		Record Number	14
INCIDENT DATA										
Incident Type:	Illness – 911 call									
Address of Occurrence:	88 Chase Drive									
Originally Received As:	Phone in			Weapon or Objects Used:	-					
How Received:			Reporting Officer:	Off. Crandon, Mia		Domestic:	No			
Type of Premises	Residence			Other Offices Notified:	-			Complaint Status:	Closed	
Copies To:			Fire			Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
Date Reported	08-03		Call Received:	05:41 PM		Car Number:	N/A			
Time Reported:	05:41 PM		Time of Arrival:	05:56 PM		District:	The Glens			
Officer Assaulted or Killed:	No			GEO Code:	22		Processed By:	Brown, D.		
BURGLARY DATA										
Method of Entry:			Burglary Type:	N/A			Point of Entry Visible to Patrol:			
REPORTING PARTY										
Name:	Mangione, Chuck									
Home Address:	Same as above									
Occupation:	Custodian									
Relation:	Victim									
SSN:	329-98-5622									
Date of Birth:	06-22		Sex:	M		Place of Birth:	TX			
Age:	27		Race:	Caucasian		Marital Status:	Divorced			
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:				Marital Status:				
KNOWN SUSPECT #1										
Name:	N/A									
Date of Birth:		Sex:				Age:		Race:		
Height:		Hair Color:				Injured:				
Weight:		Hair Length:				Hospital:				

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

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

NARRATIVE
911 caller complains of dehydration associated with diarrhea and vomiting; ambulance dispatched

Reporting Officer: Off. Crandon, Mia

Supervising Officer: Off. Clary, Jill

Reviewing Officer: Det. Stiller

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.

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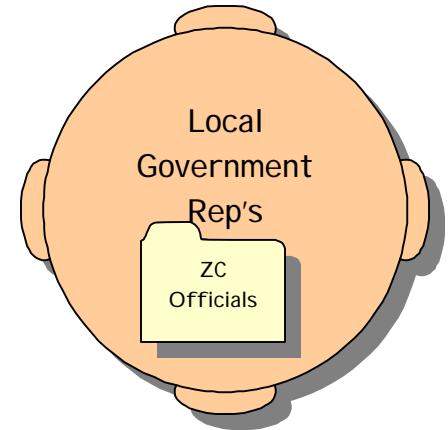
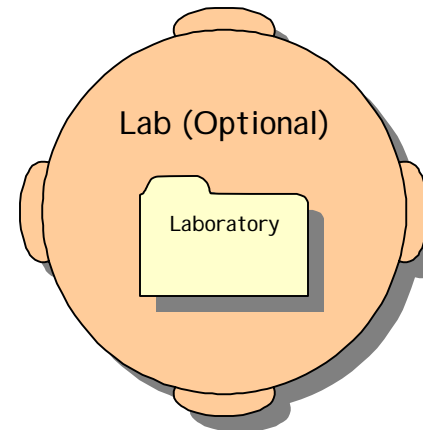
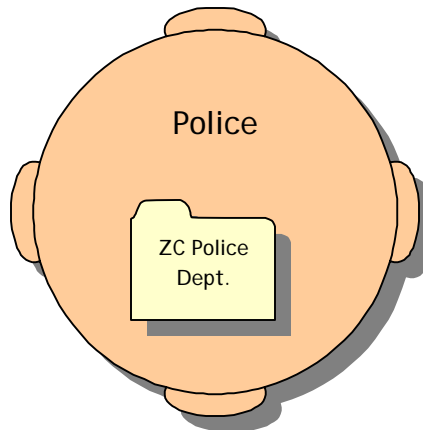
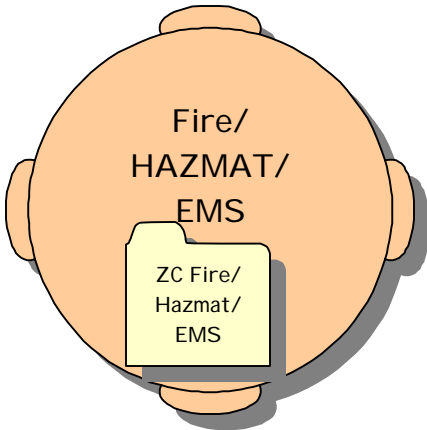
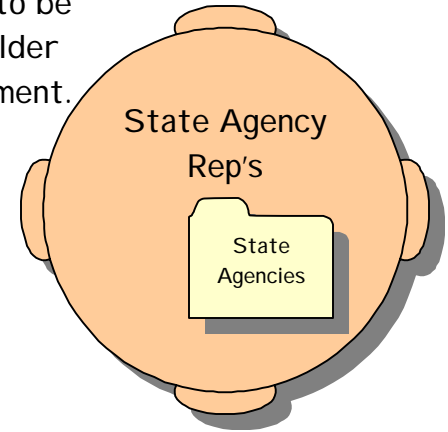
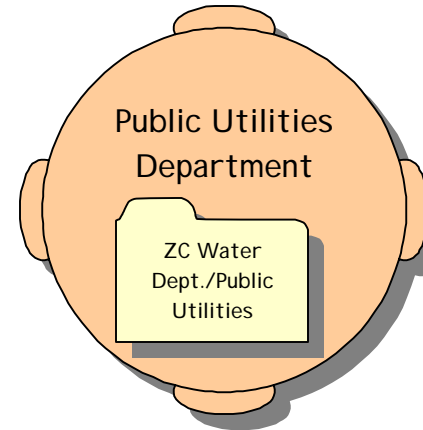
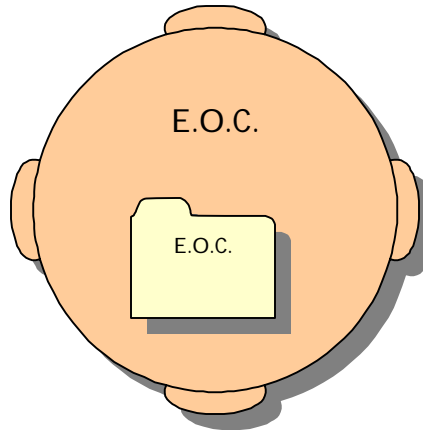
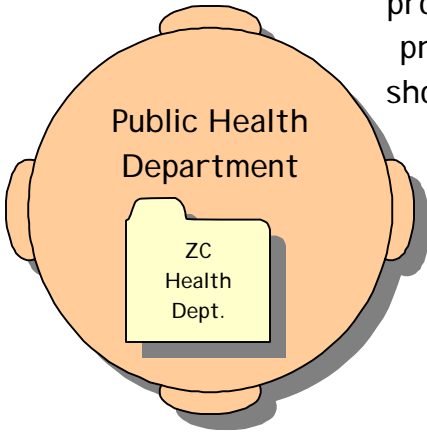
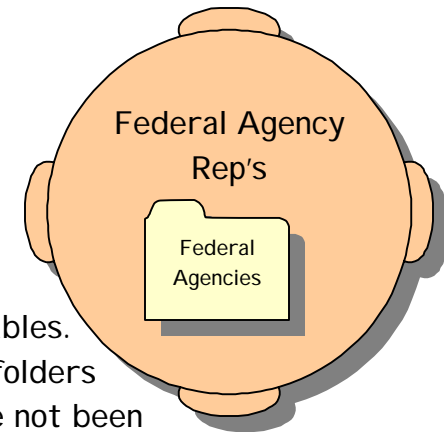
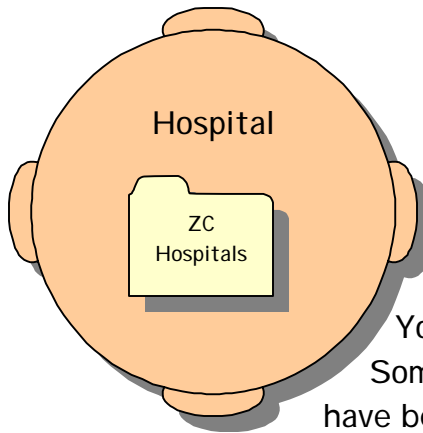
SPARE FORMS

The Spare Forms folder must contain the following files:

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



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)
<input type="checkbox"/> ESc-f-2	EMERGENCY COMMUNICATION LOGS (NOT INCLUDED, 5 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> m-1	ZENITH CITY WATER DISTRIBUTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-2	ZENITH CITY WASTEWATER COLLECTION SYSTEM MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-3	ZENITH CITY WATER DISTRIBUTION SYSTEM PROCESS SCHEMATIC (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-4	ZENITH CITY WATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-5	ZENITH CITY WASTEWATER TREATMENT PLANT LAYOUT DIAGRAM (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)
<input type="checkbox"/> m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

ZENITH CITY HOSPITALS

The Zenith City Hospitals folder must contain the following files:

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

ZENITH CITY HEALTH DEPARTMENT

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

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

Entities to be Notified by Public Health

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

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

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

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

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

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

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

Public Health Response Action Worksheet

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

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

Public Health Response Action Worksheet

INSTRUCTIONS

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

ASSESSMENT OF PUBLIC HEALTH IMPACT

Identity of the contaminant Suspected Known Unknown

Describe _____

Contaminant properties (if known):

Toxic or infectious dose (LD₅₀/ID₅₀): _____

Route of exposure:

Ingestion Inhalation Dermal Contact

Other _____

Symptoms of exposure to high dose: _____

Symptoms of exposure to low dose: _____

Other: _____

EVALUATION OF CONTAINMENT OPTIONS

Describe the location and extent of the contaminated area. _____

Containment options

Valve closures Reverse flow conditions By-pass

Isolate zone(s)

Other _____

Critical equipment within contaminated area

System equipment Zones Pump stations

Hydrants

Other _____

Customers with special needs within contaminated area

Critical Care Facilities

Hospitals

Nursing Homes

Other _____

Clinics

Dialysis Centers

Schools

Day Care Facilities

Businesses

Food and Beverage Manufacturers

Restaurants

Power Generation Facilities

Other _____

Commercial Ice Manufacturers

Agricultural Operations

Effectiveness of containment options

Complete contaminant isolation

Reduction in spread of contaminant

- Unknown
- Other _____

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

Timeline for implementation of containment options

Containment procedures to begin: _____
Containment procedures to end: _____

EVALUATION OF PUBLIC NOTIFICATION OPTIONS

Is public notification necessary? Yes No

Collaboration Agencies (identified in Public Health Response Plan and Utility's ERP)

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

Type of notification (Follow steps shown)

Is the contaminant known? Yes No
If no, issue a "Do Not Use" notice.

- If yes, is boiling effective and advisable? Yes No Unknown
If yes, issue a "Boil Water" notice.

- If no, is there a risk of dermal or inhalation exposure? Yes No Unknown
***If no, issue a "Do Not Drink" notice.
If yes/unknown, issue a "Do Not Use" notice.***

Content of public notification

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

Notification to customers with special needs

- Critical Care Facilities
 - Hospitals
 - Nursing Homes
 - Other _____
- Clinics
- Dialysis Centers

- Schools
- Day Care Facilities
- Businesses
 - Food and Beverage Manufacturers
 - Restaurants
 - Power Generation Facilities
 - Other _____
- Commercial Ice Manufacturers
- Agricultural Operations

Are there subpopulations that will be affected at a greater rate than general population?

- Yes No Unknown

Describe _____

Notification to consecutive system.

- Yes No Not Applicable

Method of dissemination (check all that apply)

- Broadcast media (radio and television)
- Web site
- Newspaper
- Newsletters (water utility/partner organizations)
- Broadcast phone messages
- Posting in conspicuous locations
- Hand delivery
- Town hall meetings
- Other _____
- Government access channels
- Listserv email
- Letters by mail
- Phone banks
- Broadcast faxes
- Mass distribution through partners
- Door-to-door canvassing
- Conference calls

Notification/restriction timeline

Notification/restriction to begin: _____

Notification/restriction to end: _____

ALTERNATE WATER SUPPLY NEEDS

Is an alternate water supply needed?

- Drinking water Firefighting
- Other _____

Where can customers obtain the alternate water supply?

- Bottled water provided by local government agencies
- Bottled water provided by local retailers
- Bulk water provided by certified water haulers
- Bulk water transported or provided by military assets
- Bulk water providing by neighboring water utilities
- Water treated at plant and hauled to distribution centers (i.e., in the case of distribution system contamination)
- Other _____

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

- Critical Care Facilities
 - Hospitals
 - Nursing Homes
 - Other _____
- Clinics
- Dialysis Centers
- Schools
- Day Care Facilities
- Businesses
 - Food and Beverage Manufacturers
 - Restaurants
 - Power Generation Facilities
 - Other _____
- Commercial Ice Manufacturers
- Agricultural Operations

SIGNOFF

Name of person completing form

Print name _____

Signature _____

Date/Time: _____

Example Notifications (Public Health)

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

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

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

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

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

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

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

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

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

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

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

Example Boil Water Notice

WARNING

BOIL YOUR WATER BEFORE USING

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

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

What are Fecal Coliforms and E. Coli?

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

What should I do?

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

What are the symptoms of illness caused by these organisms?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

Example Do Not Drink Notice

WARNING

DO NOT DRINK THE WATER

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

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

What is Paraquat?

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

What should I do?

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

What are the symptoms of illnesses associated with paraquat poisoning?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

Example Do Not Use Notice

WARNING

DO NOT USE THE WATER

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

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

What is Parathion?

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

What should I do?

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

What are the symptoms associated with the exposure to parathion?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

Example Notice for an Unknown Contaminant

WARNING

DO NOT USE THE WATER

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

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

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

What should I do?

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

What happened? What is being done?

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

Who do I contact for more information?

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

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

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

LABORATORY (OPTIONAL)

The Laboratory folder must contain the following files:

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

ZENITH CITY POLICE DEPT.

The Zenith City Police Dept. folder must contain the following files:

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

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

INCIDENT DATE/TIME											
Date Printed:	07-30		Time Printed:	3:10		M.R.S. Number:	1111		Record Number	1	
			AM	PM							
INCIDENT DATA											
Incident Type:	Noise complaint										
Address of Occurrence:	7 Blueberry Court										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:			Reporting Officer:	Off. Terry, Bill			Domestic:				
Type of Premises	Residence			Other Offices Notified:			Complaint Status:	Cleared with visit			
Copies To:							Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	07-30	12:07 A									
Date Reported	07-30		Call Received:	1:20 AM		Car Number:	15				
Time Reported:	1:20 AM		Time of Arrival:	2:25 AM		District:	South Zenith				
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.				
BURGLARY DATA											
Method of Entry:			Burglary Type:			Point of Entry Visible to Patrol:					
REPORTING PARTY											
Name:	Miller, Stephanie										
Home Address:	5 Blueberry Court										
Occupation:	N/A										
Relation:	Resident										
SSN:	123-12-1212										
Date of Birth:	04-23		Sex:	M	F	Place of Birth:	CA				
Age:	22		Race:	Caucasian		Marital Status:	Single				
VICTIM											
Name:	Same as above										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:			Sex:	M	F	Place of Birth:					
Age:			Race:			Marital Status:					
KNOWN SUSPECT #1											
Name:	Kidd, William										
Date of Birth:	12-06		Sex: Male	SS#:9876-98-7654		Age:	24		Race:	Caucasian	
Height:	6'0"		Hair Color:	Black		Injured:	No				
Weight:	182		Hair Length:	Long		Hospital:	No				

Build:	Medium	Hair Style:	Curly	Hospital Disposition:	N/A
Complexion:	Tan	Facial Hair:	No	Conveyed By:	N/A
Eye Color:	Blue	AR#:		Injury Type:	N/A
CHARGES					
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

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

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

NARRATIVE
<i>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.</i>

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

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

INCIDENT DATE/TIME											
Date Printed:	07-30		Time Printed:	11:59 AM PM		M.R.S. Number:	1112		Record Number	2	
INCIDENT DATA											
Incident Type:	Breaking and entering, burglary										
Address of Occurrence:	17 Nathaniel Gould Road										
Originally Received As:	Phone in			Weapon or Objects Used:	Hammer						
How Received:			Reporting Officer:	Off. Frick, Robert			Domestic:				
Type of Premises	Residence			Other Offices Notified:		Complaint Status:	Cleared by arrest				
Copies To:	Zenith County Court					Arson Related:	No				
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	07-30	11:20 PM									
Date Reported	07-30		Call Received:	11:40 PM		Car Number:	15				
Time Reported:	11:40 PM		Time of Arrival:	11:50 PM		District:	The Glens				
Officer Assaulted or Killed:	No		GEO Code:	22		Processed By:	Tracey, D.				
BURGLARY DATA											
Method of Entry:	Unlawful Entry			Burglary Type:	Night (6 PM – 6 AM)		Point of Entry Visible to Patrol:	No			
REPORTING PARTY											
Name:	Schwartz, Mary										
Home Address:	Same as Above										
Occupation:	Waitress										
Relation:	Owner										
SSN:	562-45-8912										
Date of Birth:	04-29	Sex:	M	F	Place of Birth:	OK					
Age:	39	Race:	Caucasian		Marital Status:	Married					
VICTIM											
Name:	Same as Above										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:			Marital Status:						
KNOWN SUSPECT #1											
Name:	Powell, Harrison										
Date of Birth:	05-23	Sex:	male		SS#:	123-78-4567		Age:	19	Race:	Caucasian
Height:	6'4"	Hair Color:	Brown			Injured:	Yes, lacerations				
Weight:	205	Hair Length:	Short			Hospital:	No				

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>N/A</i>
Complexion:	<i>Tan</i>	Facial Hair:	<i>No</i>	Conveyed By:	<i>Police Cruiser</i>
Eye Color:	<i>Brown</i>	AR#:	<i>45</i>	Injury Type:	

CHARGES

UNLAWFUL ENTRY, SIMPLE BURGLARY

RSMO USC	MO Code	F/M/C
<i>603, 62</i>	<i>1462</i>	<i>M</i>

KNOWN SUSPECT #2

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

CHARGES

RSMO USC	MO Code	F/M/C

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

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

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

INCIDENT DATE/TIME											
Date Printed:	07-31		Time Printed:	4:10 AM PM		M.R.S. Number:	1113		Record Number	1	
INCIDENT DATA											
Incident Type:	Injury – 911 call										
Address of Occurrence:	Cobble Street Bar and Grill, 26 Cobble Street										
Originally Received As:	Phone in			Weapon or Objects Used:							
How Received:				Reporting Officer:			Off. Terry, Bill		Domestic:	No	
Type of Premises	Restaurant			Other Offices Notified:						Complaint Status:	
Copies To:				Fire Dept.						Arson Related:	No
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:				No	
	07-31	2:10 AM									
Date Reported	07-31			Call Received:	2:15 AM		Car Number:	N/A			
Time Reported:	2:15 AM			Time of Arrival:	2:27 AM		District:	The Glens			
Officer Assaulted or Killed:	No			GEO Code:	22		Processed By:	Tracey, D.			
BURGLARY DATA											
Method of Entry:	N/A			Burglary Type:	N/A		Point of Entry Visible to Patrol:	N/A			
REPORTING PARTY											
Name:	Wheaton, Carissa										
Home Address:	17 Rosewood Street										
Occupation:	Restaurant manager										
Relation:	boss										
SSN:	123-12-1234										
Date of Birth:	10-14	Sex:	M	F	Place of Birth:	MN					
Age:	31	Race:	Black		Marital Status:	Single					
VICTIM											
Name:	Patterson, Joe										
Home Address:	5 Sandy Ridge Circle										
Occupation:	Bartender										
Relation:	employee										
SSN:	456-45-7896										
Date of Birth:	02-15	Sex:	M	F	Place of Birth:	UNK					
Age:	27	Race:	Caucasian		Marital Status:	single					
KNOWN SUSPECT #1											
Name:											
Date of Birth:		Sex:		SS#:		Age:		Race:			
Height:		Hair Color:		Injured:							

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

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

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

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

Reporting Officer: Off. Terry, Bill

Supervising Officer: Det. McCarthy, Henry

Reviewing Officer: Det. Smith, Peter

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

INCIDENT DATE/TIME							
Date Printed:	07-31	Time Printed:	6:15 AM PM	M.R.S. Number:	1114	Record Number	2
INCIDENT DATA							
Incident Type:	Arson/fire – 911 Call						
Address of Occurrence:	64 Donovan Way						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Frick, Robert	Domestic:	No		
Type of Premises	Unfinished residence	Other Offices Notified:	31,77	Complaint Status:			
Copies To:	Zenith County Court			Arson Related:	Yes		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	07-31	4:27 AM		07-31	7:30 AM		
Date Reported	07-31	Call Received:	4:27 AM	Car Number:	9		
Time Reported:	4:27 AM	Time of Arrival:	4:37 AM	District:	The Village		
Officer Assaulted or Killed:	No	GEO Code:	33	Processed By:	Tracey, D.		
BURGLARY DATA							
Method of Entry:	Unlawful Entry	Burglary Type:	Night (6 PM – 6 AM)	Point of Entry Visible to Patrol:	No		
REPORTING PARTY							
Name:	Johnson, Gregory						
Home Address:	66 Donovan Way						
Occupation:	Builder						
Relation:	neighbor						
SSN:	987-98-9874						
Date of Birth:	01-11	Sex:	M	F	Place of Birth:	NH	
Age:	54	Race:	Black		Marital Status:	Divorced	
VICTIM							
Name:							
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:			Marital Status:		
KNOWN SUSPECT #1							
Name:	UNK						
Date of Birth:	UNK	Sex: Male	SS#: UNK		Age:	UNK	Race: Caucasian
Height:	6'0"	Hair Color:	Brown		Injured:	UNK	
Weight:	180	Hair Length:	Short		Hospital:	No	

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>UNK</i>
Complexion:	<i>light</i>	Facial Hair:	<i>Beard</i>	Conveyed By:	
Eye Color:	<i>N/A</i>	AR#:		Injury Type:	
CHARGES					
<i>ARSON, UNLAWFUL ENTRY</i>					
RSMO USC		MO Code		F/M/C	
<i>52,603</i>		<i>4288</i>		<i>M</i>	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

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

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

NARRATIVE
<i>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.</i>

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

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

INCIDENT DATE/TIME							
Date Printed:	07-31	Time Printed:	8:05	M.R.S. Number:	1115	Record Number	3
			AM PM				

INCIDENT DATA							
Incident Type:	<i>Injury – 911 call</i>						
Address of Occurrence:	<i>4 Meadow Lark Lane</i>						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	<i>Off. Frick, Robert</i>		Domestic:	<i>No</i>	
Type of Premises	<i>residence</i>		Other Offices Notified:		Complaint Status:		
Copies To:				Arson Related:	<i>No</i>		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
	<i>07-31</i>	<i>6:05 PM</i>					
Date Reported	<i>07-31</i>		Call Received:	<i>6:05 PM</i>		Car Number:	<i>N/A</i>
Time Reported:	<i>6:05 PM</i>		Time of Arrival:	<i>6:15 PM</i>		District:	<i>Forest Hills</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>44</i>		Processed By:	<i>Tracey, D.</i>

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

REPORTING PARTY							
Name:	<i>Blake, Gladys</i>						
Home Address:	<i>Same as above</i>						
Occupation:	<i>Retired School Teacher</i>						
Relation:	<i>victim</i>						
SSN:	<i>124-98-7865</i>						
Date of Birth:	<i>03-03</i>	Sex:	M	F	Place of Birth:	<i>KS</i>	
Age:	<i>92</i>	Race:	<i>Caucasian</i>		Marital Status:	<i>Widow</i>	

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

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

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

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

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

Reporting Officer: Off. Frick, Robert

Supervising Officer: Det. McCarthy, Henry

Reviewing Officer: Det. Smith, Peter

Zenith City Police - 911

Incident Report Form / Call Log Form

INCIDENT DATE/TIME											
Date Printed:	08-01		Time Printed:	12:28 AM PM		M.R.S. Number:	1116		Record Number	1	
INCIDENT DATA											
Incident Type:	Grand theft auto										
Address of Occurrence:	Thompson's Liquors parking lot, 747 Main Street										
Originally Received As:	Phone in			Weapon or Objects Used:	N/A						
How Received:				Reporting Officer:	Off. Anderson, Richard			Domestic:	No		
Type of Premises	Parking lot			Other Offices Notified:	13, 21			Complaint Status:	Cleared with arrest		
Copies To:								Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	08-01	10:28 A		08-01	11:30A						
Date Reported	08-01			Call Received:	10:48 AM			Car Number:	7		
Time Reported:	10:48 AM			Time of Arrival:	11:00 AM			District:	The Village		
Officer Assaulted or Killed:	No			GEO Code:	33			Processed By:	Tracey, D.		
BURGLARY DATA											
Method of Entry:	Unlawful entry			Burglary Type:	Day (6 AM – 6 PM)			Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY											
Name:	Roper, Paul										
Home Address:	2 Fisher Road										
Occupation:	Software Engineer										
Relation:	Car Owner										
SSN:	456-45-4561										
Date of Birth:	08-11	Sex:	M	F	Place of Birth:	IL					
Age:	33	Race:	Caucasian			Marital Status:	Single				
VICTIM											
Name:	Same as above										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:				Marital Status:					
KNOWN SUSPECT #1											
Name:	Michelle Simpson										
Date of Birth:	03-03	Sex:	female		SS#:	173-12-1734		Age:	23	Race:	Caucasian
Height:	4'11"	Hair Color:	Blond			Injured:	No				
Weight:	95	Hair Length:	Long			Hospital:	No				

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

CHARGES

AUTO THEFT, SPEEDING, RECKLESS DRIVING

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

KNOWN SUSPECT #2

Name:	<i>Preston, Brittany</i>								
Date of Birth:	<i>06-17</i>	Sex:	<i>Female</i>	SS#:	<i>141-17-5451</i>	Age:	<i>22</i>	Race:	<i>Caucasian</i>
Height:	<i>5'6"</i>	Hair Color:	<i>Red</i>	Injured:	<i>No</i>				
Weight:	<i>125</i>	Hair Length:	<i>Medium</i>	Hospital:	<i>No</i>				
Build:	<i>Small</i>	Hair Style:	<i>Curly</i>	Hospital Disposition:	<i>No</i>				
Complexion:	<i>Light</i>	Facial Hair:	<i>N/A</i>	Conveyed By:	<i>Police cruiser</i>				
Eye Color:	<i>Blue</i>	AR#:	<i>80</i>	Injury Type:	<i>N/A</i>				

CHARGES

AUTO THEFT

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

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

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

ZENITH CITY FIRE DEPT., HAZMAT & EMS

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

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

Zenith City Fire Department Log

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.

0427 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.

1300 Engine 1 leaking oil from transmission, mechanic notified.

1445 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.

0839 Simpson took Engine 2 out for a fill up.

1420 Ladder test on Engine 1 – functioning properly

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

INCIDENT DATE/TIME										
Date Printed:	07-30		Time Printed:	3:10 AM PM		M.R.S. Number:	1111		Record Number	1
INCIDENT DATA										
Incident Type:	Noise complaint									
Address of Occurrence:	7 Blueberry Court									
Originally Received As:	Phone in			Weapon or Objects Used:	N/A					
How Received:			Reporting Officer:	Off. Terry, Bill			Domestic:			
Type of Premises	Residence			Other Offices Notified:		Complaint Status:	Cleared with visit			
Copies To:						Arson Related:	No			
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No			
	07-30	12:07 A								
Date Reported	07-30		Call Received:	1:20 AM		Car Number:	15			
Time Reported:	1:20 AM		Time of Arrival:	2:25 AM		District:	South Zenith			
Officer Assaulted or Killed:	No		GEO Code:	55		Processed By:	Tracey, D.			
BURGLARY DATA										
Method of Entry:			Burglary Type:			Point of Entry Visible to Patrol:				
REPORTING PARTY										
Name:	Miller, Stephanie									
Home Address:	5 Blueberry Court									
Occupation:	N/A									
Relation:	Resident									
SSN:	123-12-1212									
Date of Birth:	04-23	Sex:	M	F	Place of Birth:	CA				
Age:	22	Race:	Caucasian		Marital Status:	Single				
VICTIM										
Name:	Same as above									
Home Address:										
Occupation:										
Relation:										
SSN:										
Date of Birth:		Sex:	M	F	Place of Birth:					
Age:		Race:			Marital Status:					
KNOWN SUSPECT #1										
Name:	Kidd, William									
Date of Birth:	12-06	Sex: Male			SS#:9876-98-7654	Age:	24	Race:	Caucasian	
Height:	6'0"	Hair Color:	Black		Injured:	No				
Weight:	182	Hair Length:	Long		Hospital:	No				

Build:	Medium	Hair Style:	Curly	Hospital Disposition:	N/A
Complexion:	Tan	Facial Hair:	No	Conveyed By:	N/A
Eye Color:	Blue	AR#:		Injury Type:	N/A
CHARGES					
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

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

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

NARRATIVE
<i>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.</i>

Reporting Officer: Off. Terry, Bill

Supervising Officer: Det. McCarthy, Henry

Reviewing Officer: Off. Smith, Karen

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

INCIDENT DATE/TIME											
Date Printed:	07-30		Time Printed:	11:59 AM PM		M.R.S. Number:	1112		Record Number	2	
INCIDENT DATA											
Incident Type:	Breaking and entering, burglary										
Address of Occurrence:	17 Nathaniel Gould Road										
Originally Received As:	Phone in			Weapon or Objects Used:	Hammer						
How Received:			Reporting Officer:	Off. Frick, Robert			Domestic:				
Type of Premises	Residence			Other Offices Notified:		Complaint Status:	Cleared by arrest				
Copies To:	Zenith County Court					Arson Related:	No				
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No				
	07-30	11:20 PM									
Date Reported	07-30		Call Received:	11:40 PM		Car Number:	15				
Time Reported:	11:40 PM		Time of Arrival:	11:50 PM		District:	The Glens				
Officer Assaulted or Killed:	No		GEO Code:	22		Processed By:	Tracey, D.				
BURGLARY DATA											
Method of Entry:	Unlawful Entry			Burglary Type:	Night (6 PM - 6 AM)		Point of Entry Visible to Patrol:	No			
REPORTING PARTY											
Name:	Schwartz, Mary										
Home Address:	Same as Above										
Occupation:	Waitress										
Relation:	Owner										
SSN:	562-45-8912										
Date of Birth:	04-29	Sex:	M	F	Place of Birth:	OK					
Age:	39	Race:	Caucasian		Marital Status:	Married					
VICTIM											
Name:	Same as Above										
Home Address:											
Occupation:											
Relation:											
SSN:											
Date of Birth:		Sex:	M	F	Place of Birth:						
Age:		Race:			Marital Status:						
KNOWN SUSPECT #1											
Name:	Powell, Harrison										
Date of Birth:	05-23	Sex:	male		SS#:	123-78-4567		Age:	19	Race:	Caucasian
Height:	6'4"	Hair Color:	Brown			Injured:	Yes, lacerations				
Weight:	205	Hair Length:	Short			Hospital:	No				

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>N/A</i>
Complexion:	<i>Tan</i>	Facial Hair:	<i>No</i>	Conveyed By:	<i>Police Cruiser</i>
Eye Color:	<i>Brown</i>	AR#:	<i>45</i>	Injury Type:	
CHARGES					
<i>UNLAWFUL ENTRY, SIMPLE BURGLARY</i>					
RSMO USC		MO Code		F/M/C	
<i>603, 62</i>		<i>1462</i>		<i>M</i>	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

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

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

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

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

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

INCIDENT DATE/TIME												
Date Printed:	07-31		Time Printed:	4:10		M.R.S. Number:	1113		Record Number	1		
			AM	PM								
INCIDENT DATA												
Incident Type:	Injury – 911 call											
Address of Occurrence:	Cobble Street Bar and Grill, 26 Cobble Street											
Originally Received As:	Phone in			Weapon or Objects Used:								
How Received:				Reporting Officer:			Off. Terry, Bill		Domestic:	No		
Type of Premises	Restaurant			Other Offices Notified:						Complaint Status:		
Copies To:				Fire Dept.						Arson Related:	No	
Occurred From:	Date	Time	To:			Date	Time	Officer Injured:		No		
	07-31	2:10 AM										
Date Reported	07-31			Call Received:			2:15 AM		Car Number:	N/A		
Time Reported:	2:15 AM			Time of Arrival:			2:27 AM		District:	The Glens		
Officer Assaulted or Killed:	No			GEO Code:			22		Processed By:	Tracey, D.		
BURGLARY DATA												
Method of Entry:	N/A			Burglary Type:			N/A		Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY												
Name:	Wheaton, Carissa											
Home Address:	17 Rosewood Street											
Occupation:	Restaurant manager											
Relation:	boss											
SSN:	123-12-1234											
Date of Birth:	10-14		Sex:	M	F	Place of Birth:		MN				
Age:	31		Race:	Black		Marital Status:		Single				

VICTIM											
Name:	Patterson, Joe										
Home Address:	5 Sandy Ridge Circle										
Occupation:	Bartender										
Relation:	employee										
SSN:	456-45-7896										
Date of Birth:	02-15		Sex:	M	F	Place of Birth:		UNK			
Age:	27		Race:	Caucasian		Marital Status:		single			

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

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

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

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

Reporting Officer: Off. Terry, Bill

Supervising Officer: Det. McCarthy, Henry

Reviewing Officer: Det. Smith, Peter

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

INCIDENT DATE/TIME							
Date Printed:	07-31	Time Printed:	6:15 AM PM	M.R.S. Number:	1114	Record Number	2
INCIDENT DATA							
Incident Type:	Arson/fire – 911 Call						
Address of Occurrence:	64 Donovan Way						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	Off. Frick, Robert	Domestic:	No		
Type of Premises	Unfinished residence	Other Offices Notified:	31,77	Complaint Status:			
Copies To:	Zenith County Court			Arson Related:	Yes		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	07-31	4:27 AM		07-31	7:30 AM		
Date Reported	07-31	Call Received:	4:27 AM	Car Number:	9		
Time Reported:	4:27 AM	Time of Arrival:	4:37 AM	District:	The Village		
Officer Assaulted or Killed:	No	GEO Code:	33	Processed By:	Tracey, D.		
BURGLARY DATA							
Method of Entry:	Unlawful Entry	Burglary Type:	Night (6 PM – 6 AM)	Point of Entry Visible to Patrol:	No		
REPORTING PARTY							
Name:	Johnson, Gregory						
Home Address:	66 Donovan Way						
Occupation:	Builder						
Relation:	neighbor						
SSN:	987-98-9874						
Date of Birth:	01-11	Sex:	M	F	Place of Birth:	NH	
Age:	54	Race:	Black		Marital Status:	Divorced	
VICTIM							
Name:							
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:			Marital Status:		
KNOWN SUSPECT #1							
Name:	UNK						
Date of Birth:	UNK	Sex: Male	SS#: UNK		Age:	UNK	Race: Caucasian
Height:	6'0"	Hair Color:	Brown		Injured:	UNK	
Weight:	180	Hair Length:	Short		Hospital:	No	

Build:	<i>Medium</i>	Hair Style:	<i>Crew</i>	Hospital Disposition:	<i>UNK</i>
Complexion:	<i>light</i>	Facial Hair:	<i>Beard</i>	Conveyed By:	
Eye Color:	<i>N/A</i>	AR#:		Injury Type:	
CHARGES					
<i>ARSON, UNLAWFUL ENTRY</i>					
RSMO USC		MO Code		F/M/C	
<i>52,603</i>		<i>4288</i>		<i>M</i>	
KNOWN SUSPECT #2					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	
KNOWN SUSPECT #3					
Name:					
Date of Birth:		Sex:	SS#:	Age:	Race:
Height:		Hair Color:		Injured:	
Weight:		Hair Length:		Hospital:	
Build:		Hair Style:		Hospital Disposition:	
Complexion:		Facial Hair:		Conveyed By:	
Eye Color:		AR#:		Injury Type:	
CHARGES					
RSMO USC		MO Code		F/M/C	

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

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

NARRATIVE
<i>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.</i>

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

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

INCIDENT DATE/TIME							
Date Printed:	07-31	Time Printed:	8:05	M.R.S. Number:	1115	Record Number	3
			AM PM				

INCIDENT DATA							
Incident Type:	<i>Injury – 911 call</i>						
Address of Occurrence:	<i>4 Meadow Lark Lane</i>						
Originally Received As:		Weapon or Objects Used:					
How Received:		Reporting Officer:	<i>Off. Frick, Robert</i>		Domestic:	<i>No</i>	
Type of Premises	<i>residence</i>		Other Offices Notified:		Complaint Status:		
Copies To:				Arson Related:	<i>No</i>		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	<i>No</i>
	<i>07-31</i>	<i>6:05 PM</i>					
Date Reported	<i>07-31</i>		Call Received:	<i>6:05 PM</i>		Car Number:	<i>N/A</i>
Time Reported:	<i>6:05 PM</i>		Time of Arrival:	<i>6:15 PM</i>		District:	<i>Forest Hills</i>
Officer Assaulted or Killed:	<i>No</i>		GEO Code:	<i>44</i>		Processed By:	<i>Tracey, D.</i>

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

REPORTING PARTY						
Name:	<i>Blake, Gladys</i>					
Home Address:	<i>Same as above</i>					
Occupation:	<i>Retired School Teacher</i>					
Relation:	<i>victim</i>					
SSN:	<i>124-98-7865</i>					
Date of Birth:	<i>03-03</i>	Sex:	M	F	Place of Birth:	<i>KS</i>
Age:	<i>92</i>	Race:	<i>Caucasian</i>		Marital Status:	<i>Widow</i>

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

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

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

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

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

Reporting Officer: Off. Frick, Robert

Supervising Officer: Det. McCarthy, Henry

Reviewing Officer: Det. Smith, Peter

Zenith City Police - 911

Incident Report Form / Call Log Form

INCIDENT DATE/TIME							
Date Printed:	08-01	Time Printed:	12:28 AM PM	M.R.S. Number:	1116	Record Number	1
INCIDENT DATA							
Incident Type:	Grand theft auto						
Address of Occurrence:	Thompson's Liquors parking lot, 747 Main Street						
Originally Received As:	Phone in	Weapon or Objects Used:	N/A				
How Received:		Reporting Officer:	Off. Anderson, Richard	Domestic:	No		
Type of Premises	Parking lot	Other Offices Notified:	13, 21	Complaint Status:	Cleared with arrest		
Copies To:				Arson Related:	No		
Occurred From:	Date	Time	To:	Date	Time	Officer Injured:	No
	08-01	10:28 A		08-01	11:30A		
Date Reported	08-01	Call Received:	10:48 AM	Car Number:	7		
Time Reported:	10:48 AM	Time of Arrival:	11:00 AM	District:	The Village		
Officer Assaulted or Killed:	No	GEO Code:	33	Processed By:	Tracey, D.		
BURGLARY DATA							
Method of Entry:	Unlawful entry	Burglary Type:	Day (6 AM – 6 PM)	Point of Entry Visible to Patrol:	N/A		
REPORTING PARTY							
Name:	Roper, Paul						
Home Address:	2 Fisher Road						
Occupation:	Software Engineer						
Relation:	Car Owner						
SSN:	456-45-4561						
Date of Birth:	08-11	Sex:	M	F	Place of Birth:	IL	
Age:	33	Race:	Caucasian		Marital Status:	Single	
VICTIM							
Name:	Same as above						
Home Address:							
Occupation:							
Relation:							
SSN:							
Date of Birth:		Sex:	M	F	Place of Birth:		
Age:		Race:			Marital Status:		
KNOWN SUSPECT #1							
Name:	Michelle Simpson						
Date of Birth:	03-03	Sex: female	SS#: 173-12-1734	Age:	23	Race:	Caucasian
Height:	4'11"	Hair Color: Blond		Injured:	No		
Weight:	95	Hair Length:	Long	Hospital:	No		

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

CHARGES

AUTO THEFT, SPEEDING, RECKLESS DRIVING

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

KNOWN SUSPECT #2

Name:	<i>Preston, Brittany</i>								
Date of Birth:	<i>06-17</i>	Sex:	<i>Female</i>	SS#:	<i>141-17-5451</i>	Age:	<i>22</i>	Race:	<i>Caucasian</i>
Height:	<i>5'6"</i>	Hair Color:	<i>Red</i>	Injured:	<i>No</i>				
Weight:	<i>125</i>	Hair Length:	<i>Medium</i>	Hospital:	<i>No</i>				
Build:	<i>Small</i>	Hair Style:	<i>Curly</i>	Hospital Disposition:	<i>No</i>				
Complexion:	<i>Light</i>	Facial Hair:	<i>N/A</i>	Conveyed By:	<i>Police cruiser</i>				
Eye Color:	<i>Blue</i>	AR#:	<i>80</i>	Injury Type:	<i>N/A</i>				

CHARGES

AUTO THEFT

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

KNOWN SUSPECT #3

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

CHARGES

RSMO USC	MO Code	F/M/C

PROPERTY

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

VEHICLE

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

NARRATIVE

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

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

ZENITH CITY WATER DEPT./PUBLIC UTILITIES

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

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

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

<i>Sampling Point</i>	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, TCU

<i>Sampling Point</i>	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

<i>Sampling Point</i>	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

<i>Sampling Point</i>	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

<i>Sampling Point</i>	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, NTU

<i>Sampling Point</i>	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
	# people affected	Health Impact			
Possible	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			
Credible	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			
Confirmed	10's	Minor			
		Moderate			
		Severe			
	100's	Minor			
		Moderate			
		Severe			
	1,000's	Minor			
		Moderate			
		Severe			

Threat Evaluation Worksheet

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

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



Figure 2-2. Summary of Threat Warnings

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

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

INSTRUCTIONS

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

THREAT WARNING INFORMATION

Date/Time threat warning discovered: _____

Name of person who discovered threat warning: _____

Type of threat warning:

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

Identity of the contaminant: Known Suspected Unknown

If known or suspected, provide additional detail below

- Chemical Biological Radiological

Describe _____

Time of contamination: Known Estimated Unknown

If known or estimated, provide additional detail below

Date and time of contamination: _____

Additional Information: _____

Mode of contamination: Known Suspected Unknown

If known or suspected, provide additional detail below

Method of addition: Single dose Over time Other _____

Amount of material: _____

Additional Information: _____

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

Number of sites: _____
Provide the following information for each site.

Site #1

Site Name: _____

Type of facility

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

Address: _____

Additional Site Information: _____

Site #2

Site Name: _____

Type of facility

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

Address: _____

Additional Site Information: _____

Site #3

Site Name: _____

Type of facility

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

Address: _____

Additional Site Information: _____

ADDITIONAL INFORMATION

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

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

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

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

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

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

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

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

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

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

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

Point of Contact: _____

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

THREAT EVALUATION

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

Normal activities to consider

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

Is the threat 'possible'? Yes No

Summarize the basis for this determination: _____

Response to a 'possible' threat:

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

Is the threat 'credible'? Yes No

Summarize the basis for this determination: _____

Response to a 'credible' threat:

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

Has a contamination incident been confirmed? Yes No

Summarize the basis for this determination: _____

Response to a confirmed incident:

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

How do other organizations characterize the threat?

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

SIGNOFF

Name of person responsible for threat evaluation:

Print name _____

Signature _____

Date/Time: _____

Security Incident Report Form

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

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

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

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

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

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

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

INSTRUCTIONS

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

DISCOVERY OF SECURITY INCIDENT

Date/Time security incident discovered: _____

Name of person who discovered security incident: _____

Mode of discovery:

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

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

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

SITE DESCRIPTION

Site Name: _____

Type of facility

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

Address: _____

Additional Site Information: _____

BACKGROUND INFORMATION

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

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

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

Date and time of previous visit: _____

Name of individual who visited the site: _____

Additional Information: _____

Has *this location* been the site of previous security incidents? Yes No
If "Yes," provide additional detail below

Date and time of most recent security incident: _____

Description of incident: _____

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

'Possible' 'Credible' 'Confirmed'

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

Name of 1st additional site: _____

Name of 2nd additional site: _____

Name of 3rd additional site: _____

SECURITY INCIDENT DETAILS

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

Are there sequential alarms (e.g., alarm on a gate and a hatch)? Yes No

Date and time of alarm(s): _____

Describe alarm(s): _____

Is video surveillance available from the site of the security incident? Yes No
If "Yes," provide additional detail below

Date and time of video surveillance: _____

Describe surveillance: _____

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

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

Describe equipment: _____

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

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

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

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

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

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

Describe signs of tampering: _____

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

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

Describe signs of hazard: _____

SIGNOFF

Name of person responsible for documenting the security incident:

Print name _____

Signature _____

Date/Time: _____

Witness Account Report Form

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

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

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

INSTRUCTIONS

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

BASIC INFORMATION

Date/Time of interview: _____

Name of person interviewing the witness: _____

Witness contact information

Full Name: _____

Address: _____

Day-time phone: _____

Evening phone: _____

E-mail address: _____

Reason the witness was in the vicinity of the suspicious activity: _____

WITNESS ACCOUNT

Date/Time of activity: _____

Location of activity:

Site Name: _____

Type of facility

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

Address: _____

Additional Site Information: _____

Type of activity

- Trespassing Vandalism Breaking and entering
 Theft Tampering Surveillance
 Other _____

Additional description of the activity _____

Description of suspects

Were suspects present at the site? Yes No

How many suspects were present? _____

Describe each suspect's appearance:

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

Where any of the suspects wearing uniforms? Yes No

If "Yes," describe the uniform(s): _____

Describe any other unusual characteristics of the suspects: _____

Did any of the suspects notice the witness? Yes No

If "Yes," how did they respond: _____

Vehicles at the site

Were vehicles present at the site? Yes No

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

How many vehicles were present? _____

Describe each vehicle:

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

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

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

Equipment at the site

Was any unusual equipment present at the site? Yes No

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

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

Unusual conditions at the site

Were there any unusual conditions at the site? Yes No

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

Describe the site conditions: _____

Additional observations

Describe any additional details from the witness account: _____

SIGNOFF

Name of interviewer:

Print name _____

Signature _____

Date/Time: _____

Name of witness:

Print name _____

Signature _____

Date/Time: _____

Phone and Written Threat Report Forms

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

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

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

INSTRUCTIONS

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

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

THREAT NOTIFICATION

Name of person receiving the call: _____

Date phone call received: _____

Time phone call received: _____

Time phone call ended: _____

Duration of phone call: _____

Originating number: _____

Originating name: _____

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

Is the connection clear? Yes No

Could call be from a wireless phone? Yes No

DETAILS OF THREAT

Has the water already been contaminated? Yes No

Date and time of contaminant introduction known? Yes No

Date and time if known: _____

Location of contaminant introduction known? Yes No

Site Name: _____

Type of facility

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

Address: _____

Additional Site Information: _____

Name or type of contaminant known? Yes No

Type of contaminant

Chemical Biological Radiological

Specific contaminant name/description: _____

Mode of contaminant introduction known? Yes No

Method of addition: Single dose Over time Other _____

Amount of material: _____

Additional Information: _____

Motive for contamination known? Yes No

Retaliation/revenge Political cause Religious doctrine
 Other _____

Describe motivation: _____

CALLER INFORMATION

Basic Information:

Stated name: _____
Affiliation: _____
Phone number: _____
Location/address: _____

Caller's Voice:

Did the voice sound disguised or altered? Yes No

Did the call sound like a recording? Yes No

Did the voice sound? Male / Female Young / Old

Did the voice sound familiar? Yes No

If 'Yes,' who did it sound like? _____

Did the caller have an accent? Yes No

If 'Yes,' what nationality? _____

How did the caller sound or speak?

Educated Well spoken Illiterate
 Irrational Obscene Incoherent
 Reading a script Other _____

What was the caller's tone of voice?

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

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

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

SIGNOFF

Name of call recipient:

Print name _____

Signature _____

Date/Time: _____

Name of person completing form (if different from call recipient):

Print name _____

Signature _____

Date/Time: _____

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

INSTRUCTIONS

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

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

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

SAFETY

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

THREAT NOTIFICATION

Name of person receiving the written threat: _____

Person(s) to whom threat was addressed: _____

Date threat received: _____ Time threat received: _____

How was the written threat received?

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

If mailed, is the return address listed? Yes No

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

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

If Faxed, what is the number of the sending fax? _____

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

If hand-delivered, who delivered the message? _____

DETAILS OF THREAT

Has the water already been contaminated? Yes No

Date and time of contaminant introduction known? Yes No
Date and time if known: _____

Location of contaminant introduction known? Yes No
Site Name: _____

Type of facility
 Source water Treatment plant Pump station
 Ground storage tank Elevated storage tank Finished water reservoir
 Distribution main Hydrant Service connection
 Other _____

Address: _____

Additional Site Information: _____

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

Specific contaminant name/description: _____

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

Amount of material: _____

Additional Information: _____

Motive for contamination known? Yes No
 Retaliation/revenge Political cause Religious doctrine
 Other _____

Describe motivation: _____

NOTE CHARACTERISTICS

Perpetrator Information:

Stated name: _____
Affiliation: _____
Phone number: _____
Location/address: _____

Condition of paper/envelop:

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

How was the note prepared?

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

If handwritten, does writing look familiar? Yes No

Language:

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

Writing Style

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

Writing Tone

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

SIGNOFF

Name of individual who received the threat:

Print name _____

Signature _____ Date/Time: _____

Name of person completing form (if different from written threat recipient):

Print name _____

Signature _____ Date/Time: _____

Water Quality and Consumer Complaint Report Form

Water Quality Complaints

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

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

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

Consumer Complaints

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

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

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

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

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

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

INSTRUCTIONS

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

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

Threat warning is based on: Water quality Consumer complaints Other

What is the water quality parameter or complaint under consideration?

Are unusual consumer complaints corroborated by unusual water quality data?

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

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

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

Number of complaints.
Nature of complaints.
Clustering of complaints

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

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

Are standards and reagents OK?
Is the method/instrument functioning properly?

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

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

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

If the unusual condition isolated to a specific area:

- Is this area being supplied by a particular plant or source water?
- Have there been any operational changes at the plant or in the affected area of the system?
- Has there been any flushing or distribution system maintenance in the affected area?
- Has there been any repair or construction in the area that could impact water quality?

SIGNOFF

Name of person completing form:

Print name _____

Signature _____

Date/Time: _____

Public Health Information Report Form

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

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

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

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

INSTRUCTIONS

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

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

PUBLIC HEALTH NOTIFICATION

Date and Time of notification: _____

Name of person who received the notification: _____

Contact information for individual providing the notification

Full Name: _____

Title: _____

Organization: _____

Address: _____

Day-time phone: _____

Evening phone: _____

Fax Number: _____

E-mail address: _____

Why is this person contacting the drinking water utility? _____

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

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

DESCRIPTION OF PUBLIC HEALTH EPISODE

Nature of public health episode:

Unusual disease (mild) Unusual disease (severe) Death

Other: _____

Symptoms:

Diarrhea Vomiting/nausea Flu-like symptoms

Fever Headache Breathing difficulty

Other: _____

Describe symptoms: _____

Causative Agent: Known Suspected Unknown

If known or suspected, provide additional detail below

Chemical Biological Radiological

Describe _____

Estimate of time between exposure and onset of symptoms: _____

Exposed Individuals:

Location where exposure is thought to have occurred

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

Additional notes on location of exposure: _____

Collect addresses for specific locations where exposure is thought to have occurred.

Is the pattern of exposure clustered in a specific area? Yes No

Extent of area

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

Additional notes on extent of area: _____

Do the exposed individuals represent a disproportionate number of:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Immune compromised | <input type="checkbox"/> Elderly | <input type="checkbox"/> Children |
| <input type="checkbox"/> Infants | <input type="checkbox"/> Pregnant women | <input type="checkbox"/> Women |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> None, no specific groups dominate the makeup of exposed individuals | | |

EVALUATION OF LINK TO WATER

Are the symptoms consistent with typical waterborne diseases, such as gastrointestinal disease, vomiting, or diarrhea? Yes No

Does the area of exposure coincide with a specific area of the system, such as a pressure zone or area feed by a specific plant? Yes No

Were there any consumer complaints within the affected area? Yes No

Were there any unusual water quality data within the affected area? Yes No

Were there any process upsets or operational changes? Yes No

Was there any construction/maintenance within the affected area? Yes No

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

SIGNOFF

Name of person completing form:

Print name _____

Signature _____

Date/Time: _____

Source: Response Protocol Toolbox - Module 3: Site Characterization and Sampling Guide
http://www.epa.gov/safewater/watersecurity/pubs/guide_response_module3.pdf

Site Characterization Plan Template

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

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

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

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

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

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

INSTRUCTIONS

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

THREAT WARNING INFORMATION

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

INVESTIGATION SITE

Site Name: _____

Type of facility:

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

Address: _____

Additional Site Information: _____

INITIAL HAZARD ASSESSMENT

Are there any indicators of an explosive hazard? Yes No

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

Initial hazard categorization

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

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

SITE CHARACTERIZATION TEAM

Name & Affiliation of Site Characterization Team Leader:

Drinking water utility staff:

- Water quality specialist Name: _____
- Security specialist Name: _____
- Operations specialist Name: _____
- Other _____ Name: _____

Representatives from other agencies:

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

COMMUNICATION PROCEDURES

Mode of communication:

- Phone 2-way radio Digital
- Facsimile Other _____

Reporting events:

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

FIELD SCREENING CHECKLIST

U	Parameter¹	Screen²	Meter/Kit ID³	Check Date⁴	Reference Value⁵
	Radiation	Both			
	Chlorine residual	Water			
	pH / conductivity	Water			
	Cyanide	Water			
	Volatile chemicals	Safety			
	Chemical weapons	Both			
	Biotoxins	Water			
	Pathogens	Water			

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

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

SAMPLING CHECKLIST

U	Analyte¹	No. Samples	Sample Preservation²
	Standard VOCs		
	Semi-volatiles		
	Quaternary nitrogen compounds		
	Cyanide		
	Carbamate pesticides		
	Metals/elements		
	Organometallic compounds		
	Cyanide		
	Radionuclides		
	Non-target VOCs		
	Non-target organic compounds		
	Non-target inorganic compounds		
	Immunoassays		
	Pathogens – culture		
	Pathogens – PCR		
	Water quality – bacteria		
	Water quality – chemistry		

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

EQUIPMENT CHECKLIST

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

SAMPLE HANDLING INSTRUCTIONS

Sample delivery:

- Return samples to water utility
- Ship samples to specified location
- Deliver samples to specified recipient (e.g., laboratory, law enforcement, shipping co., etc.)

Name of recipient: _____

Phone No.: _____

Fax No.: _____

Delivery address: _____

Sample storage and security:

Describe any special precautions or instructions related to sample storage and security:

SIGNOFF

Incident Commander (or designee responsible for developing Site Characterization Plan):

Print name _____

Signature _____

Date/Time: _____

Site Characterization Team Leader:

Print name _____

Signature _____

Date/Time: _____

Site Characterization Report Form

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

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

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

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

Signs specific to the presence of chemical contamination include:

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

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

Table 3-4. Characteristics of Example Chemical 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

GENERAL INFORMATION

Date: _____ **Time arrived investigation at site:** _____

Name of Site Characterization Team Leader: _____

Phone No.: _____ **Fax No.:** _____

LOCATION OF INVESTIGATION SITE

Site Name: _____

Type of facility:

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

Address: _____

Weather Conditions at Site: _____

Additional Site Information: _____

APPROACH TO SITE

Time of Approach to Site: _____

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

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

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

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

Initial Observation and Assessment of Immediate Hazards

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

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

Report initial observations and results to incident commander.

Approval granted to proceed further into the site? Yes No

SITE INVESTIGATION

Time of Entry to Site: _____

Repeat Field Safety Screening

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

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

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

Signs of Hazard:

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

Describe signs of hazard: _____

Unexplained or Unusual Odors:

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

Describe unusual odor: _____

Unusual Vehicles Found at the Site:

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

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

Signs of Tampering:

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

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

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

Describe signs of tampering: _____

Unusual Equipment:

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

Describe equipment: _____

Unusual Containers:

Type of container:

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

Condition of container:

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

Size of container: _____

Describe labeling on container: _____

Describe visible contents of container: _____

Rapid Field Testing of the Water

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

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

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

Report findings of site investigation to incident commander.

Approval granted to proceed with sample collection? Yes No

SAMPLING

Time Sampling was Initiated / Completed: _____ / _____

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

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

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

Safety Checklist:

- Do not** eat, drink, or smoke at the site.
- Do not** taste or smell the water samples.
- Do** use the general PPE included in the emergency water sampling kit.
- Avoid** all contact with the water, and flush immediately with clean water in the case of contact.
- Slowly fill** sample bottles to avoid volatilization and aerosolization.
- Minimize** the time that personnel are on site and collecting samples.

General Sampling Guidelines:

- Properly label each sample bottle.
- Carefully flush sample taps prior to sample collection, if applicable.
- Collect samples according to method requirements (e.g., without headspace for VOCs).
- Add preservatives or dechlorinating agents as specified.
- Carefully close sample containers and verify that they don't leak.
- Wipe the outside of sample containers with a mild bleach solution if there was any spillage.
- Place sample containers into a sealable plastic bag.
- Place samples into an appropriate, rigid shipping container.
- Pack container with frozen ice packs.
- Complete "Sample Documentation Form" (Appendix 8.4).
- Complete "Chain of Custody Form" (Appendix 8.5).
- Secure shipping container with custody tape.
- Comply with any other sample security provisions required by participating agencies.

EXITING THE SITE

Time of Site Exit: _____

Site Exit Checklist

- Verify that hatches, locks, etc. are properly secured.
- Remove all samples, equipment, and materials from the site.
- Verify that all samples are in the cooler and properly seal the cooler.
- Remove all PPE at site perimeter.
- Place disposable PPE and other trash into a heavy-duty plastic trash bag.
- Verify that the perimeter has been properly secured before leaving the site.
- Ensure that all documentation has been completed before leaving the site perimeter.
- Comply with any site control measures required by participating agencies.
- Contact incident commander and inform them that the team is leaving the site.

SIGNOFF

Site Characterization Team Leader:

Print name _____

Signature _____

Date/Time: _____

Zenith City Water Treatment Plant - Facilities Inspection Log**PAGE 78**

<i>Inspection Log</i>	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)
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<input type="checkbox"/> ESc-f-3	COMMUNICATION CARDS (NOT INCLUDED, 30 COPIES WILL BE PROVIDED IN STEP 3)
<input type="checkbox"/> m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

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The State Agency Representatives folder must contain the following files:

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<input type="checkbox"/> m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)

FEDERAL AGENCY REPRESENTATIVES

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<input type="checkbox"/> m-6	ZENITH CITY ROAD MAP (NOT INCLUDED, WILL BE PROVIDED IN STEP 4)