

The Board of Trustees of Colerain Township, County of Hamilton, State of Ohio,
met in regular session at 6:00 p.m., on the 8th day of January, 2013, at the Colerain Township
Administration Building, 4200 Springdale Road, Cincinnati, Ohio 45251, with the following
members present:

Dennis P. Deters, Jeffrey F. Ritter, Melinda Rinehart

Mr./Ms. Rinehart introduced the following resolution and moved its
adoption:

RESOLUTION NO. 3 -13

RESOLUTION FOR DEMOLITION OF THE PROPERTY AT 7300 HARRISON AVENUE

WHEREAS, the Colerain Township Fire Department found the property at 7300 Harrison
Avenue, in Colerain Township, (parcel no.: 510-0440-0111) to be structurally deteriorating,
uninhabitable, unsafe and insecure in a memorandum dated December 13, 2012, a copy of
which is attached as Exhibit A; and

WHEREAS, the conditions on this property are negatively impacting adjacent properties; and

WHEREAS, Ohio Revised Code §505.86 provides that, at least thirty days prior to the providing
for the removal, repair, or securance of any building or structure which has been declared
insecure, unsafe, or structurally defective by the Township Fire Prevention Officer, or by the
Hamilton County Building Department, or has been declared unfit for human habitation by the
Hamilton County General Health District, the Board of Trustees shall notify the owner of the land
and any holders of liens of record upon the land; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Colerain Township,
Hamilton County, Ohio, as follows:

1. The Board specifically finds and hereby determines that the conditions found at 7300
Harrison Avenue constitute an unsafe and structurally insecure building within the meaning of
Ohio Revised Code §505.86, rendering the structure uninhabitable and negatively impacting
adjacent properties, and the Board directs that notice of this action be given to the owners of the
said property and lienholders in the manner required by Ohio Revised Code §505.86; and
2. That the Colerain Township Board of Trustees hereby orders the owners of said property
to demolish the house thereon within 30 days after notice of this order is given to the owners
and lienholders of record. If said building is not demolished by the said owners, or if no
agreement for removal, repair or abatement of conditions on the property is reached between
the Township and the owners and lienholders of record within thirty days after notice is given,
the Zoning Inspector shall cause the building to be demolished, and the Township shall notify
the County Auditor to assess such cost plus administrative expense to the property tax bills for
the said parcel, as provided in Ohio Revised Code §505.86.
3. That it is hereby found and determined that all formal actions of this Board concerning
and relating to the passage of this Resolution were taken in an open meeting of this Board, and
that all deliberations of this Board and any of its committees that resulted in such formal action
were taken in meetings open to the public, in compliance with all legal requirements including
§121.22 of the Ohio Revised Code; and

4. That this Resolution shall be effective at the earliest date allowed by law.

Mr./Ms. Ritter seconded the Resolution, and the roll being called upon the question of its adoption, the vote resulted as follows:

Vote Record: Mr. Deters AYE, Mr. Ritter AYE, Ms. Rinehart AYE

ADOPTED this 8th day of January, 2013.

BOARD OF TRUSTEES:

[Signature]
Dennis P. Deters, Trustee

[Signature]
Jeffrey F. Ritter, Trustee

[Signature]
Melinda Rinehart, Trustee

ATTEST:

[Signature]
Heather E. Harlow,
Fiscal Officer

Resolution prepared by and approved as to form:

[Signature]
Lawrence E. Barbieri (0027106)
5300 Socialville Foster Rd., Suite 200
Mason, OH 45040
(513) 583-4200
Colerain Township Law Director

AUTHENTICATION

This is to certify that this Resolution was duly passed and filed with the Colerain Township Fiscal Officer this 8th day of January, 2013.

[Signature]
Heather E. Harlow,
Colerain Township Fiscal Officer



Colerain Township

Trustees
DENNIS P. DETERS
MELINDA A. RINEHART
JEFFREY F. RITTER

Fiscal Officer
HEATHER E. HARLOW

Administrator
JAMES M. ROWAN

ADMINISTRATION

4200 Springdale Road • Colerain Township, Ohio 45251-1419
(513) 385-7500 FAX (513) 245-6503 • www.coleraintwp.org

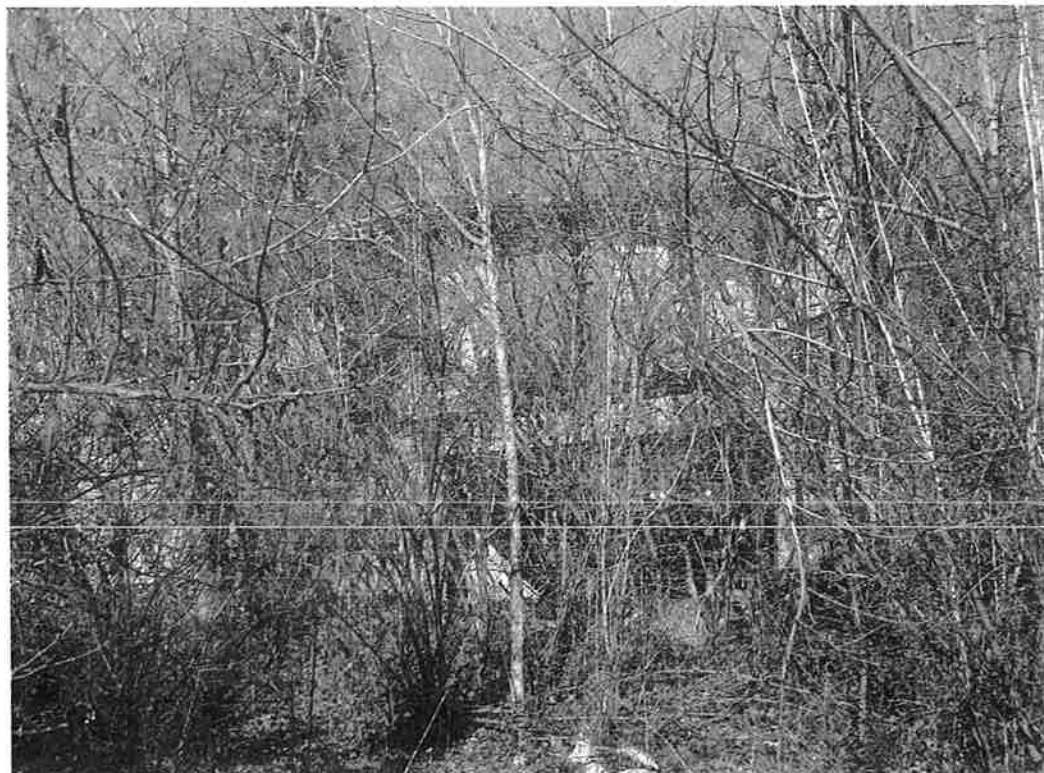
To: Chief Bruce Smith
From: Fire Inspector James Bowman
Re: 7300 Harrison Avenue
510-0440-0111
Date: December 13, 2012

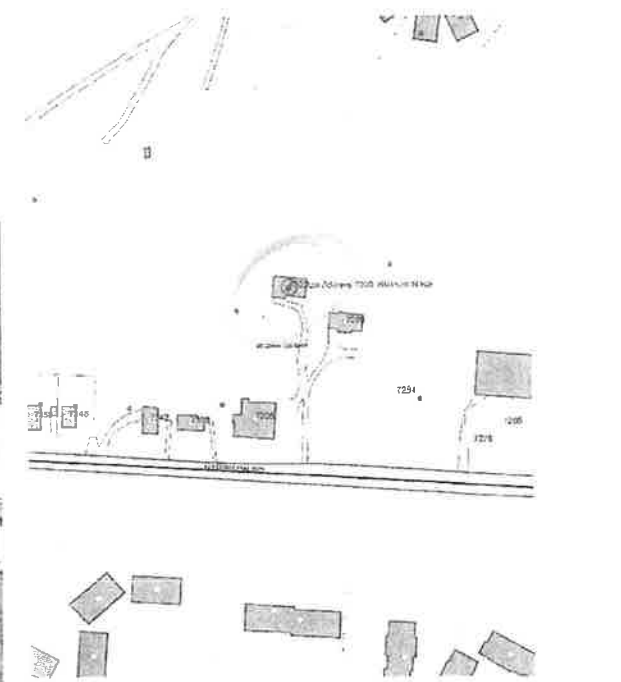
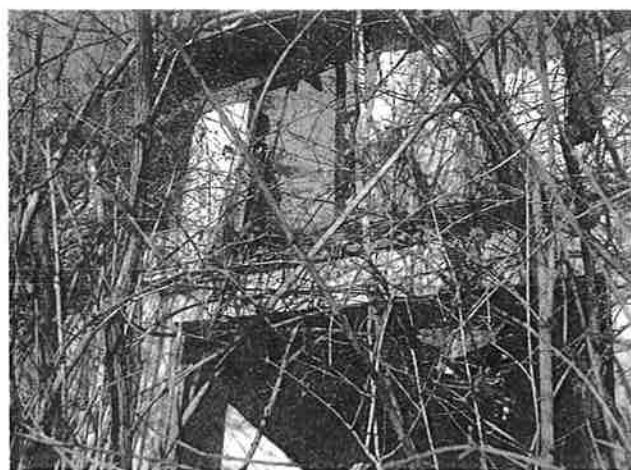
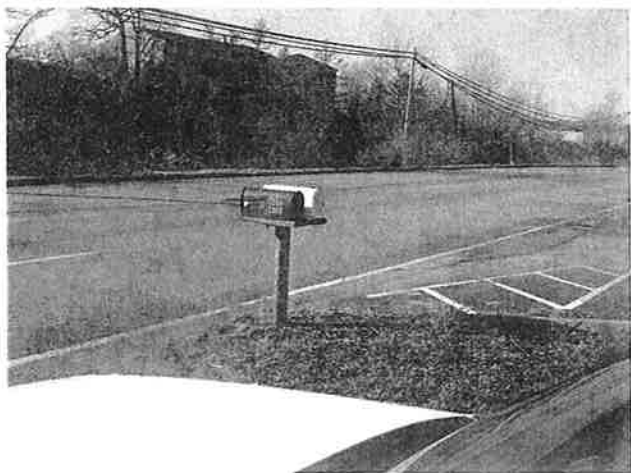
On December 5, 2012, I visited the property located at 7300 Harrison Avenue, in Colerain Township to evaluate the residence for unsafe conditions. This vacant property has been damaged by fire, is open to elements, signs of years of neglect, is insecure and is structurally deficient.

7300 Harrison Avenue is structurally deteriorating and uninhabitable in its current condition.

In compliance with ORC Section 505.86 (B), I am declaring the property at as unsafe and insecure.

It is my opinion that this property should be brought up to standards or demolished







Colerain Township

Trustees
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JEFFREY F. RITTER

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HEATHER E. HARLOW

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ADMINISTRATION

4200 Springdale Road • Colerain Township, Ohio 45251-1419
(513) 385-7500 FAX (513) 245-6503 • www.coleraintwp.org

Date: 12/5/12
Location: 7300 Harrison

Structure: ☐ Accessory
☐ Garage
☐ Mobile Home
☒ Residence

☒ Insecure ☒ Neglected ☒ Open to Elements ☐ Squatters

☒ Structurally Deficient ☒ Vacant ☐ Water Damage

Notes: Damaged by fire, open insecure
roof

Health Department Recommendation:

condemn yes ☐ no ☐ comment: _____
other yes ☐ no ☐ comment: _____

31103 02/03/2007 07-0000269

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner☐

Same as person involved?
Then check this box and skip
The rest of this section.

Business name (if Applicable)

Area Code

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks

Local Option

Dispatched to investigate a reported structure fire. Upon arrival of the first fire company (Engine 103) heavy fire conditions were observed from a one-story residential structure, which appeared to be 100% involved in fire. Initial reports indicated the structure was unoccupied and considered vacant. The incident was declared a "defensive" operation, and maintained throughout. Engine 103 initiated their attack by forward-laying a five-inch supply line from the fire hydrant located at 7298 Harrison Ave., and deploying a 2-1/2-inch attack line from the "Alpha - Delta" sides of the structure. Quint 53 was positioned on the "Alpha" side to deliver an elevated master stream, which was supplied from Engine 25 by forward -laying a five-inch supply line to a fire hydrant located at 7342 Harrison Ave.. The interior floor and the roof collapsed during extinguishment operations. After the fire was declared "under control" personnel continued to expose concealed spaces and apply fire streams using two 1-3/4-inch hand-lines on the "Charlie" side and a portable master stream to the "Alpha" side from the exterior of the structure. The application of effective fire streams were hampered by the terrain and the over growth of vegetation surrounding the structure.

Captain Hempel briefly interviewed the property owner, which stated that the electrical service was still operable, but turned-off at each individual circuit breaker. The owner also stated there were immediate plans to raze the structure.

L Authorization

15

Officer in charge ID

Niehaus, Rick E

Signature

AC

Position or rank

2503

Assignment

02

Month

04

Day

2007

Year

Check
Box if
same
as Officer
in charge.

139

Member making report ID

Cook, Frank W

Signature

BC

Position or rank

D25

Assignment

02

Month

04

Day

2007

Year

A <div style="border: 1px solid black; padding: 2px;">31103</div> FDID *	<div style="border: 1px solid black; padding: 2px;">OH</div> State *	<div style="border: 1px solid black; padding: 2px;">02</div> MM	<div style="border: 1px solid black; padding: 2px;">03</div> DD	<div style="border: 1px solid black; padding: 2px;">2007</div> YYYY	<div style="border: 1px solid black; padding: 2px;">103</div> Station	<div style="border: 1px solid black; padding: 2px;">07-0000269</div> Incident Number *	<div style="border: 1px solid black; padding: 2px;">000</div> Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -2 Fire
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B Property Details B1 <div style="border: 1px solid black; padding: 2px;">0001</div> <input type="checkbox"/> Not Residential <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i> B2 <div style="border: 1px solid black; padding: 2px;">001</div> <input type="checkbox"/> Buildings not involved <i>Number of buildings involved</i> B3 <div style="border: 1px solid black; padding: 2px;"></div> <input checked="" type="checkbox"/> None <i>Acres burned (outside fires)</i> <input type="checkbox"/> Less than one acre	C On-Site Materials <input type="checkbox"/> None or Products <i>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved</i> Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> On-site material (1) </div> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> On-site material (2) </div> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> On-site material (3) </div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> <div style="width: 20%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> <div style="width: 20%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div>
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D Ignition D1 <div style="border: 1px solid black; padding: 2px;">UU</div> <div style="border: 1px solid black; padding: 2px;">Undetermined</div> <i>Area of fire origin *</i> D2 <div style="border: 1px solid black; padding: 2px;">UU</div> <div style="border: 1px solid black; padding: 2px;">Undetermined</div> <i>Heat source *</i> D3 <div style="border: 1px solid black; padding: 2px;">UU</div> <div style="border: 1px solid black; padding: 2px;">Undetermined</div> <i>Item first ignited *</i> 1 <input type="checkbox"/> Check Box if fire spread was confined to object of origin D4 <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <i>Type of material first ignited</i> Required only if item first ignited code is 00 or <70	E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing To Ignition <div style="display: flex;"> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">UU</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Undetermined</div> Factor Contributing To Ignition (1) </div> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Factor Contributing To Ignition (2) </div> </div>	E3 Human Factors Contributing To Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Equipment Involved Brand <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Model <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Serial # <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Year <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div>	F2 Equipment Power <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Fire suppression factor (1) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Fire suppression factor (2) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Fire suppression factor (3)
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned	H2 Mobile Property Type & Make <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Mobile property type <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"></div> Mobile property make <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 45%;"></div> Mobile property model </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30%;"></div> License Plate Number </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 15%;"></div> State </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30%;"></div> VIN Number </div>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <i>Some of the information presented in this report may be based upon reports from other Agencies</i> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
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I1 Structure Type * If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input checked="" type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story 001 <small>Total number of stories at or above grade</small> 001 <small>Total number of stories below grade</small>	I4 Main Floor Size* NFIRS-3 Structure Fire , 001 , 849 Total square feet OR , BY , Length in feet Width in feet
J1 Fire Origin * 001 <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story Number of stories w/ minor damage (1 to 24% flame damage) Number of stories w/ significant damage (25 to 49% flame damage) Number of stories w/ heavy damage (50 to 74% flame damage) 001 Number of stories w/ extreme damage (75 to 100% flame damage)		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 UU Undetermined Item contributing most to flame spread K2 UU Undetermined Type of material contributing most of flame spread Required only if item contributing code is 00 or <70
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present Complete rest of Section M	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating		

NFIRS-3 Revision 01/19/99

FDID	31103	State	OH	Incident Date	MM	DD	YYYY	2	3	2007	Station	103	Incident Number	07-0000269	Exposure	000	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
15 Niehaus, Rick E	2503	OD On Duty		AC		24.0	3.53	0.00
139 Cook, Frank W	2505	OD On Duty		BC		24.0	3.53	0.00
128 Miller, Brad M	2506	OD On Duty		DVC		24.0	3.53	0.00
78 Sauerwein, Roger A	2515	OD On Duty		CP		24.0	3.53	0.00
174-11 Miller, Jennifer L	2575	OD On Duty		FFPFAO		24.0	3.53	0.00
117 Bowman, Jim J	E102	X OD On Duty		FFPFAO		24.0	3.53	0.00
122 Drennan, Matthew C	E102	OD On Duty		FFPFAO		24.0	3.53	0.00
19 Kelsey, Kevin P	E102	OD On Duty		FFPFAO		24.0	3.53	0.00
22-09 Thomas, Carlton E	E102	OD On Duty		FFE		24.0	3.53	0.00
151-12 Allen, Jonathan A	E103	OD On Duty		FFPFAO		24.0	3.53	0.00
18 Hempel, Joe E	E103	OD On Duty		CP		24.0	3.53	0.00
199 Niehaus, Craig R	E103	X OD On Duty		FFPFAO		24.0	3.53	0.00
72 Wimmel, Michael A	E103	OD On Duty		FFPFAO		24.0	3.53	0.00
170-12 Cooney, Kellie M	E25	X OD On Duty		FFPFAO		24.0	3.53	0.00
185 Vangen, Matthew f	E25	OD On Duty		FFPFAO		24.0	3.53	0.00
43 Kief, Robert W	E25	OD On Duty		FFPFAO		24.0	3.53	0.00
176-08 Davis, Jason P	E26	OD On Duty		EMT		24.0	3.53	0.00
192 Trusler, Nathan	E26	OD On Duty		FFPFAO		24.0	3.53	0.00
35 Hammons, Steve M	E26	X OD On Duty		FFPFAO		24.0	3.53	0.00
50 Edwards, Darian E	E26	OD On Duty		CP		24.0	3.53	0.00
172 Shroyer, Jeremy M	L25	OD On Duty		FFPFAO		24.0	3.53	0.00
182-07 Martin, James M	L25	OD On Duty		FFE		24.0	3.53	0.00
69 Heid, Brian A	L25	OD On Duty		FFE		24.0	3.53	0.00
77 Kaake, Mike E	L25	X OD On Duty		CP		24.0	3.53	0.00
175 Wullenweber, Craig E	R26	X OD On Duty		FFPFAO		24.0	3.53	0.00
204 Williams, Richard M	R26	OD On Duty		FFPFAO		24.0	3.53	0.00
53-08 Dawkins, Henry A	R26	OD On Duty		FFE		24.0	3.53	0.00
66 Bogolo, Justin	R26	OD On Duty		FFPFAO		24.0	3.53	0.00
112 Vadnais, Michael K	SQ25	OD On Duty		FFPFAO		24.0	3.53	0.00
48-08 O'Hara, Christopher	SQ25	OD On Duty		FFE		24.0	3.53	0.00
127 Stenger, Ronald P	SQ26	OD On Duty		FFPFAO		24.0	3.53	0.00
58 Ploeger, Jennifer L	SQ26	OD On Duty		PM		24.0	3.53	0.00

Total Participants: 32

Total Personnel Hours: 768.00

An 'X' next to the unit denotes driver.

FDID	State	Incident	Date	Station	Incident Number	Exposure	NFIRS - Involvement User Fields
31103	OH	2	3	103	07-0000269	000	

Involvement

Name:

Jones, Mary

Involvement

Type:

Occupant/Owner

Owner:

Occupant:

X

X