

**The Board of Trustees of Colerain Township, County of Hamilton, State of Ohio**, met in regular session at 6:00 p.m., on the 1<sup>st</sup> day of July, 2013, at the Colerain Township Community Center Building, 4300 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. 65 -13**

**RESOLUTION FOR DEMOLITION OF THE PROPERTY AT 2527 SUDBURY**

WHEREAS, the property at 2527 Sudbury, in Colerain Township, (parcel no: 510-0011-0310-00) was found by the Colerain Township Fire Department to be vacant, unsafe and insecure in a memorandum dated June 18, 2013 a copy of which is attached as Exhibit A; and

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

WHEREAS, Ohio Revised Code §505.86 that 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 2527 Sudbury 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 the 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 1<sup>st</sup> day of July, 2013.

BOARD OF TRUSTEES:

Dennis P. Deters, Trustee

Jeffrey F. Ritter, Trustee

Melinda A. Rinehart, Trustee

ATTEST:

Heather E. Harlow  
Heather E. Harlow,  
Fiscal Officer

L. E. Barbieri  
Law Director

**AUTHENTICATION**

This is to certify that this Resolution was duly passed and filed with the Colerain Township Fiscal Officer this 1<sup>st</sup> day of July, 2013.

Heather E. Harlow  
Heather E. Harlow,  
Colerain Township Fiscal Officer



To: Chief Bruce Smith

From: Fire Inspector James Bowman

Re: 2527 Sudbury Drive

Date: 05-09-2013

On May 3, 2013, I visited the property located at 2527 Sudbury Drive in Colerain Township to evaluate this structure for unsafe conditions. The residential structure damaged by fire is open to elements, is structurally deficient, vacant and has water damage.

This structure is uninhabitable in its current condition and is structurally deteriorating.

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 demolished.

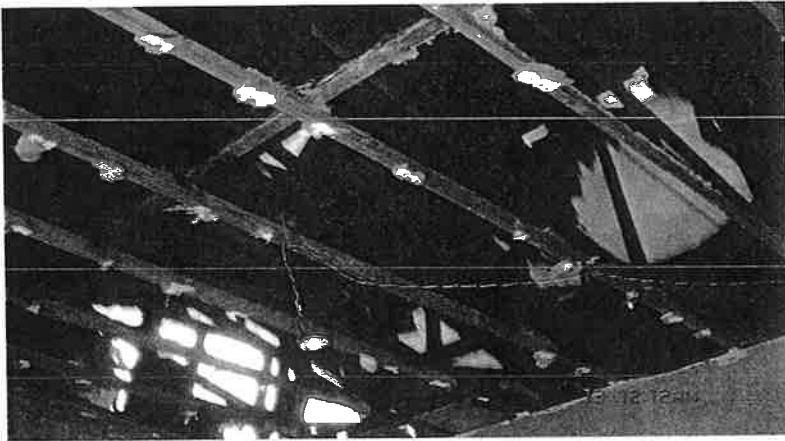
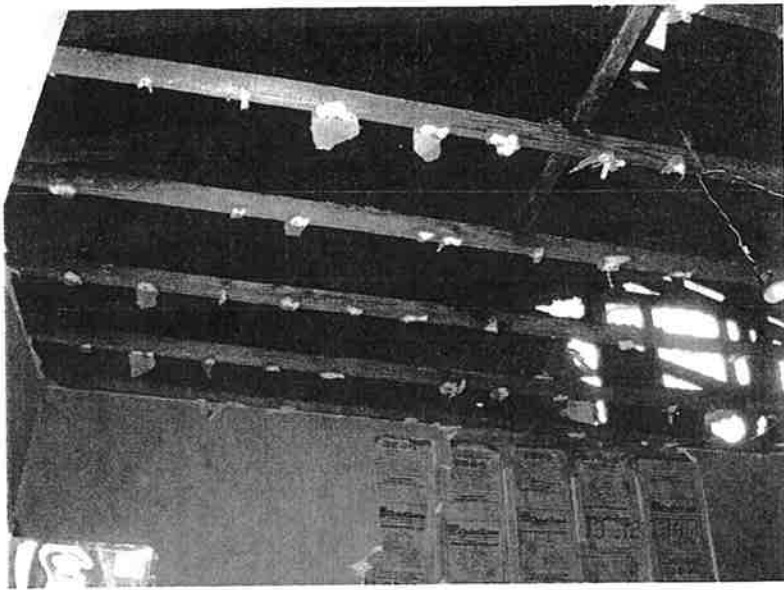
Notice of Condemnation by the Hamilton County Public Health Department is attached.



Colerain Township • 4200 Springdale Road • Colerain Township, Ohio 45251  
[www.coleraintwp.org](http://www.coleraintwp.org) • Phone (513) 385-7500 • Fax (513) 245-6503

**Trustees:** Dennis P. Deters, Melinda A. Rinehart, Jeffrey F. Ritter  
**Fiscal Officer:** Heather E. Harlow  
**Administrator:** James M. Rowan

COLERAIN





# COLERAIN

EST. 1794

Date: 6/18/13

Location: 2527 Sindbury

Structure: ☐ Accessory  
☐ Garage  
☐ Mobile Home  
☒ Residence

☐ Insecure ☒ Neglected ☒ Open to Elements ☐ Squatters  
☒ Structurally Deficient ☒ Vacant ☒ Water Damage

Notes: Structure damaged by fire 4/24/13  
Open to elements  
Structurally Deficient

Health Department Recommendation:  
condemn yes ☒ no ☐ comment: \_\_\_\_\_  
other yes ☒ no ☐ comment: HEBD

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COLERAIN

Notes regarding:

2527 Sudbury

On October 5 2012 I visited the property located at 2527 Sudbury in Colerain Township to evaluate this structure for unsafe conditions with HCB and HCHD.

This building is approximately a 1500 sq. ft. bi-level residential structure built in 1971, was damaged by fire on 04/24/2012. The damage to this structure is so severe that we must declare this structure unsafe and push to have the occupant removed.

The tenant a Mr. Chris Knight has been living in the structure since the fire. The electric has been shut off to the building and he is bringing in power with extension cords from the neighbors.

To: Chief Bruce Smith

From: Fire Inspector James Bowman

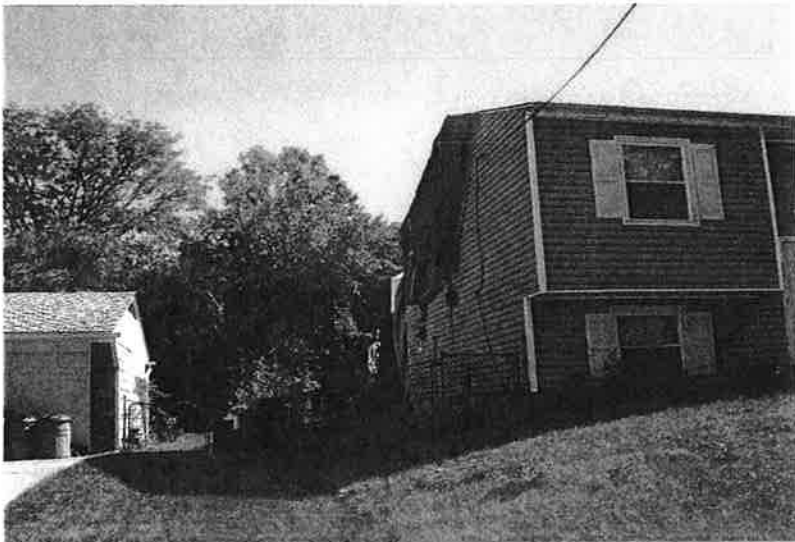
Re: 2527 Sudbury

Date: October 5 2012

On October 3, 2012, I, with the Hamilton County Building Department (HCBBD) and the Hamilton County Health Department (HCHD), visited the Colerain Township property, 2527 Sudbury. This structure is an approximately 1500 sq. ft. bi-level residential dwelling built in 1971. The structure was evaluated for unsafe conditions due to the fire damage on April 24, 2012. This structure has continued to be inhabited by a tenant with the only source of electrical power being provided by extension cords to other surrounding structures.

Based on the site visit, the property was condemned by the HCHD (orders attached), posted as an unsafe structure by HCBBD and declared an unsafe structure by Colerain Township Fire Department (CTFD).

In its current condition and in compliance with the Ohio Revised Code (ORC) section 505.86 (B), the structure located at 2527 Sudbury is uninhabitable and structurally unsafe.



<b>A</b> FDID <u>31103</u> * State <u>OH</u> * Incident Date <u>04</u> <u>24</u> <u>2012</u> * Station <u>109</u> Incident Number <u>12-0001032</u> * Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		<b>NFIRS -1</b> Basic
<b>B Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract <u>2280</u> - <u>1</u> Module In Section B "Alternative Location Specification". Use only for Wildland fires.				
<input checked="" type="checkbox"/> Street address <u>2527</u> <u>Sudbury</u> <u>DR</u> Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <u>Cincinnati</u> <u>OH</u> <u>45251</u> - <u></u> Apt./Suite/Room City State Zip Code <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions Cross street or directions, as applicable				
<b>C Incident Type *</b> <u>111</u> Building fire Incident Type		<b>E1 Date &amp; Times</b> Midnight is 0000 Check boxes if dates are the same as Alarm Date. Month Day Year Hr Min Sec ALARM always required Alarm * <u>04</u> <u>24</u> <u>2012</u> <u>08:10:56</u> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival * <u>04</u> <u>24</u> <u>2012</u> <u>08:15:21</u> CONTROLLED Optional, Except for wildland fires <input checked="" type="checkbox"/> Controlled <u>04</u> <u>24</u> <u>2012</u> <u>10:25:03</u> LAST UNIT CLEARED, required except for wildland fires Last Unit <u>04</u> <u>24</u> <u>2012</u> <u>10:25:03</u> <input checked="" type="checkbox"/> Cleared		
<b>D Aid Given or Received*</b> 1 <input type="checkbox"/> Mutual aid received 2 <input checked="" type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input type="checkbox"/> None Their FDID <u>31037</u> Their State <u></u> Their Incident Number <u></u>		<b>E2 Shift &amp; Alarms</b> Local Option <u>D</u> <u>01</u> <u>109B</u> Shift or Alarms District Platoon <b>E3 Special Studies</b> Local Option Special Study ID# <u></u> Special Study Value <u></u>		
<b>F Actions Taken *</b> <u>11</u> Extinguishment by fire Primary Action Taken (1) <u></u> Additional Action Taken (2) <u></u> Additional Action Taken (3)		<b>G1 Resources *</b> <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0006</u> Personnel <u>0025</u> Suppression EMS <u>0001</u> Other <u>0008</u> <u>0011</u> <input checked="" type="checkbox"/> Check box if resource counts include aid received resources.		
<b>Completed Modules</b> <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u></u> , <u>040</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u></u> , <u>020</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <u></u> , <u>097</u> , <u>180</u> <input type="checkbox"/> Contents \$ <u></u> , <u>048</u> , <u>590</u> <input type="checkbox"/>		
<b>H1* Casualties</b> <input checked="" type="checkbox"/> None Deaths Injuries Fire Service <u></u> <u></u> Civilian <u></u> <u></u> <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown		<b>H3 Hazardous Materials Release</b> N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		
<b>J Property Use* Structures</b> 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital <b>Outside</b> 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u> NFIRS-1 Revision 03/11/99		



**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-19) as necessary

**K2 Owner**

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

Local Option

House is deeded to The Hamblen

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

Sudbury

Street Type

Suffix

Post Office Box

Apt./Suite/Room

Cincinnati

City

State

Zip Code

**L Remarks**

Local Option

Units responded to the noted address for a possible structure fire. Upon arrival E-109 found heavy, gray smoke coming from the attic vent on the Bravo side of a bi-level residential structure. The occupants were directing a garden hose into the attic vent from the outside. Water supply and command were established. A 360 was completed and a brief interview with an occupant took place. He stated that all occupants were out of the structure and that there was a fire in the fireplace from early this morning and explained it's location in the lower level. A quick scan into the building confirmed the information and revealed no smoke showing in the living spaces. An "all clear" was declared.

Engine 109 directed Ladder 42 to send one crew to the lower level to put out the fire in the fireplace and their other crew to proceed to the roof for vertical ventilation. At the same time Engine 109 entered the structure and proceeded toward the Bravo/Charlie corner kitchen area where the chimney ran through to the roof. Engine 109 pulled ceiling to expose the fire in the attic and began extinguishment. Engine 43 also entered the building and was instructed to move toward the Delta side to cut the fire off. After flowing approximately 500 gallons of water the fire was declared "under control". During that period a mayday was called by the rear sector officer due to a member of the roof ventilation crew falling through the roof up to his chest. With assistance from his partner he was pulled back onto the roof deck and aerial ladder. The mayday was cleared and roof operations were stopped.

During extinguishment other companies controlled utilities, deployed salvage covers, and provided personnel to function as a rapid assist team and provide accountability. A "loss stopped" was declared and an investigation occurred to determine the cause of the fire. The cause was suspected to be a faulty chimney liner that failed to contain the heat

**L Authorization**

93

Officer in charge ID

Ellert, Randy J

Signature

BC

Position or rank

Assignment

04

Month

24

Day

2012

Year

Check Box if same as Officer in charge.

26

Member making report ID

Beach, Tim P

Signature

CP

Position or rank

Assignment

04

Month

24

Day

2012

Year

31103  
FDID \*

OH  
State \*

MM DD YYYY  
4 24 2012  
Incident Date \*

109  
Station

12-0001032  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

Units responded to the noted address for a possible structure fire. Upon arrival E-109 found heavy, gray smoke coming from the attic vent on the Bravo side of a bi-level residential structure. The occupants were directing a garden hose into the attic vent from the outside. Water supply and command were established. A 360 was completed and a brief interview with an occupant took place. He stated that all occupants were out of the structure and that there was a fire in the fireplace from early this morning and explained it's location in the lower level. A quick scan into the building confirmed the information and revealed no smoke showing in the living spaces. An "all clear" was declared.

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During extinguishment other companies controlled utilities, deployed salvage covers, and provided personnel to function as a rapid assist team and provide accountability. A "loss stopped" was declared and an investigation occurred to determine the cause of the fire. The cause was suspected to be a faulty chimney liner that failed to contain the heat traveling upward from the fireplace. The occupant stated that the 37 year old chimney had not been professionally cleaned or inspected for at least 3 or 4 years. Any potential hot spots were exposed to complete overhaul and the occupant was permitted inside where an explanation of the cause and action was provided. A "bumper huddle" was conducted to discuss the incident and companies were released as they assembled their equipment.

<b>A</b>	FDID <b>31103</b> *	State <b>OH</b> *	Incident Date <b>MM DD YYYY</b> <b>04 24 2012</b> *	Station <b>109</b>	Incident Number <b>12-0001032</b> *	Exposure <b>000</b> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>NFIRS -2 Fire</b>
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<b>B Property Details</b>  <b>B1</b> <input type="checkbox"/> <b>0001</b> <input type="checkbox"/> <b>Not Residential</b> <i>Estimated Number of residential living units in building of origin whether or not all units became involved</i>  <b>B2</b> <input type="checkbox"/> <b>001</b> <input type="checkbox"/> <b>Buildings not involved</b> <i>Number of buildings involved</i>  <b>B3</b> <input type="checkbox"/> <b>None</b> <input checked="" type="checkbox"/> <b>Less than one acre</b> <i>Acres burned (outside fires)</i>	<b>C On-Site Materials</b> <input type="checkbox"/> <b>None</b> <small>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</small> Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> <b>On-site material (1)</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="flex: 1;">           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> <div style="display: flex;"> <div style="flex: 1;"> <b>On-site material (2)</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="flex: 1;">           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> <div style="display: flex;"> <div style="flex: 1;"> <b>On-site material (3)</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="flex: 1;">           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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<b>D Ignition</b>  <b>D1</b> <input type="checkbox"/> <b>74</b> <input type="checkbox"/> <b>Attic: vacant, crawl</b> <i>Area of fire origin *</i>  <b>D2</b> <input type="checkbox"/> <b>60</b> <input type="checkbox"/> <b>Heat from other open</b> <i>Heat source *</i>  <b>D3</b> <input type="checkbox"/> <b>18</b> <input type="checkbox"/> <b>Insulation within</b> <i>Item first ignited *</i> <input type="checkbox"/> <small>Check Box if fire spread was confined to object of origin</small>  <b>D4</b> <input type="checkbox"/> <b>UU</b> <input type="checkbox"/> <b>Undetermined</b> <i>Type of material first ignited</i> <small>Required only if item first ignited code is 00 or &lt;70</small>	<b>E1 Cause of Ignition</b> <input type="checkbox"/> <small>Check box if this is an exposure report. Skip to section G</small> 1 <input type="checkbox"/> Intentional 2 <input checked="" 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 type="checkbox"/> Cause undetermined after investigation	<b>E3 Human Factors Contributing To Ignition</b> Check all applicable boxes 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> <b>None</b> 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 <i>Estimated age of person involved</i> <input type="text"/>  1 <input type="checkbox"/> Male      2 <input type="checkbox"/> Female
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<b>F1 Equipment Involved In Ignition</b> <input type="checkbox"/> <b>None</b> <small>If Equipment was not involved, Skip to Section G</small>  <input type="text"/> <input type="text"/> <i>Equipment Involved</i>  Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/>	<b>F2 Equipment Power</b> <input type="text"/> <input type="text"/> <i>Equipment Power Source</i>  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary  <small>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</small>	<b>G Fire Suppression Factors</b> Enter up to three codes. <input checked="" type="checkbox"/> <b>None</b>  <input type="text"/> <input type="text"/> <input type="text"/> <i>Fire suppression factor (1)</i>  <input type="text"/> <input type="text"/> <input type="text"/> <i>Fire suppression factor (2)</i>  <input type="text"/> <input type="text"/> <input type="text"/> <i>Fire suppression factor (3)</i>
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<b>H1 Mobile Property Involved</b> <input type="checkbox"/> <b>None</b> 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	<b>H2 Mobile Property Type &amp; Make</b>  <input type="text"/> <input type="text"/> <i>Mobile property type</i>  <input type="text"/> <input type="text"/> <i>Mobile property make</i>  <input type="text"/> <input type="text"/> <input type="text"/> <i>Mobile property model</i> <i>Year</i>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>License Plate Number</i> <i>State</i> <i>VIN Number</i>	<b>Local Use</b> <input type="checkbox"/> <b>Pre-Fire Plan Available</b> <small>Some of the information presented in this report may be based upon reports from other Agencies</small> <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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NFIRS-2 Revision 01/19/99

<b>I1 Structure Type *</b> 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) 9 <input type="checkbox"/> Other type of structure		<b>I2 Building Status *</b> 1 <input type="checkbox"/> Under construction 2 <input checked="" 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 type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined		<b>I3 Building * Height</b> 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>		<b>I4 Main Floor Size*</b> <div style="border: 1px solid black; padding: 2px; float: right; font-size: small;">NFIRS-3 Structure Fire</div> _____ , _____ 001 , _____ 600 <small>Total square feet</small>  OR _____ , _____ BY _____ , _____ <small>Length in feet Width in feet</small>	
<b>J1 Fire Origin *</b> _____ 001 <input type="checkbox"/> Below Grade <small>Story of fire origin</small>		<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story _____ Number of stories w/ minor damage (1 to 24% flame damage) _____ 001 Number of stories w/ significant damage (25 to 49% flame damage) _____ Number of stories w/ heavy damage (50 to 74% flame damage) _____ Number of stories w/ extreme damage (75 to 100% flame damage)		<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span>  <b>K1</b> _____ <small>Item contributing most to flame spread</small>  <b>K2</b> _____ <small>Type of material contributing most of flame spread</small> <span style="float: right; font-size: x-small;">Required only if item contributing code is 00 or &lt;70</span>			
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input checked="" type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		<b>L1 Presence of Detectors *</b> (In area of the fire) N <input type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px; font-size: x-small;">Skip to section M</span> 1 <input type="checkbox"/> Present U <input checked="" type="checkbox"/> Undetermined		<b>L3 Detector Power Supply</b> 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 8 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined			
<b>L2 Detector Type</b> 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 6 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined		<b>L4 Detector Operation</b> 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) 9 <input type="checkbox"/> Undetermined		<b>L5 Detector Effectiveness</b> 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 9 <input type="checkbox"/> Undetermined  <b>L6 Detector Failure Reason</b> 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 7 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined			
<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present <span style="border: 1px solid black; padding: 2px; font-size: x-small;">Complete rest of Section M</span>		<b>M3 Automatic Extinguishment System Operation</b> 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) 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> Undetermined  <b>M4 Number of Sprinkler Heads Operating</b> Required if system operated _____ <small>Number of sprinkler heads operating</small>		<b>M5 Automatic Extinguishment System Failure Reason</b> 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 9 <input type="checkbox"/> Other _____ 9 <input type="checkbox"/> Undetermined <div style="text-align: right; font-size: x-small;">NFIRS-3 Revision 01/19/99</div>			
<b>M2 Type of Automatic Extinguishment System *</b> 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 <sub>2</sub> ) system 8 <input type="checkbox"/> Other special hazard system 9 <input type="checkbox"/> Undetermined							

<b>31103</b> FDID ★	<b>OH</b> State ★	<b>MM</b> <b>4</b>	<b>DD</b> <b>24</b>	<b>YYYY</b> <b>2012</b>	<b>109</b> Station	<b>12-0001032</b> Incident Number ★	<b>000</b> Exposure ★	<b>Responding Personnel</b>
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
54 Smith, Gordon B	2501	X OD On Duty		CH		24.0	1.69	0.00
37 Silvati, Joseph J	2502	X OD On Duty		DC		24.0	1.69	0.00
80 Brown, Greg A	2504	X OD On Duty		DVC		24.0	1.69	0.00
121 Walls, Michael A	2505	X OD On Duty		DVC		24.0	1.69	0.00
15 Niehaus, Rick E	D-25	OD On Duty		AC		24.0	1.69	0.00
93 Ellert, Randy J	D-25	X OD On Duty		BC		24.0	1.69	0.00
100 Lang, Anthony L	E102	X OD On Duty		FFPFAO		24.0	2.24	0.00
119 McKinley, Neil A	E102	OD On Duty		FFEFAO		24.0	2.24	0.00
125 Derbyshire, Dave A	E102	OD On Duty		FFPFAO		24.0	2.24	0.00
40 Ruwe, Christopher J	E102	OD On Duty		CP		24.0	2.24	0.00
116 Ehrman, Tom D	E109	OD On Duty		FFEFAO		24.0	2.24	0.00
214 Wolterman, Patrick R.	E109	OD On Duty		FFP		24.0	2.24	0.00
26 Beach, Tim P	E109	OD On Duty		CP		24.0	2.24	0.00
79 Huston, Thomas S	E109	X OD On Duty		FFPFAO		24.0	2.24	0.00
115 DiMuzio, Jerry A	E25	X OD On Duty		FFPFAO		24.0	1.13	0.00
136 Stall, Thomas G	E25	OD On Duty		CP		24.0	1.13	0.00
225 Bauer, Lawrence M	E25	OD On Duty		FFP		24.0	1.13	0.00
92 Bell, Justin N.	E25	OD On Duty		FFPFAO		24.0	1.13	0.00
16 Robinson, Jerome W	L25	X OD On Duty		FFPFAO		24.0	1.62	0.00
47 Fitzjarrell, Raymond	L25	OD On Duty		FFEFAO		24.0	1.62	0.00
68 Kraemer, Steve E	L25	OD On Duty		FFEFAO		24.0	1.62	0.00
73 Angst, Don C	L25	OD On Duty		FFPFAO		24.0	1.62	0.00
156 Grayson, Joe W	R26	X OD On Duty		FFPFAO		24.0	1.20	0.00
82 Jennings, Patrick J	R26	OD On Duty		FFEFAO		24.0	1.20	0.00
90 Arnold, Greg M	R26	OD On Duty		FFEFAO		24.0	1.20	0.00
38 Antolini, Mindy T.	SQ25	OD On Duty		PM		24.0	1.43	0.00
70 Rusin, Michael J	SQ25	X OD On Duty		FFPFAO		24.0	1.43	0.00

Total Participants: 27

Total Personnel Hours: 648.00

An 'X' next to the unit denotes driver.

Certified Mail # 7008 1830 0002 0322 1661  
Receipt Requested



PREVENT. PROMOTE. PROTECT.

*Timothy I. Ingram*  
Health Commissioner

250 William Howard Taft Road, 2nd Floor  
Cincinnati, OH 45219

Phone 513.946.7800  
Fax 513.946.7890

[hamiltoncountyhealth.org](http://hamiltoncountyhealth.org)

## Notice of Violation Notice of Condemnation

10/5/2012

KATHLEEN B HANSEL TR &  
SHAWNDA RENEE HAMBLER TR  
2527 SUDBURY DR  
CINCINNATI, OH 45231

Re: 2527 Sudbury Dr

Colerain Township

Report #37352

Dear Owner:

A site investigation was conducted on October 3, 2012 at the above referenced property in response to a complaint received by Hamilton County General Health District. This letter details the observations made during the investigation, existing violations of the Ohio Revised Code (ORC), the Hamilton County District Board of Health Environmental Sanitation Regulation No. 1-67, and corrective actions required to obtain compliance with the applicable regulations.

### Observations

On October 3, 2012, heavy fire damage was observed in the kitchen, living room, and hallway of home. Ceiling and roof was missing in most of the home, but area was being covered by several tarps. Electric service was being provided by extension cords from a neighboring property at the time of inspection.

Additionally, the home is being posted as an unsafe structure and the electric service is being terminated by Colerain Township Fire Department on October 5, 2012.

### Violations

ORC 3707.01 states: "The board of health of a city or general health district shall abate and remove all nuisances within its jurisdiction. It may, by order, compel the owners, agents, assignees, occupants, or tenants of any lot, property, building, or structure to abate and remove any nuisance therein, and prosecute such persons for neglect or refusal to obey such orders."

You are currently in violation of **Hamilton County District Board of Health Environmental Sanitation Regulation No. 1-67:**

- 4.15 - Exterior property areas and accessory structures shall be free from health, fire, and

accident hazards, and vermin, insect and rodent harborage and conditions which might create a nuisance.

- 4.17 - Every foundation floor, ceiling, wall and roof shall be reasonably weathertight and rodent proof. Where excessive dampness exists, corrective measures shall be required to relieve this dampness.
- 4.20 - Where there is electric service available from power lines which are not more than 300 feet away from a dwelling, every habitable room of such dwelling shall contain at least two separate floor or wall-type electric convenience outlets or one such convenience outlet and one supplied ceiling-type electric light fixture; and every water closet compartment, bathroom, laundry room, furnace room, and public hall shall contain at least one supplied ceiling-or-wall-type electric light fixture. Every such outlet and fixture shall be properly installed, shall be maintained in good and safe working condition, and shall be connected to the source of electric power in a safe manner.
- 4.22 - No owner or operator shall cause any service, facility, equipment, or utility which is required under this regulation to be removed from or shut off from or discontinued for occupied dwelling let or occupied by him...
- 4.29 - No owner shall occupy or let to any other occupant any vacant dwelling unit unless it is clean, sanitary, and fit for human occupancy.
- 4.31 - Every occupant of a dwelling or dwelling unit shall keep in a clean and sanitary condition that part of the dwelling, dwelling unit, and premises thereof which he occupies and controls.

**Furthermore, you are currently in violation of ORC Section 3701.01 – Public Health Nuisance.**

**Pursuant to ORC 3707.99 this/these violation(s) constitute a minor misdemeanor on the first offense and a misdemeanor of the fourth degree on each subsequent offense, if you are found guilty of the original misdemeanor.**

**In addition, your home is condemned and considered unfit for human habitation under the authority of the Hamilton County General Health District. Environmental Sanitation Regulation No. 1-67 states:**

- 6.1 Any dwelling or dwelling unit which shall be found to have any of the following defects shall be condemned as unfit for human habitation and shall be so designated and placarded by the health commissioner.
- (a) One which is so damaged, decayed, dilapidated, insanitary, unsafe, or vermin infested that it creates a serious hazard to the health or safety of the occupants or of the public.
  - (b) One that lacks illumination, ventilation or sanitation facilities adequate to protect the health or safety of the occupants or of the public.
  - (c) One which because of its general condition or location is insanitary, or otherwise dangerous to the health or safety of the occupants or of the public.

**Required Corrective Action**

As the owner of the property, you are responsible for maintaining the property in a clean and sanitary condition. You must 1) replace the roof, and 2) restore electric service from a safe and approved source.

**The above actions must be completed by November 4, 2012. Failure to do so may result in referral of this case to the Environmental Division at the Office of the Hamilton County Prosecuting Attorney.**

A re-inspection of the property by the Environmental Health Division of Hamilton County Public Health will be conducted on or after November 5, 2012 to ensure corrective actions have been made to remedy the situation. In addition, continued surveillance of the property will be conducted to verify compliance.

Please feel free to contact me if you have any questions or concerns at (513) 946-7839.

Sincerely,

A handwritten signature in dark ink, appearing to read "Scott Puthoff", written in a cursive style.

Scott Puthoff, RS  
Supervisor  
Environmental Health Division

CC: Jeremy Hessel, EH Division Director  
Colerain Township Fire Department  
Tucker Stone, EH Division Supervisor



Certified Mail # 7008 1830 0002 0322 1661  
Receipt Requested



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