



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2020-3388
Officer Involved Critical Incident – 1062 Oberlin Drive, Columbus,
Ohio

Date of Activity: 12/22/2020
Author: SAS Kevin Barbeau, #142

Narrative:

On Tuesday, December 22, 2020, Bureau of Criminal Investigation (BCI) Special Agent Supervisor (SAS) Kevin Barbeau requested Columbus Division of Fire (CFD) records pertaining to a call for service at 1062 Oberlin Drive, Columbus, Ohio. This call for service involves an Officer-Involved Critical Incident where CPD Officer Adam Coy and Officer Amy Detweiler responded to the area of the listed address. During said call, Ofc. Coy fired his firearm striking Andre Hill, who eventually died from injuries he sustained.

SAS Barbeau received the attached CFD records from Beth Cottrell, Administrative Secretary, Emergency Services Bureau. Likewise, SAS Barbeau received e-mail communication from Amy Cooper, Special Operations/Medical Records, who advised the attached documents contain limited information being Upper Arlington Medic 72 was in charge of the scene and CFD assisted at the incident.

SAS Barbeau reviewed the attached records and the following should be noted:

- Incident #20-0193851
- Location: 1054 Oberlin Drive, Columbus, Ohio 43221
- Date: December 22, 2020
- Alarm 01:57:40; Arrival 02:08:38; Clear 03:07:13
- Action Taken: Transport Person
- E19 (Engine 19):
 - Dispatch 02:15; Enroute 02:17; Clear 02:43
 - Personnel:
 - FF Martin Bowman
 - Capt Thomas Cerny
 - FF Jeffrey McLain
 - FF Andrew Meyta
- EMS13
 - Dispatch 01:57; Arrival 02:08; Clear 02:27
 - Personnel:
 - Lt Jeffrey Shaw (Supervisor)
- M19 (Medic 19)

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- Dispatch 01:57; Enroute 01:59:49; Arrival 02:09; Clear 02:46
- Personnel:
 - FF Christopher Butz
 - FF Michael Pontones

See attached for additional details.

Attachments:

Attachment # 01:CFD Correspondence Patient Record

Attachment # 02:CFD Correspondence Fire Report

Attachment # 03:CFD PatientCareRecord – 2020-12-23T092116.526

Attachment # 04:CFD Fire Report 1054 Oberlin Drive

Kevin Barbeau

From: EMS Reports - Fax and Requests <EMSRecordRequest@columbus.gov>
Sent: Wednesday, December 23, 2020 9:23 AM
To: Kevin Barbeau
Cc: Fire Report Requests
Subject: RE: urgent request
Attachments: PatientCareRecord - 2020-12-23T092116.526.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

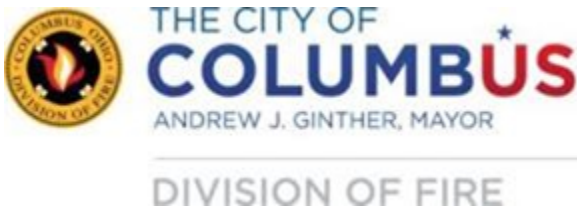
Good morning Kevin,

Medic 72 handled this run – that is Upper Arlington and their phone number is (614) 583-5472. Please see attached for the EMS Record from CFD, it has very limited information since we were not in charge on scene. I will cc the appropriate contact for you so they can coordinate the personnel information if you will still be needing it. Have a great day and Happy Holidays!

Warmest regards,

Amy Cooper

Amy Cooper
CQI/Special Operations/Medical Records
3639 Parsons Ave
Columbus, Oh 43207
Phone: (614) 645-7384 ext. 75305
Fax: (614) 645-6332
E-mail for Record Requests: EMSRecordRequest@columbus.gov



From: Kevin Barbeau [mailto:Kevin.Barbeau@ohioattorneygeneral.gov]
Sent: Tuesday, December 22, 2020 10:54 AM
To: EMS Reports - Fax and Requests <EMSRecordRequest@columbus.gov>
Cc: Richard Ward <Richard.Ward@ohioattorneygeneral.gov>
Subject: [EXTERNAL] urgent request

Good morning,

The Bureau of Criminal Investigation is investigating a CPD Officer-Involved Shooting that occurred on December 22, 2020 on Oberlin Drive, Columbus, Ohio. As a result of the shooting Andre Hill sustained gunshot wounds and died as a result of those injuries. BCI is requesting the run sheet and any associated CFD documents for said incident. Likewise,

BCI is requested immediate response as to personnel's shift, days off, and direct contact information in order for BCI to coordinate immediate interviews with those parties.

I can be contacted directly at 614-633-5586..

Thank you,



Kevin Barbeau, CFE
Special Agent Supervisor
Special Investigations Unit – Major Crimes
Bureau of Criminal Investigation
Office of Ohio Attorney General Dave Yost
Office: (740) 845-2605
Cell: (614) 633-5586
Fax: (866) 331-0037
Kevin.Barbeau@OhioAttorneyGeneral.gov

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NOTE: NOT TO BE RELEASED TO THE MEDIA; ONGOING INVESTIGATION!

Kevin Barbeau

From: Fire Report Requests <FireReportRequests@columbus.gov>
Sent: Wednesday, December 23, 2020 10:58 AM
To: Cooper, Amy E.; Kevin Barbeau
Cc: Fire Report Requests
Subject: RE: request
Attachments: 1054 Oberlin Drive.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Beth Cottrell
Administrative Secretary
Emergency Services Bureau



3639 Parsons Avenue
Columbus, Ohio 43207
614-645-4128
614-221-3132 x75501
Fax 614-645-4204

From: Cooper, Amy E.
Sent: Wednesday, December 23, 2020 9:28 AM
To: Kevin Barbeau <Kevin.Barbeau@ohioattorneygeneral.gov>
Cc: Fire Report Requests <FireReportRequests@columbus.gov>
Subject: RE: request

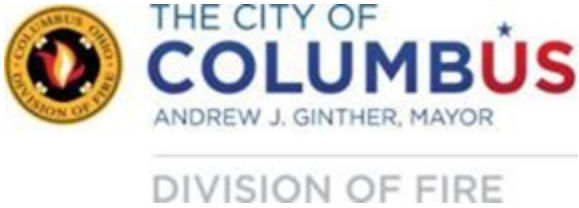
Hi Kevin,

I will cc this request to Fire Incident Reports as they will be able to assist you with collecting the personnel's information. The incident number for this is F20193851. Happy Holidays!

Warmest regards,

Amy Cooper

Amy Cooper
CQI/Special Operations/Medical Records
3639 Parsons Ave
Columbus, Oh 43207
Phone: (614) 645-7384 ext. 75305
Fax: (614) 645-6332



From: Kevin Barbeau [<mailto:Kevin.Barbeau@ohioattorneygeneral.gov>]
Sent: Tuesday, December 22, 2020 10:10 AM
To: Cooper, Amy E. <AECOoper@columbus.gov>
Subject: [EXTERNAL] request

Amy
Could you call me at your earliest convenience 614-633-5586. BCI is investigating last night's officer involved shooting and I need names of EMS personnel on scene as we will have to interview each member for this investigation.

1054 Oberlin Drive, Columbus, OH 43221

Likewise, I will need all records pertaining to this call for service last night.

Thanks,



Kevin Barbeau, CFE
Special Agent Supervisor
Special Investigations Unit – Major Crimes
Bureau of Criminal Investigation
Office of Ohio Attorney General Dave Yost
Office: (740) 845-2605
Cell: (614) 633-5586
Fax: (866) 331-0037
Kevin.Barbeau@OhioAttorneyGeneral.gov

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NOTE: NOT TO BE RELEASED TO THE MEDIA; ONGOING INVESTIGATION!

Name:

Incident #: F20193851

Date: 12/22/2020

Patient 1 of 1

Patient Information				Clinical Impression	
Last		Address		Primary Impression	
First		Address 2		Secondary Impression	
Middle		City		Protocol Used	
Gender		State		Anatomic Position	
DOB		Zip		Onset Time	
Age		Country	US	Chief Complaint	
Weight		Tel		Duration	Units
Pedi Color		Physician		Secondary Complaint	
SSN		Ethnicity		Duration	Units
Race				Patient's Level of Distress	
Advance Directives				Signs & Symptoms	
Resident Status				Injury	--
				Mechanism of Injury	
				Medical/Trauma	
				Barriers of Care	
				Alcohol/Drugs	
				Pregnancy	
				Initial Patient Acuity	
				Final Patient Acuity	
				Patient Activity	

Medication/Allergies/History	
Medications	
Allergies	
History	
Last Oral Intake	

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	Not Assessed
Skin		Skin	Not Assessed
HEENT		Head/Face	Not Assessed
		Eyes	Not Assessed
		Neck/Airway	Not Assessed
Chest		Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	Not Assessed
Abdomen		General	Not Assessed
		Left Upper	Not Assessed
		Right Upper	Not Assessed
		Left Lower	Not Assessed
		Right Lower	Not Assessed
Back		Cervical	Not Assessed
		Thoracic	Not Assessed
		Lumbar/Sacral	Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities		Left Arm	Not Assessed
		Right Arm	Not Assessed
		Left Leg	Not Assessed
		Right Leg	Not Assessed
		Pulse	Not Assessed
		Capillary Refill	Not Assessed
Neurological		Neurological	Not Assessed

Assessment Time:

Narrative
Report completed by Medic 72

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition	Assist, Unit	PSAP Call	
Location		Transport Due To		Dispatch Notified	01:57:05
Address	1054 OBERLIN DR	Transported To		Call Received	01:57:05
Address 2		Requested By	Law Enforcement	Dispatched	01:57:40
Mile Marker		Destination		En Route	01:59:49
City	Columbus	Department		Staged	
County	Franklin	Address		Resp on Scene	
State	OH	Address 2		On Scene	02:09:38
Zip	43221	City		At Patient	02:10:11
Country	US	County		Care Transferred	
Medic Unit	M19	State		Depart Scene	02:39:33
Medic Vehicle		Zip		At Destination	
Run Type	911 Response	Country	US	Pt. Transferred	
Response Mode	Emergent	Zone		Call Closed	02:46:08
Shift	2 Unit	Condition at Destination		In District	
Zone	Battalion 7	Destination Record #		At Landing Area	
Level of Service		Trauma Registry ID			
EMD Complaint		STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority					

Crew Members		
Personnel	Role	Certification Level
PONTONES, MICHAEL E.	Lead	2009 Paramedic - - 108597
BUTZ, CHRISTOPHER P.	Driver	2009 Paramedic - - 156580

Mileage		Delays		Additional Agencies	
Scene	Category	Delays			
Destination					
Loaded Miles					
Start					
End					
Total Miles					

Billing Authorization

Authorization _____

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Parent Name	
Billing Authorization	
HIPAA Acknowledgement	



Name:

Incident #: F20193851

Date: 12/22/2020

Patient 1 of 1

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered..**

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Title of Representative	

Name:

Incident #: F20193851

Date: 12/22/2020

Patient 1 of 1

Facility Signatures

--

Signed On	
Receiving	

--

Signed On	
Paperwork Received	

--

Signed On	
Airway Confirmation	

Provider Signatures



Lead Provider	PONTONES, MICHAEL E.	Certification Level	2009 Paramedic - - 108597
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Provider		Certification Level	
-----------------	--	----------------------------	--

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Provider		Certification Level	
-----------------	--	----------------------------	--

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Provider		Certification Level	
-----------------	--	----------------------------	--

A FDID 25009 * State OH * Incident Date 12 22 2020 * Station S19 Incident Number 20-0193851 * Exposure 000 * Delete Change No Activity NFIRS -1 Basic

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract -

Street address 1054 OBERLIN DR
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection COLUMBUS OH 43221 -
 City State Zip Code

In front of
 Apt./Suite/Room City State Zip Code

Rear of

Adjacent to

Directions

Cross street or directions, as applicable

C Incident Type *
321 EMS call, excluding vehicle
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required

Month Day Year Hr Min Sec
 Alarm * 12 22 2020 01:57:40

ARRIVAL required, unless canceled or did not arrive

Arrival * 12 22 2020 02:08:38

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 12 22 2020 03:07:13

E2 Shift & Alarms Local Option

2 BN7
 Shift or Alarms District
 Platoon

D Aid Given or Received*

1 Mutual aid received Their FDID Their State

2 Automatic aid recv. Their FDID Their State

3 Mutual aid given Their FDID Their State

4 Automatic aid given Their FDID Their State

5 Other aid given Their Incident Number

N None

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

34 Transport person
 Primary Action Taken (1)

 Additional Action Taken (2)

 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0001

EMS 0001

Other 0001

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$, 000 , 000

Contents \$, 000 , 000

PRE-INCIDENT VALUE: Optional

Property \$, 000 , 000

Contents \$, 000 , 000

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service
 Civilian

H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None

1 Natural Gas: slow leak, no evacuation or HazMat actions

2 Propane gas: <21 lb. tank (as in home BBQ grill)

3 Gasoline: vehicle fuel tank or portable container

4 Kerosene: fuel burning equipment or portable storage

5 Diesel fuel/fuel oil: vehicle fuel tank or portable

6 Household solvents: home/office spill, cleanup only

7 Motor oil: from engine or portable container

8 Paint: from paint cans totaling < 55 gallons

0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed

10 Assembly use

20 Education use

33 Medical use

40 Residential use

51 Row of stores

53 Enclosed mall

58 Bus. & Residential

59 Office use

60 Industrial use

63 Military use

65 Farm use

00 Other mixed use

J Property Use* Structures

131 Church, place of worship

161 Restaurant or cafeteria

162 Bar/Tavern or nightclub

213 Elementary school or kindergarten

215 High school or junior high

241 College, adult education

311 Care facility for the aged

331 Hospital

341 Clinic, clinic type infirmary

342 Doctor/dentist office

361 Prison or jail, not juvenile

419 1-or 2-family dwelling

429 Multi-family dwelling

439 Rooming/boarding house

449 Commercial hotel or motel

459 Residential, board and care

464 Dormitory/barracks

519 Food and beverage sales

539 Household goods, sales, repairs

579 Motor vehicle/boat sales/repair

571 Gas or service station

599 Business office

615 Electric generating plant

629 Laboratory/science lab

700 Manufacturing plant

819 Livestock/poultry storage (barn)

882 Non-residential parking garage

891 Warehouse

Outside

124 Playground or park

655 Crops or orchard

669 Forest (timberland)

807 Outdoor storage area

919 Dump or sanitary landfill

931 Open land or field

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 419
1 or 2 family dwelling

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.

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

L Remarks
Local Option
TRANSPORT

L Authorization

P064 Pontones, Michael E 12 22 2020
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. P064 Pontones, Michael E 12 22 2020
Member making report ID Signature Position or rank Assignment Month Day Year

25009
FDID *

OH
State *

MM DD
12 22
Incident Date *

YYYY
2020

S19
Station

20-0193851
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:
TRANSPORT

A	FDID 25009 *	State OH *	Incident Date 12/22/2020 *	Station S19	Incident Number 20-0193851 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
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B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min	Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
1 ID E19 Type 11	Dispatch <input checked="" type="checkbox"/> 12/22/2020 02:15 Arrival <input type="checkbox"/> Clear <input checked="" type="checkbox"/> 12/22/2020 02:43	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	93
2 ID EMS13 Type 76	Dispatch <input checked="" type="checkbox"/> 12/22/2020 01:57 Arrival <input checked="" type="checkbox"/> 12/22/2020 02:08 Clear <input checked="" type="checkbox"/> 12/22/2020 02:27	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	
3 ID M19 Type 76	Dispatch <input type="checkbox"/> 12/22/2020 01:57 Arrival <input type="checkbox"/> 12/22/2020 02:09 Clear <input type="checkbox"/> 12/22/2020 02:46	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	
4 ID _____ Type _____	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
5 ID _____ Type _____	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
6 ID _____ Type _____	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
7 ID _____ Type _____	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
8 ID _____ Type _____	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
9 ID _____ Type _____	Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

**More Apparatus?
Use Additional
Sheets**

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource
- NN None
- UU Undetermined

A FDID 25009 * State OH * Incident Date 12 22 2020 * Station S19 Incident Number 20-0193851 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** **Sent** **Number of * People** **Use** **Actions Taken**

Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID E19 Dispatch 12 22 2020 02:15 Sent 4 Suppression 93 EMS Other

Type 11 Arrival Clear 12 22 2020 02:43

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
B211	Bowen, Martin		X				
C062	Cerny, Thomas	CAPT	X				
M015	McLain, Jeffrey	FF	X				
M178	Meyta, Andrew	FF	X				

2 ID EMS13 Dispatch 12 22 2020 01:57 Sent 1 Suppression EMS Other

Type 76 Arrival 12 22 2020 02:08 Clear 12 22 2020 02:27

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
S054	Shaw, Jeffrey	LT	X				

3 ID M19 Dispatch 12 22 2020 01:57 Sent 2 Suppression EMS Other

Type 76 Arrival 12 22 2020 02:09 Clear 12 22 2020 02:46

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
B183	Butz, Christopher	FF	X				
P064	Pontones, Michael	FF	X				

25009
FDID

OH
State

12 | 22
Incident Date

2020

S19
Station

20-0193851
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E19 Engine-19	02:15:19	02:17:13		02:43:24

Staff ID\Staff Name	Activity	Rank	Position	Role
B211 Bowen, Martin Alan			Fire Fighter	
C062 Cerny, Thomas M		Captain	Captain	
M015 McLain, Jeffrey T		Firefighter	Fire Fighter	
M178 Meyta, Andrew I		Firefighter	Fire Fighter	

EMS13 EMS Supervisor-13	01:57:40	01:59:13	02:08:38	02:27:07
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Staff ID\Staff Name	Activity	Rank	Position	Role
S054 Shaw, Jeffrey A		Lieutenant	Fire Lieuten	

M19 Medic-19	01:57:40	01:59:49	02:09:38	02:46:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
B183 Butz, Christopher P		Firefighter	Fire Fighter	
P064 Pontones, Michael E		Firefighter	Fire Fighter	

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	NFIRS - Incident User Fields
25009 *	OH *	12	22	2020	S19	20-0193851 *	000 *	

Location: 1054 OBERLIN DR COLUMBUS OH 43221

- Smoke/Products of Combustion
- Diesel Exhaust
- Burning Plastic
- Heavy Metals
- Black Mold
- Hazardous Materials
- Asbestos
- Chemical Vapors
- Biological Agents
- Radiation
- Infectious Disease
- Unknown Vapor or Mists
- Bed Bugs
- Other*

*Comments/Notes