

**KOOTENAI COUNTY FIRE & RESCUE
1590 E. SELTICE WAY
POST FALLS, ID 83854**

April 25, 2018

Bureau of Homeland Security
4040 W. Guard St. Bldg. 600
Boise, ID 83705-5004

**RE: Invoice for HazMat Response
DATE OF INCIDENT: 03/07/18**

STATE COMM #H-2018-00037

Please consider this letter an invoice for reimbursement in response to the above referenced hazardous materials incident.

PLEASE REMIT TO:

**Kootenai County Fire & Rescue
1590 E. Seltice Way
Post Falls, ID 83854**

The costs relating to the incident are as follows:

| | <u>Total</u> |
|--------------------------------------|-------------------|
| 1. Personnel Overtime Costs | \$ 772.77 |
| 2. Medical Monitoring / Treatment | \$ 110.00 |
| 3. Vehicle and Apparatus | \$ 00.00 |
| 4. Disposal Materials / Supplies | \$ 91.14 |
| 5. Decon/Disposal | \$ 00.00 |
| 6. Miscellaneous/Technical/Lab Costs | <u>\$ 37.08</u> |
| TOTAL | <u>\$1,010.99</u> |

I hereby certify that all the costs submitted were incurred as a result of this incident and that we have not nor will we receive payment for these costs from any other source. I certify that personnel costs are for overtime pay and recalled personnel. These costs would not have been incurred had the incident not occurred.

Sincerely,



Bryon Johnson
RRT Team Leader

**BUREAU OF HOMELAND SECURITY
 COST RECOVERY PROGRAM
 4040 Guard St., Bldg. 600
 Boise, ID 83705-5004**

PERSONNEL COSTS - Idaho Code Section 39-7109(b)

DIRECTIONS: Please complete this form for reimbursement if employee costs were incurred for the time and efforts devoted specifically to this response that are not otherwise provided for in your operating budget. For example: overtime pay, recalled personnel and personnel paid for responding out of jurisdiction. Record their hourly pay including your department's benefits rate, whether they worked OT, recalled, or were paid on call, total response hours, a brief description of their on-scene duties and indicate their appropriate training level(s).

DEPARTMENT NAME: Kootenai County Fire and Rescue

TRAINING LEVEL

| Name | Duty Status (OT, Recall, Paid on Call) | Hourly Rate Plus Benefits | Total Hours | Total Amount | On-Scene Duties | Awareness Operations Technician Incident Command |
|---------------|--|---------------------------|-------------|--------------|------------------|--|
| Todd Amende | On Duty | \$51.00 | 3.5 | \$178.50 | Team Leader | Technician |
| Bryon Smith | On Duty | \$48.57 | 3.5 | \$170.00 | Medical/Decon | Technician |
| Ryan Asher | On Duty | \$48.57 | 2.75 | \$133.57 | Entry | Technician |
| Jeff Piephoff | On Duty | \$33.03 | 2.75 | \$90.83 | Entry | Technician |
| Kyle Clark | On Duty | \$36.34 | 2.75 | \$99.94 | Science/Decon | Technician |
| Colter Smart | On Duty | \$28.55 | 3.5 | \$99.93 | Scribe/Assistant | Operations |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTALS | | | | \$ 772.77 | | |

EMPLOYER CERTIFICATION: I hereby certify that all personnel cost listed herein are for overtime and/or recalled personnel only. I further certify that all information contained on this form is true and correct to the best of my knowledge.

Signature

Date

Title

**BUREAU OF HOMELAND SECURITY
 COST RECOVERY PROGRAM
 4040 Guard St., Bldg. 600
 Boise, ID 83705-5004**

MEDICAL TREATMENT - Idaho Code Section 39-7109(g)

DIRECTIONS: Please complete this section for reimbursement of medical treatment costs for response personnel. Receipts for services provided must be attached.

DEPARTMENT NAME: Kootenai County Fire and Rescue

| Name | Description of Medical Treatment | Total Cost |
|---------------|----------------------------------|---------------|
| Jeff Piephoff | 2.75 hours medical monitoring | 55 |
| Ryan Asher | 2.75 hours medical monitoring | 55 |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTALS | | \$ 110 |

EQUIPMENT - Idaho Code Section 39-7109(c) and (d)

DIRECTIONS: Please complete this section for reimbursement of equipment used specifically for the response. Indicate if the amount claimed is for rental, leasing or replacement of equipment. Receipts must be attached.

DEPARTMENT NAME:

| Item | Rent, Lease or Replace | Qty | Total Hours | Unit Cost or Hourly Rate | Total Cost |
|---------------|------------------------|-----|-------------|--------------------------|-------------|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| TOTALS | | | | | \$ 0 |

**BUREAU OF HOMELAND SECURITY
 COST RECOVERY PROGRAM
 4040 Guard St., Bldg. 600
 Boise, ID 83705-5004**

MATERIALS/SUPPLIES/DECON - Idaho Code Section 39-7109 (a),(e) and (i)

DIRECTIONS: Please complete this section for reimbursement of materials, supplies, decon of equipment, and mileage expenses incurred as a result of the incident. Receipts for these costs must be attached.

DEPARTMENT NAME: Kootenai County Fire and Rescue

| Item or Mileage | Qty | Unit Cost/Mileage Rate | Total Cost |
|-----------------|------------|------------------------|-----------------|
| V57 | 26.4 miles | 1.6 | 42.24 |
| V94 | 7 miles | 1.6 | 11.20 |
| Exam Gloves | 20 | 0.20 | 4.00 |
| Sample Jar | 1 | 2.20 | 2.20 |
| Tedlar Bags | 2 | 15.75 | 31.50 |
| | | | |
| | | | |
| TOTALS | | | \$ 91.14 |

MISCELLANEOUS/TECHNICAL SERVICES/LAB COSTS - Idaho Code Section 39-7109 (b), (f) and (h)

DIRECTIONS: Please complete this section for reimbursement of miscellaneous costs, technical services and lab costs utilized specifically for the response. Receipts must be attached.

DEPARTMENT NAME: Kootenai County Fire and Rescue

| Item or Technical Advisor | Qty | Unit Cost or Hourly Rate | Total Cost |
|---------------------------|-----|--------------------------|-----------------|
| Laurie Perkinson | 1 | \$37.08 | \$37.08 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTALS | | | \$ 37.08 |

Kootenai County Fire And Rescue

1590 E. Seltice Way
Post Falls, ID 83854

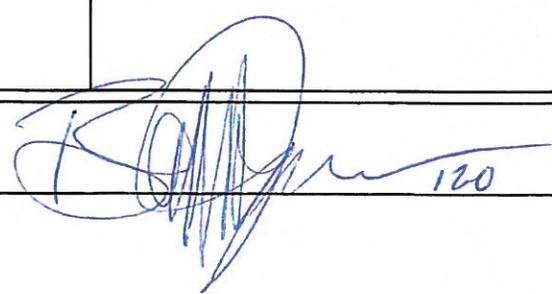
Invoice

| Date | Invoice # |
|-----------|-----------|
| 4/25/2018 | 3814 |

| |
|--|
| Bill To |
| Bureau of Homeland Security Attn: Mary Marsh 4040 W. Guard St. Bldg. 600 Boise, ID 83705-5004 |

| Unit Number | Terms | Reference |
|-------------|--------|--------------|
| 2018-000001 | Net 30 | H-2018-00037 |

| Quantity | Description | Rate | Amount |
|----------|-----------------------------------|--------|--------|
| 1 | Personnel Overtime Costs | 772.77 | 772.77 |
| 1 | Medical Monitoring/Treatment | 110.00 | 110.00 |
| 1 | Decon Disposal Materials/Supplies | 91.14 | 91.14 |
| 1 | Other Costs - Billing Time | 37.08 | 37.08 |

| | | |
|--|--------------|------------|
|  120 | Total | \$1,010.99 |
|--|--------------|------------|

**Idaho Bureau of Homeland Security
Emergency Response Incident Report**

State Communications Number: H 2018 00037
Date of Incident: 03/07/2018
DEQ Level: Level 2

| | | | |
|---------------------|-------------------------|----------------------|---------------------------------------|
| KCFR Haz Mat #: | <u>2018-000001</u> | Responding Agencies: | <u>Kootenai County Fire and Rescu</u> |
| RRT 1 Team Leader: | <u>Todd Amende</u> | | <u>KCEMSS</u> |
| Incident Commander: | <u>Larry Simms</u> | | <u>Hauser Lake Fire</u> |
| -Agency: | <u>Hauser Lake Fire</u> | | <u>Kootenai Sheriff</u> |
| Law Case Number: | <u>18-09537</u> | | |

Location:

| | | | |
|-----------|---------------------------------|-----------------------|-----------------------------|
| Address: | <u>16210 Hollister Hills Dr</u> | Latitude / Longitude: | <u>47.757858 117.002693</u> |
| City: | <u>Hauser Lake</u> | | |
| State: | <u>ID</u> | | |
| Zip code: | <u>83854</u> | | |

Responsible Party or Spiller Information:

Lat / Long: 47.757858 117.002693
Address: 16210 Hollister Hills Dr
City: Hauser Lake
State: ID
Zip code: 83854
RP's Insurance: unknown

Property Owner Information:

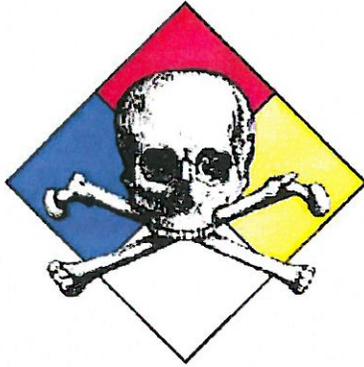
Lat / Long: 47.757858 117.002693
Address: 16210 Hollister Hills Dr
City: Hauser Lake
State: ID
Zip code: 83854
Owner's Insurance: unknown

Incident Summary

HM100 responded to a chemical suicide attempt at 16210 Hollister Hills, Hauser Lake. HM100 arrived on scene and teamed up with E12 crew and formed the RRT team.

Crews monitored the environment in the shop and took samples of the air with the intent to determine if or what was in the vehicle, pan, and shop area. No determination was found.

Scene was turned over to Law Enforcement, along with the air samples in Tedlar bags. Law was advised to keep vehicle and shop open during investigation.



STATE OF IDAHO HAZARDOUS MATERIALS REGIONAL RESPONSE TEAM 1

INCIDENT INFORMATION PACKET

FIXED FACILITY



&



TRANSPORTATION

RRT-1 INCIDENT INFORMATION PACKET

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| Page 16 | Inventoried Items Used |
| Page 17 | Billing Information |
| Page 21 | Check List |
| Page 22 | Other Added Forms* |

The following forms must be attached to this packet as applicable:

*A 'Hazardous Materials Data Sheet' must be completed for each chemical/product encountered.
Exception: Clandestine Labs

*A 'Medical Monitoring Form' must be completed for each responder donning Level C protection or greater.

*A 'Casualty Report Form' must be completed for all injuries or illnesses during or resulting from the incident. This includes RRT-1 members, other responders, and civilians.

RRT-1 INCIDENT INFORMATION PACKET

DISPATCH INFORMATION

DATE: 03 / 07 / 2018

KCFR INCIDENT #: 2018-000001 STATE INCIDENT #: H 2018 00037

PHYSICAL LOCATION OF INCIDENT: 16210 Hollister Hills Dr, Hauser Lake, ID, 83854

GEOGRAPHICAL LOCATION: 47.757858 117.002693

INCIDENT DESCRIPTION: Chemical Suicide attempt

INCIDENT STARTED : 2345 HRS. TEAM PAGED: 2355 HRS.

ENROUTE: 0011 HRS. CANCELED: _____ HRS.

ON SCENE: 0045 HRS. RETURNING: 0230 HRS.

BACK AT QUARTERS: 0315 HRS. INCIDENT ENDED: 0315 HRS.

APPARATUS:

TRUCK# V57 MILEAGE: START: 7570 END: 7605 Total: 26.4

TRUCK# V94 MILEAGE: START: 30261 END: 30268 Total: 7

TRUCK# _____ MILEAGE: START: _____ END: _____ Total: _____

TRUCK# _____ MILEAGE: START: _____ END: _____ Total: _____

TRUCK# _____ MILEAGE: START: _____ END: _____ Total: _____

TRAILER# _____ MILEAGE: START: _____ END: _____ Total: _____

TRAILER# _____ MILEAGE: START: _____ END: _____ Total: _____

TRAILER# _____ MILEAGE: START: _____ END: _____ Total: _____

TRAILER# _____ MILEAGE: START: _____ END: _____ Total: _____

TRAILER# _____ MILEAGE: START: _____ END: _____ Total: _____

GEN FUEL: _____ BOAT FUEL: _____ UTV FUEL: _____

GEN FUEL: _____ BOAT FUEL: _____ UTV FUEL: _____

INCIDENT COMMANDER: Chief Larry Simms AGENCY: Hauser Lake Fire

CELL PHONE #: (208) 659-9717 INCIDENT NAME: Hollister Hills

COMMAND POST LOCATION: Side Alpha of the garage

OPERATIONS OFFICER: NA

OPERATIONS RADIO FREQUENCY: _____

STAGING LOCATIONS: NA

LAW ENFORCEMENT CASE OFFICER: Deputy Denning

CELL PHONE #: (____) _____

RRT-1 INCIDENT INFORMATION PACKET

CONDITIONS AT TIME OF DISPATCH

WEATHER: TIME: 2345
WIND DIRECTION & SPEED: 0 @ 0 MPH. GUSTS TO: 0 MPH.
TEMP: 33 °F SKY CONDITION: cloudy HUMIDITY: unknown
DRY RAIN SNOW OTHER: _____
BAROMETRIC PRESSURE: unknown mm/Hg RISING FALLING STEADY
VAPOR CLOUD:
COLOR: na SIZE: na ISOLATION DISTANCE: na
TYPE OF ISOLATION: na

CONDITIONS ON ARRIVAL

WEATHER: TIME: same as above
WIND DIRECTION & SPEED: _____ @ _____ MPH. GUSTS TO: _____ MPH.
TEMP: _____ °F SKY CONDITION: _____ HUMIDITY: _____
DRY RAIN SNOW OTHER: _____
BAROMETRIC PRESSURE: _____ mm/Hg RISING FALLING STEADY
VAPOR CLOUD:
COLOR: _____ SIZE: _____ ISOLATION DISTANCE: _____
TYPE OF ISOLATION: _____

PREDICTED CONDITIONS

WEATHER: TIME: same as above
WIND DIRECTION & SPEED: _____ @ _____ MPH. GUSTS TO: _____ MPH.
TEMP: _____ °F SKY CONDITION: _____ HUMIDITY: _____
DRY RAIN SNOW OTHER: _____
BAROMETRIC PRESSURE: _____ mm/Hg RISING FALLING STEADY
VAPOR CLOUD:
COLOR: _____ SIZE: _____ ISOLATION DISTANCE: _____
TYPE OF ISOLATION: _____

RRT-1 INCIDENT INFORMATION PACKET

FIXED FACILITY INFORMATION

NAME/TYPE OF FACILITY: residential shop/pole barn approx 30' x 50

ADDRESS: 16210 Hollister Hills Dr

CITY: Hauser Lake STATE: ID ZIP: 83854

PHONE #: () unknown FAX #: ()

CONTACT PERSON: na POSITION: na

OWNER: Keith Scheuermann

ADDRESS: 16210 Hollister Hills Dr

CITY: Hauser Lake STATE: ID ZIP: 83854

PHONE #: () unknown FAX #: ()

INSURANCE CO.: unknown

INSURANCE AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: () FAX #: ()

CONTAINER:

TYPE: unknown USE: _____

CAPACITY: _____ UNIT OF MEASURE: _____

CONTAINER MATERIAL: _____

SPECIAL FEATURES: _____

NAME OF PRODUCT STORED: Halothane and Erthane bottles found later on property

(include corresponding Hazardous Materials Data Sheet, attach to end of packet.)

PHYSICAL STATE STORED: GAS LIQUID SOLID

PHYSICAL STATE RELEASED: GAS LIQUID SOLID

ARE CHEMICALS CONTAINED: YES NO

NUMBER OF CONTAINERS LEAKING: na ESTIMATION OF AMOUNT OF

PRODUCT SPILLED: unknown UNIT OF MEASURE: _____

HOW WAS CONTAINER DAMAGED? no containers found or product information known

NUMBER OF CONTAINERS CONTAMINATED: unknown

IS SPILL CONFINED: NO IN BUILDING BEYOND BUILDING

IN CONTAINMENT BARRIER BEYOND CONTAINMENT BARRIER

ENVIRONMENTAL CONCERNS: RIVER GROUND SEWER AIR

STORM DRAINS LAKE AQUIFER

RRT-1 INCIDENT INFORMATION PACKET

SPILL NOTES: The products used in the device were not identified and the products containers were not located. The product containers were eventually located on the property and the chemicals identified (Halothane & Erthane) during the law enforcement investigation.

PROXIMITY TO POPULATION (ESTIMATE DISTANCE AND TYPE): residential home approx 75' to the southwest

WAS ANYONE EXPOSED TO CONTAMINATION? NO YES , EXPLAIN: The owner had tried to commit suicide and transported to Kootenai Health. KCSD Deputy had noted a "sweet" smell and was taken to Kootenai Health for tightness in chest, released that evening.

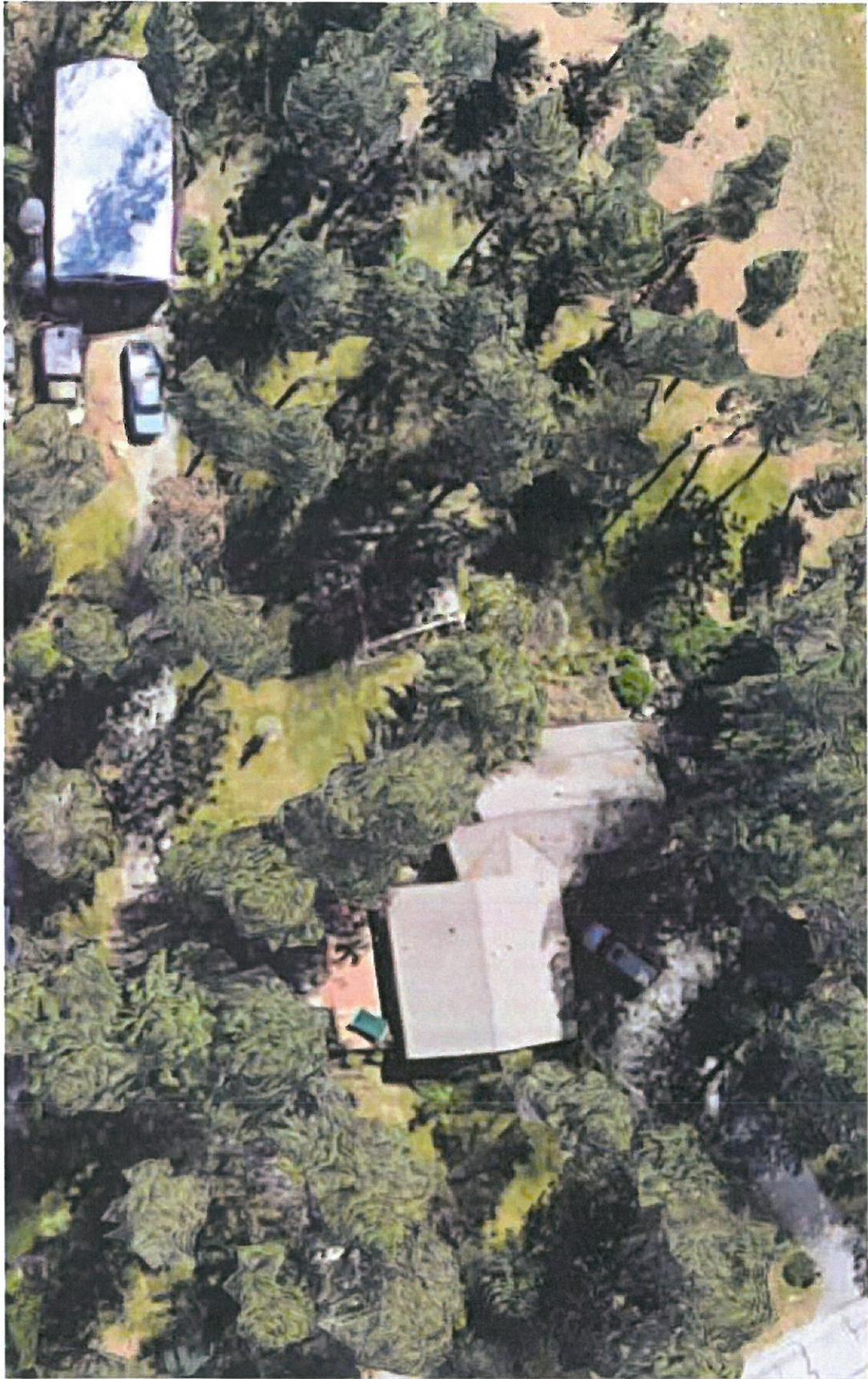
DID ANYONE EXPOSED REQUIRE MEDICAL TREATMENT ON SCENE OR AT A MEDICAL FACILITY: NO YES , IF YES FILL OUT A CASUALTY REPORT FOR EACH CASUALTY, AND ATTACH TO END OF PACKET.

RRT-1 INCIDENT INFORMATION PACKET

SCENE OVERVIEW

SHOW ISOLATION ZONE, COMMAND POST, WIND DIRECTION, AND INDICATE NORTH

(Include as applicable/practical: the total area of operations, the incident site/area, over flight results, plume projections, impacted areas, or other graphics depicting situational and response status.)



RRT-1 INCIDENT INFORMATION PACKET

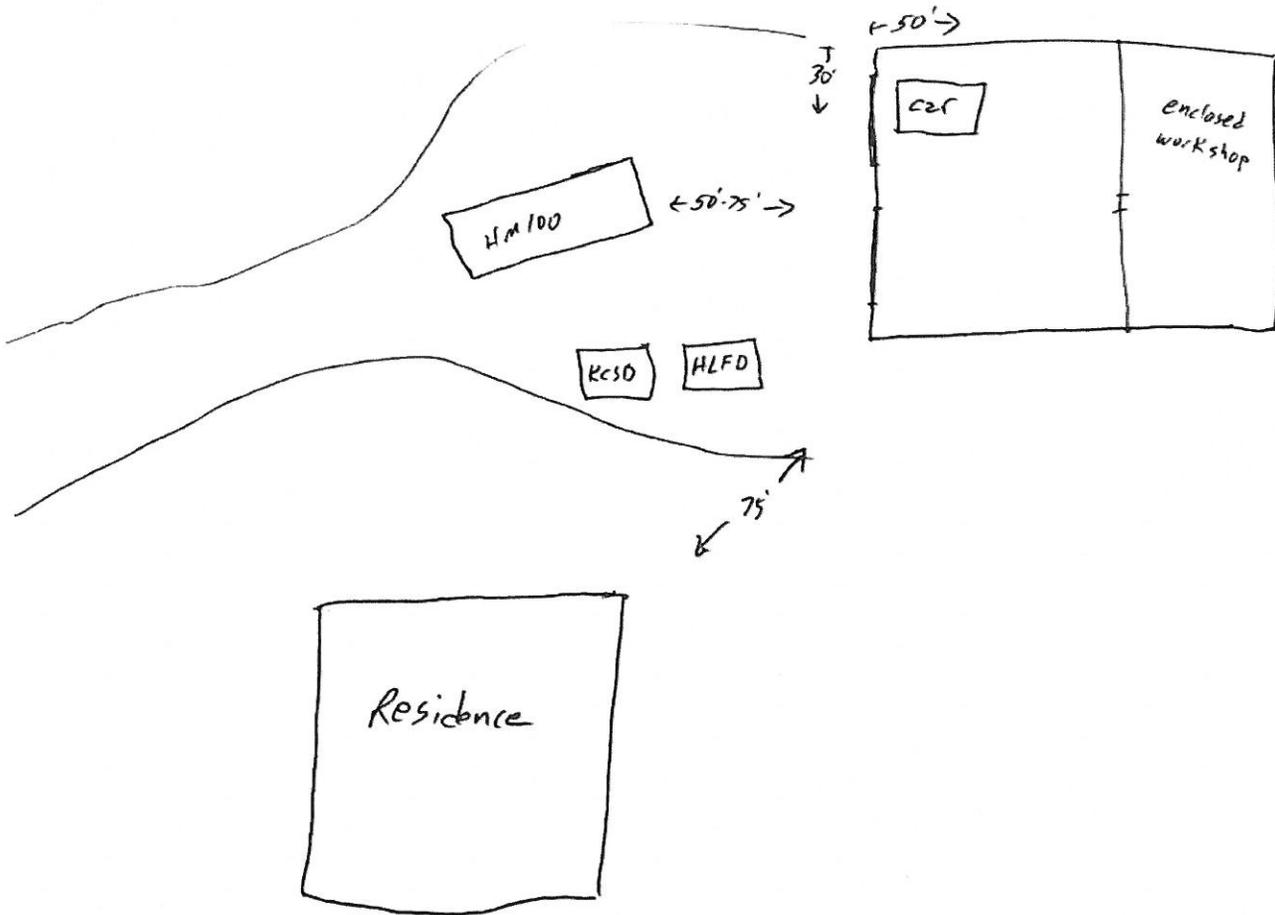
SCENE OVERVIEW

SHOW ISOLATION ZONE, COMMAND POST, WIND DIRECTION, AND INDICATE NORTH

(Include as applicable/practical: the total area of operations, the incident site/area, over flight results, plume projections, impacted areas, or other graphics depicting situational and response status.)



→ wind



RRT-1 INCIDENT INFORMATION PACKET

COMMAND ASSIGNMENTS

| POSITION | NAME | AGENCY | RANK | PHONE # |
|-------------------------|---------|--------|--------|---------|
| INCIDENT COMMANDER | Simms | HLFD | Chief | |
| PUBLIC INFO. OFFICER | | | | |
| SAFETY OFFICER | Amende | RRT | Tech | |
| LIASON OFFICER | | | | |
| OPERATIONS CHIEF | | | | |
| PLANNING CHIEF | | | | |
| LOGISTICS CHIEF | | | | |
| CASE OFFICER | | | | |
| CLEAN UP CONTRACTOR | | | | |
| MEDICAL COORDINATOR | | | | |
| TRIAGE OFFICER | | | | |
| FIRE OFFICER | | | | |
| HAZMAT GROUP SUPERVISOR | Amende | RRT | Tech | |
| ENTRY TEAM LEADER | Asher | RRT | Tech | |
| DECON TEAM LEADER | Smith | RRT | Tech | |
| OTHER: | Denning | KCSD | Deputy | |
| OTHER: | | | | |

RRT-1 INCIDENT INFORMATION PACKET

RESOURCE INFORMATION

AGNECIES/RESOURCES ON SCENE

| NAME OF AGENCY | PERSON IN CHARGE |
|---|------------------|
| FIRE: Hauser Lake Fire | Larry Simms |
| EMS: KCEMSS | Ian Deland |
| POLICE: _____ | _____ |
| SHERIFF: Kootenai County Sheriff Dept | Deputy Denning |
| STATE POLICE: _____ | _____ |
| EMER. SERVICES: _____ | _____ |
| LERA: _____ | _____ |
| EPA: _____ | _____ |
| DEQ: _____ | _____ |
| COAST GUARD: _____ | _____ |
| TRANS. DEPT.: _____ | _____ |
| HAZMAT TEAM: RRT 1 | Todd Amende |
| OTHER: Kootenai County Fire and Rescue E12 | Ryan Asher |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

RRT-1 INCIDENT INFORMATION PACKET

Kootenai County Fire & Rescue
Billing Information for Idaho State Hazardous Materials RRT-1
General Report Status

Date: 03 / 07 / 2018 Team Leader: Todd Amende
KCFR Incident Number: 2018-000001 State Incident Number: H 2018 00037
Start Time: 2345 End Time: 0315 Total Time: 3.5 hrs
Location: 16210 Hollister Hills Dr Hauser Lake, ID 83854

1. Equipment Serviced and Clean? yes

Officer: Amende
2. Paperwork Complete: Chemical Packet, Billing Information, Time Sheets signed, Reports Complete? _____

Officer: _____
3. KCFR Station 4 Officer Notified: Supplies Needed, Work Orders, Incident Status? yes

Officer: Amende
4. Report Completed by Team Leader? yes TL: Amende
Date: 03/14/2018
5. Report to Chief Officer for Review? _____ Chief: _____
Date: _____
6. Report to Billing? _____ Billing: _____
Date: _____

RRT-1 INCIDENT INFORMATION PACKET

**Kootenai County Fire & Rescue
Idaho State Hazardous Materials RRT-1
Return to Service Checklist for HazMat 100**

Date: 03 / 13 / 2018

Team Leader: (print) Todd Amende

KCFR Incident Number: 2018-000001

- Truck fuel (full)
- Generator fuel, UTV fuel (full, attach receipt to report)
- Spare fuel can (full)
- Suit stock (reorder if below minimum on inventory)
- Glove stock (all gloves, including medical. Reorder if below minimum on inventory)
- Office supplies (pens, pencils, paper, film, batteries, etc.)
- Coffee supplies/Water
- All equipment deconned and placed back on truck
- All SCBAs full, including spare cylinders
- Truck cleaned inside and out
- Check engine fluids (oil, coolant, power steering, etc.)
- Apparatus usage form completed
- Trailers locked up
- Plugged into shore power (check breakers for proper position)
- List of items broken, OOS, or that need replenished/restocked given to KCFR Station 4 On-duty Officer.
- All time sheets filled out after each call
- Response packet w/forms properly completed

This list needs to be checked off and returned with all HazMat reports. It must be signed by the Team Leader and KCFR Station 4 On-duty Officer for each incident. It is the Team Leaders responsibility to make certain these tasks are accomplished. So, do not release your crew until properly finished or you will be responsible for returning to complete these tasks.

Team Leader signature: _____

KCFR St. 4 On-duty Officer signature: _____

| Item | Description | Amount used | Cost | Cost + 5% |
|----------------------------------|------------------------------------|-------------|----------|------------|
| 3 way paper | bio chem test booklet | | \$10.60 | \$11.13 |
| Air monitoring (Drager tube) | Ammonia | | \$8.87 | \$9.31 |
| Air monitoring (Drager tube) | Carbon Dioxide | | \$8.05 | \$8.45 |
| Air monitoring (Drager tube) | Chlorine | | \$8.05 | \$8.45 |
| Air monitoring (Drager tube) | Cyanide | | \$12.40 | \$13.02 |
| Air monitoring (Drager tube) | Hydrochloric Acid | | \$9.40 | \$9.87 |
| Air monitoring (Drager tube) | Phosgene | | \$12.00 | \$12.60 |
| Air monitoring (Drager tube) | Phosphine | | \$12.00 | \$12.60 |
| Air monitoring (Drager tube set) | Clandestine Lab test set | | \$91.00 | \$95.55 |
| Air Monitoring (Drager tube set) | Simulantest SET -1 | | \$73.00 | \$76.75 |
| Air Monitoring (Drager tube set) | Simulantest SET 2 | | \$73.00 | \$76.75 |
| Air monitoring (Drager tube set) | Simulantest SET 3 | | \$73.00 | \$76.75 |
| Air monitoring (Drager tube set) | Simulantest SET 5 | | \$210.00 | \$220.05 |
| Air monitoring (Drager tube) | Sulphur dioxide | | \$8.87 | \$9.31 |
| Absorbent per bag | Kitty litter per bag | | \$9.00 | \$9.45 |
| Absorbent per bag | fine powder 50 lb | | \$12.00 | \$12.60 |
| Absorbent boom | 5" x 10 ft hydrocarbon | | \$19.60 | \$20.58 |
| Absorbent (PIGS) | 2" x 36" in hydrocarbon | | \$7.67 | \$8.05 |
| Absorbent pillows | 5" x14" x 25" hydrocarbon | | \$8.62 | \$9.05 |
| Absorbent pads per bag | 17"x 20" bag of 100 hydrocarbon | | \$75.47 | \$79.24 |
| Absorbent Pads 1 each | 17" x 20" 1 pad Hydrocarbon | | \$0.75 | \$0.78 |
| Absorbent (PIGS) POLAR | 3"x 36" Polar solvent GREEN | | \$2.60 | \$2.73 |
| Absorbent pads per bag POLAR | 15"x 18" polar solvents GREEN | | \$66.27 | \$69.58 |
| Absorbent pillows POLAR | 18"x18" polar solvents GREEN (ea.) | | \$8.05 | \$8.45 |
| Absorbent Pigs Universal | 2"x 24" grey universal soak up | | \$1.11 | \$1.16 |
| Absorbent universal pillows | 2"x8"x18" GREY universal | | \$7.50 | \$7.87 |
| Agri Screen pesticide test | from Hazkat WMD kit | | \$139.83 | \$146.82 |
| Anchor concrete type | for boom deployment | | \$12.00 | \$12.60 |
| Anchor Boat type | metal boat anchor danforth | | \$26.00 | \$27.30 |
| BAD BOX bio Haz | Essay tickets each- all test | | \$27.00 | \$28.35 |
| Bio haz sterile sample kit | Sterile sample collection kit | | \$59.33 | \$60.19 |
| Boom containment only | ORANGE VINYL CONTAINMENT | | \$997.87 | \$1,047.76 |
| Boot Lacross pair | PVC black | | \$18.50 | \$19.42 |
| Boot HAZ PROOF pair | orange over boot (new) | | \$80.01 | \$84.01 |
| Boot Haz Max Onguard pair | Green level A | | \$92.00 | \$96.60 |
| Brush Decon | long handle truck wash type | | \$37.50 | \$39.37 |
| Caloric intake per person | food per person | | \$34.25 | \$35.96 |
| Classifier PH test strip Kit | Spilfyter # 57001 | | \$65.00 | \$68.25 |
| Chlorine (A) kit gasket | Chlorine gasket kit | | \$113.00 | \$118.65 |
| Chlorine (B) kit gasket | Chlorine gasket kit | | \$308.00 | \$323.40 |
| Chlorine (C) kit gasket | Chlorine gasket Kit | | \$318.00 | \$333.90 |
| Clorox Bleach 1 gallon | 1 gallon jug | | \$3.97 | \$4.16 |
| Coliwassa tubes | sampling- glass | | \$15.68 | \$16.46 |
| Drain covers | small 24" x 24" | | \$114.00 | \$119.70 |
| Drain covers | large 36" x 36" | | \$246.00 | \$258.30 |
| Drum overpack poly | Poly 95 gal | | \$176.00 | \$184.80 |
| Drum overpack SET | steel 4 pcs 85 55 30 15 gallon | | \$493.00 | \$517.65 |
| Drum overpack single | steel 85 gal | | \$183.00 | \$192.15 |
| Drum overpack single | steel 55 gal | | \$101.00 | \$106.05 |
| Drum overpack single | steel 30 gal | | \$96.90 | \$101.74 |
| Drum overpack single | steel 15 gal | | \$68.30 | \$71.71 |

| | | | | |
|----------------------------------|---------------------------------------|----|------------|------------|
| Duct tape roll | per roll | | \$5.09 | \$5.34 |
| Emergency eye wash refill | solution and preservative per use | | \$74.35 | \$78.06 |
| Emergency blanket | disposable each yellow | | \$9.63 | \$10.11 |
| Folding chair/stools | decon /disposable | | \$11.97 | \$12.56 |
| Forceps | plastic disposable | | \$2.41 | \$2.53 |
| Funnel S/S | stainless small | | \$65.76 | \$69.04 |
| Funnell S/S | stainless large | | \$95.65 | \$101.48 |
| Gloves Butyl | black sized | | \$41.15 | \$43.20 |
| Gloves Latex | medical inner glove | 20 | \$0.16 | \$0.20 |
| Gloves Nitrile 1 pair sized | Green heavy for level A sized in bag | | \$2.10 | \$2.20 |
| Gloves Nitrile medical | medical inner glove | | \$0.24 | \$0.30 |
| Gloves Nitrile 1 Box | light weight per box medical type | | \$14.90 | \$15.64 |
| Haz-mat smart strip | disposable chemical detection | | \$22.10 | \$24.31 |
| Hype Wipe | full size disinfectant wipe | | \$0.72 | \$0.76 |
| Kill buckets kits | bucket, lid,qt bottle /clorox | | \$16.60 | \$17.43 |
| Jars 125ml sample in sterile kit | clear glass w white cap in steril kit | 1 | \$2.12 | \$2.20 |
| Jars 500ml sample nonsterile | clear glass w blue cap nonsterile | | \$3.23 | \$3.39 |
| Light sticks each | snap & shake | | \$3.51 | \$3.68 |
| Mercury vacuum unit only | Specialized Heppa vacuum cleaner | | \$999.00 | \$1,048.95 |
| Mercury vacuum kit | filter,hepa, jar, bags | | \$993.10 | \$1,042.75 |
| Mercury spill kit | portable spill kit sponge type | | \$227.00 | \$238.35 |
| Misc. | Miscellaneous Items not listed | | \$10.00 | \$10.50 |
| Misc. office supplies | pens, paper,coffee,tape,cleaner | | \$20.00 | \$21.00 |
| Misc. testing supplies | test tubes,watch glass,pipettes,etc | | \$25.00 | \$26.25 |
| M 256 test | test each | | \$31.83 | \$35.01 |
| Neutralizer acid kit | 1 of 3 buckets price per bucket | | \$197.65 | \$207.53 |
| Neutralizer Base eater | 5 gal bucket price per bucket | | \$324.00 | \$340.20 |
| Pail for decon RED | red 5 gal bucket w/lid plastic | | \$12.80 | \$13.44 |
| PCB test for OIL | each test | | \$20.00 | \$21.00 |
| PCB test for SOIL | each test | | \$30.00 | \$31.50 |
| PH test paper jumbo roll | 50 ft roll in dispencer | | \$12.60 | \$13.23 |
| PH test paper wide stick | per box | | \$38.98 | \$40.84 |
| Plug N Dike dry | 10 # dry | | \$14.80 | \$15.54 |
| Poloroid film | camera film instant per pack | | \$10.00 | \$10.50 |
| Poly Tarps | blue light weight | | \$19.00 | \$19.95 |
| Pool containment | small 66 gallon yellow | | \$110.00 | \$115.50 |
| Pool containment | large 100 gallon yellow | | \$123.00 | \$129.15 |
| Pool decon folding | blue decon pools each | | \$118.00 | \$123.90 |
| Pump decon/medical | hand decon pump | | \$262.00 | \$275.10 |
| Pump transfer | hand pump chemical /hydrocarbon | | \$66.50 | \$69.82 |
| Respirator Filter for PAPR,s | MSA# 800376 pair | | \$61.00 | \$64.05 |
| Respirator Filter for PAPR,s | MSA# 494217 pair | | \$61.00 | \$64.05 |
| Respirator Filter for PAPR,s | MSA# 494219 pair | | \$61.00 | \$64.05 |
| Respirator filter WMD | Surviveair# 169000 WMD each | | \$47.80 | \$50.19 |
| Respirator N95 or N 99 | 3 M dust mask | | \$3.41 | \$3.58 |
| Rope all types | for boom deployment -per 50 ft | | \$10.00 | \$10.50 |
| Sampling kit nonsterile | jars, pipettets, test tubes, ect | | \$25.00 | \$26.25 |
| Scene Tape | all types | | \$11.99 | \$15.73 |
| Spatula | plastic disposable | | \$1.91 | \$2.00 |
| Spatula teflon | Sterile teflon for sampling small | | \$22.41 | \$23.53 |
| Sterile water | sterile water for bio sample kit | | | |
| Suit Level A (all sizes) | Lakeland green/yellow | | \$1,000.00 | \$1,050.00 |

| | | | | |
|--------------------------------|----------------------------------|---|------------|------------|
| Suit level A FLASH (all sizes) | Lakeland W/ Aluminum outer shell | | \$1,500.00 | \$1,575.00 |
| Suit level B encapsulated | Lakeland green/yellow | | \$233.00 | \$244.65 |
| Suit level B hooded Splash | blue CPF SPLASH | | \$42.80 | \$44.94 |
| Suit Level B SPLASH FLAME | Grey flame resist CFR | | \$49.00 | \$51.45 |
| Suit Level D paper | White light wt paper | | \$3.16 | \$3.25 |
| Sulphur Dioxide (A) gasket | GASKET KIT | | \$125.00 | \$15.75 |
| Sulphur Dioxide (B) gasket | GASKET KIT | | \$331.00 | \$347.55 |
| Sulphur Dioxide (C) gasket | GASKET KIT | | \$381.00 | \$400.05 |
| Syringe sterile | 1 ml for Bio sampling | | | |
| Tedlar Bags | for air samples 1 each | 2 | \$15.00 | \$15.75 |
| TEST M 256 | single test each | | \$29.75 | \$2.88 |
| TEST RAMP | Anthrax test each | | \$26.00 | \$27.30 |
| TEST RAMP | Ricin test each | | \$21.00 | \$22.05 |
| TEST RAMP | Botox test each | | \$21.00 | \$22.05 |
| TEST RAMP | Small pox each | | \$26.00 | \$27.30 |
| Visqueen per 10x10 | for decon each 10x10 ft pc | | \$11.00 | \$11.55 |
| | | | | |
| | revised 2014-sept-28 bryon | | | |

IDAHO STATE HAZARDOUS MATERIALS RRT-1 CASUALTY REPORT

Casualty Number: 1 of 2

Date: 03 / 07 / 2018

Name (Last, First, MI): Keith Scheuermann

Date of Birth: 11 / 29 / 1952 Age: 65 Time of Injury: prior to dispatch

Home Address: 16210 Hollister Hills Dr. Hauser Lake, ID 83854

Phone: () _____ Gender: Male Female

Casualty Type: Medical/Illness Exposure Trauma Other: _____

Severity: Minor Significant Death

Affiliation: RRT Member Emergency Responder Civilian Other

Activity at time of occurrence: attempted suicide

Cause: self

Nature of casualty: Had been transported to KH prior to RRT arrival

Part of body affected: global

Disposition: hospitalized

Signature of RRT-1 Team Leader: _____

IDAHO STATE HAZARDOUS MATERIALS RRT-1 CASUALTY REPORT

Casualty Number: 2 of 2

Date: 03 / 07 / 2018

Name (Last, First, MI): Brett Clauson

Date of Birth: 10 / 09 / 1984 Age: 33 Time of Injury: approx 2250 hrs

Home Address: 13168 N Clauson Trl. Rathdrum, ID 83815

Phone: (208) 661-9813 Gender: Male Female

Casualty Type: Medical/Illness Exposure Trauma Other: _____

Severity: Minor Significant Death

Affiliation: RRT Member Emergency Responder Civilian Other

Activity at time of occurrence: Removing victim from vehicle.

Info provided by Deputy Denning

Cause: inhalation of unknown gas/vapor. Reportedly noted a "sweet" odor when removing victim from vehicle. Info provided by Deputy Denning

Nature of casualty: Felt "tightness" in chest and drove self in to KH prior to RRT arrival info provided by Deputy Denning

Part of body affected: respiratory

Disposition: Spent several hours at KH on O2 and was released.

Info provided by KCSD watch commander on 03/13/2018

Signature of RRT-1 Team Leader: _____

**STATE OF IDAHO
REGIONAL HAZARDOUS MATERIALS RESPONSE TEAM
MEDICAL MONITORING RECORD**

Date: 03/07/2018 Incident Name and Number: Hollister Hills 2018-000001

Name: (last, first, MI) Asher, Ryan

1st entry: recon/sampling Subsequent entry # _____ Time of monitoring 0112

Medical monitoring is required on all personnel who will perform tasks in Level A, B, or C protective clothing. All components must be completed with ONE HOUR of entry.

[Exclusion criteria are noted in brackets.]

| VITAL SIGNS | Pre-entry | Post Entry | Excluded? |
|---|-----------|------------|-----------|
| Blood Pressure <small>[diastolic > 105]</small> | 140/94 | 132/98 | |
| Pulse <small>[>70% max (220 - age)]</small> | 100 | 110 | |
| Respiratory Rate <small>[>24/min]</small> | 14 | 14 | |
| Temperature <small>[>99.5 orally]</small> | not taken | not taken | |

| SKIN EVALUATION <small>[Open sores, large areas of rash or sunburn]</small> | | | |
|--|----|----|--|
| Rashes (Y/N) | no | no | |
| Lesions (Y/N) | no | no | |
| Open Sores (Y/N) | no | no | |
| Wounds (Y/N) | no | no | |

| MENTAL STATUS <small>[Any altered mental status]</small> | | | |
|---|-----|-----|--|
| Alert and oriented to time, place, and person (Y/N) | yes | yes | |

| RECENT MEDICAL HISTORY | | | |
|---|---|--|--|
| Medications w/in 72 hours, inc OTC <small>[Evaluate new prescriptions w/in 2 wks or OTC w/in 72 hrs]</small> | - | | |
| Alcohol consumption w/in 24 hours <small>[Heavy consumption w/in 24 hrs or any alcohol w/in 2 hrs]</small> | - | | |
| Med treatment, diagnosis w/in 2 wks | - | | |
| Fever, nausea, vomiting, diarrhea, cough w/in 72 hrs <small>[Presence]</small> | - | | |

HYDRATION (Y/N)

Signature of EMT/PM performing monitoring _____

**STATE OF IDAHO
REGIONAL HAZARDOUS MATERIALS RESPONSE TEAM
MEDICAL MONITORING RECORD**

Date: 03/07/2018 Incident Name and Number: Hollister Hills 2018-000001

Name: (last, first, MI) Piephoff, Jeff

1st entry: recon/sampling Subsequent entry # _____ Time of monitoring 0112 hrs

Medical monitoring is required on all personnel who will perform tasks in Level A, B, or C protective clothing. All components must be completed with **ONE HOUR** of entry.

[Exclusion criteria are noted in brackets.]

| | Pre-entry | Post Entry | Excluded? |
|-------------------------------------|-----------|------------|-----------|
| Blood Pressure [diastolic > 105] | 138/100 | 150/110 | |
| Pulse [>70% max (220 - age)] | 76 | 72 | |
| Respiratory Rate [>24/min] | 14 | 14 | |
| Temperature [>99.5 orally] | not taken | not taken | |

| | | | |
|------------------|----|----|--|
| Rashes (Y/N) | no | no | |
| Lesions (Y/N) | no | no | |
| Open Sores (Y/N) | no | no | |
| Wounds (Y/N) | no | no | |

| | | | |
|---|-----|-----|--|
| Alert and oriented to time, place, and person (Y/N) | yes | yes | |
|---|-----|-----|--|

| | | | |
|--|---|--|--|
| Medications w/in 72 hours, inc OTC [Evaluate new prescriptions w/in 2 wks or OTC w/in 72 hrs] | - | | |
| Alcohol consumption w/in 24 hours [Heavy consumption w/in 24 hrs or any alcohol w/in 2 hrs] | - | | |
| Med treatment, diagnosis w/in 2 wks | - | | |
| Fever, nausea, vomiting, diarrhea, cough w/in 72 hrs [Presence] | - | | |

HYDRATION (Y/N)

Signature of EMT/PM performing monitoring _____

| NFIRS-1 Basic  | A Region 1 Hazmat Team Fire Department | | 03/07/2018 23:45:00 | 2018-000001 00 |  | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|---|-----------------|-------------|----------|---|-----|--|---|--|---|---|----------------------------|--|---|-----------------|--|---|--|--|--|
| | B Street address 16210 HOLLISTER HILLS DR Hauser Lake, ID 83854 | | Date | Time | | Incident Number | Exposure | | | | | | | | | | | | | | | | | |
| C Incident Type Chemical spill or leak | | E₁ Dates and Times Alarm Time 03/07/2018 23:45:00 Time Out 03/08/2018 00:11:00 Arrival 03/08/2018 00:45:00 Controlled Cleared 03/08/2018 03:12:00 | | E₂ Shift and Alarms B/HM 1 7-MA Shift Alarm District Alarm Box | | | | | | | | | | | | | | | | | | | | |
| D Mutual Aid: None Their FDID State Incident XXXXX Responding Departments (Press Other) | | | | E₃ Special Studies | | | | | | | | | | | | | | | | | | | | |
| F Actions Taken 1. Identify, analyze hazardous materials | | G₁ Resources <table border="1"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td>1</td> <td>3</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>1</td> <td>3</td> </tr> <tr> <td>Personnel Not on Apparatus</td> <td></td> <td>0</td> </tr> <tr> <td>Total Personnel</td> <td></td> <td>6</td> </tr> </tbody> </table> | | | Apparatus | Personnel | Suppression | 1 | 3 | EMS | 0 | 0 | Other | 1 | 3 | Personnel Not on Apparatus | | 0 | Total Personnel | | 6 | G₂ Estimated Dollar Losses Losses Property Unknown Contents Unknown Pre Incident Value Property Unknown Contents Unknown | | |
| | Apparatus | Personnel | | | | | | | | | | | | | | | | | | | | | | |
| Suppression | 1 | 3 | | | | | | | | | | | | | | | | | | | | | | |
| EMS | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Other | 1 | 3 | | | | | | | | | | | | | | | | | | | | | | |
| Personnel Not on Apparatus | | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Total Personnel | | 6 | | | | | | | | | | | | | | | | | | | | | | |
| H₁ Casualties <table border="1"> <thead> <tr> <th></th> <th>Deaths</th> <th>Injuries</th> </tr> </thead> <tbody> <tr> <td>Fire Service</td> <td>0</td> <td>0</td> </tr> <tr> <td>Civilian</td> <td>0</td> <td>2</td> </tr> </tbody> </table> | | | Deaths | Injuries | Fire Service | 0 | 0 | Civilian | 0 | 2 | H₃ Hazardous Materials Release | | J Property Use Outbuilding, protective shelter | | | | | | | | | | | |
| | Deaths | Injuries | | | | | | | | | | | | | | | | | | | | | | |
| Fire Service | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | |
| Civilian | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| H₂ Detector | | I Mixed Property Use | | | | | | | | | | | | | | | | | | | | | | |
| K₁ Person Entity Involved Keith Scheuermann 16210 HOLLISTER HILLS DR Hauser Lake, ID 83854 | | | K₂ Owner Keith Scheuermann 16210 HOLLISTER HILLS DR Hauser Lake, ID 83854 | | | | | | | | | | | | | | | | | | | | | |
| L Remarks <p>HM100 responded to a apparent chemical suicide attempt at 16210 Hollister Hills, Hauser Lake. HM100 arrived on scene and teamed up with E12 crew and formed the team. E12 personnel had responded initially to the medical call that initiated the haz mat incident. Team Leader met with Chief 701 and KCSD Deputy Denning and Captain Asher from E12 for background and incident information. See reports listed at the bottom of this narrative for further detail/report information.</p> <p>The incident occurred in an approximately 30' by 50' pole building with an enclosed workshop in the back half. A car was parked in the left bay with a homemade device in the rear hatch area. The vehicles passenger side window had been broken by responders to unlock the vehicle. Both bay doors were open to air out the scene. The pt. had been transported to Kootenai Health. One of the KCSD Deputy's also went to Kootenai Health for evaluation due to respiratory concerns. The KCSD Deputy informed us there was a "sweet" odor coming from inside the vehicle when the pt. was removed through the driver side door.</p> <p>The device consisted of a blue cake pan with paper towels layed inside with wood pieces holding down the edges and the middle section elevated (appeared something was holding the papertowels up in the center). A portable heater on a piece of wood was placed behind the pan facing towards the front of the vehicle. The heater had been unplugged by emergency responders prior to our arrival. There was a portable electronic thermometer laying on the center console between the front seats. Pictures were taken by RRT and KCSD.</p> <p>Team assignments: Todd Amende -Team Leader and Safety Bryon Smith - Medical and Decon Kyle Clark - Science and Decon Jeff Piephoff and Ryan Asher - Entry and Back up Colter Smart (non team member) - scribe</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: 03/29/2018 | | Kootenai County Fire/Rescue | | Page: 1 | | | | | | | | | | | | | | | | | | | | |

The building was determined to be the hot zone. The PID's (Mini Rae 2000 and Rae Plus ppb), The Draeger Pac 7000's (Carbon dioxide, Ammonia, Chlorine and Sulpher Dioxide) detection devices showed no readings. The 4 gas Draeger X-am 2500 showed a 20.4 O2 reading in the closed work shop in the back half. The hot zone was adjusted to the vehicle and the back work shop. It was determined the back work shop had a propane heat source which would account for the noted drop in O2 in the room and the zone was considered warm.

Entry and back up were in full structural PPE's with SCBA's and entered at 01:28 hrs. Air samples were obtained from inside the vehicle and work shop using the PID as a pump. The Gas ID was inoperable and we were unable to process the samples. A search of the building and vehicle did not provide any evidence to the product(s) used in the device inside the vehicle. It was decided that we open the hatch of the vehicle and determine what was under the paper towels which turned out to be a piece of wood. All the contents of the device appeared to be dry. A small amount of a whitish substance that looked like it may be a dried chemical residue was noted on the inside of the blue cake pan. We were unable to procure any of the whitish substance for testing. A swab was taken of the substance with no visual evidence that the substance had transferred to the swab. The items inside the cake pan were double bagged. The entry and back-up were out at 02:00 hrs. The air samples, swab and contents of the pan were left on scene with KCSD Deputy Denning.

Based off available information we determined the scene was stable but we could not determine the chemical(s) used in the device. We recommended that KCSD keep the shop and vehicle open until they were done with their investigation. E12 cleared scene available. HM100 cleared scene and went available upon return to St. 4.

Weather: Cloudy, 33 degrees F, 0 wind,

Pertinent incident report information:
 KCFR NFIRS 2018001157
 KCEMSS ESO 18-2282263
 Hauser Lake Fire 1800027
 KCSD 18-09537
 State Comm H201800037

| | | | | |
|----------|--|------------------------|------------------------------|---------------------------|
| M | Todd A Amende Officer in Charge | Captain Rank | Officer Assignment | 03/08/2018 Date |
| | Todd A Amende Member Making Report | Captain Rank | Officer Assignment | 03/08/2018 Date |

SS Special Studies

| ID | Title | Entry Description |
|----|-------|-------------------|
|----|-------|-------------------|

| | | | | |
|---|---|--|--|---|
| NFIRS-4 Civilian Casualties  | A Region 1 Hazmat Team Fire Department | 03/07/2018 23:45:00 Date Time | 2018-000001 00 Incident Number Exposure |  |
| | B Address 16210 HOLLISTER HILLS DR Hauser Lake, ID 83854 Census Tract | | | |

| | |
|---|---|
| B Injured Person Male Keith Scheuermann Sex First Name MI Last Name Suffix | C Casualty Number _____ Casualty |
|---|---|

| | | | |
|--|---------------------------|----------------------|---------------------------------------|
| D Age or Date of Birth _____ Age OR _____ | E₁ Race | F Affiliation | H Severity Life threatening |
|--|---------------------------|----------------------|---------------------------------------|

| | | | |
|--|--------------------------------|---|---|
| D Age or Date of Birth 11/29/1965 Date of Birth | E₂ Ethnicity | E Date & Time of Injury 03/07/2018 22:43 Date Time | I Cause of Injury Exposed to hazardous materials or toxic fumes |
|--|--------------------------------|---|---|

| | |
|---|---|
| J Human Factors Contributing to Injury <input type="checkbox"/> None <input type="checkbox"/> Asleep <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Unconscious <input type="checkbox"/> Physically disabled <input type="checkbox"/> Possibly impaired by alcohol <input type="checkbox"/> Physically restrained <input type="checkbox"/> Possibly impaired by other drug <input type="checkbox"/> Unattended person | K Factors Contributing to Injury <input type="checkbox"/> None 1 _____ 2 _____ 3 _____ |
|---|---|

| | | |
|--|--|--|
| L Activity When Injured Undetermined | M₂ General Location at Time of Injury In area of origin | M₄ Story Where Injury Occurred _____ <input type="checkbox"/> Below Grade |
|--|--|--|

| | | |
|---|---|---|
| M₁ Location at Time of Incident | M₃ Story at Start of Incident 1 _____ <input type="checkbox"/> Below Grade | M₅ Specific Location Time of Injury Operator/passenger area of transportation equip. |
|---|---|---|

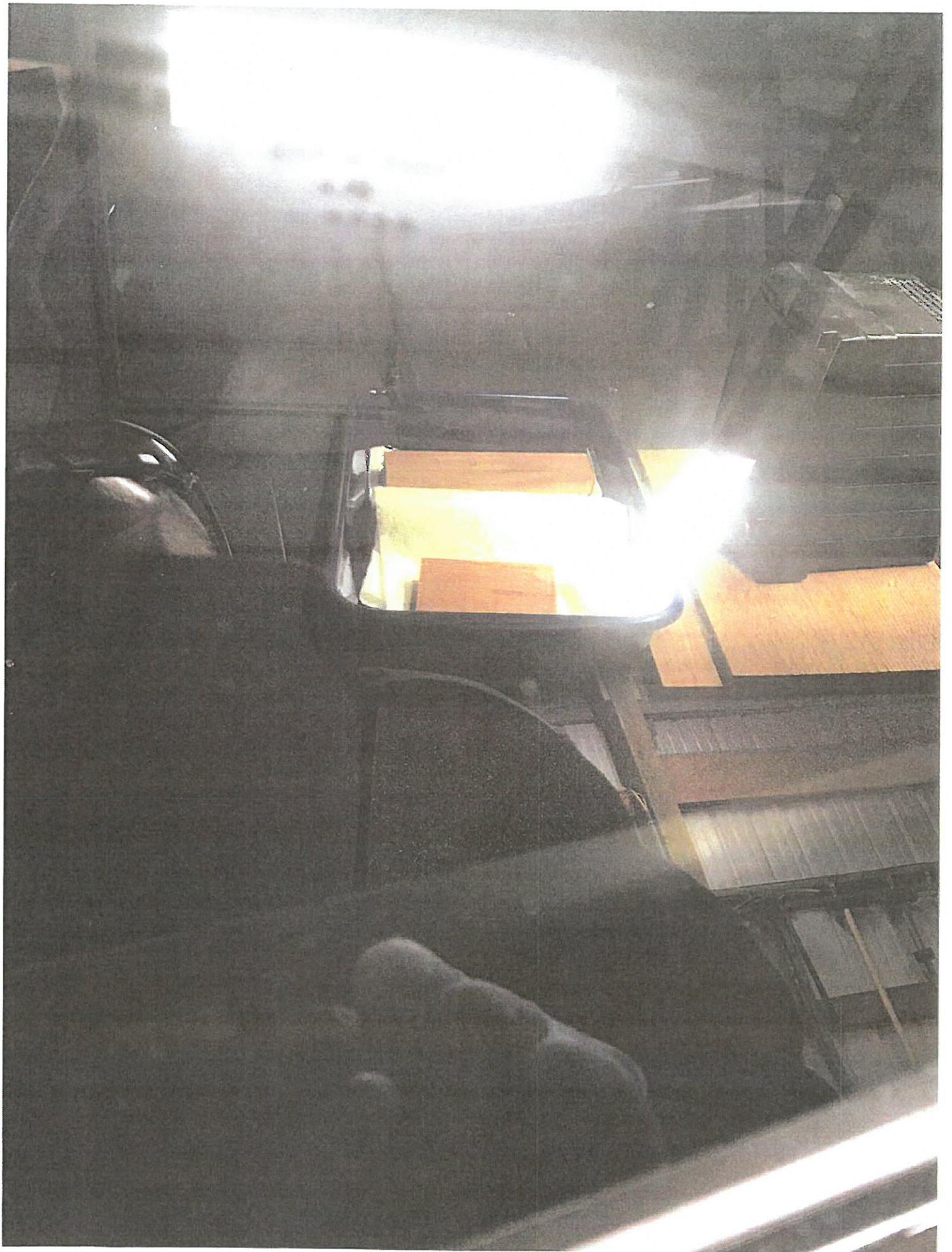
| | | |
|-----------------------------------|---------------------------------------|---|
| N Primary Apparent Symptom | O Primary Area of Body Injured | P Disposition <input type="checkbox"/> Transported to emergency care facility |
|-----------------------------------|---------------------------------------|---|

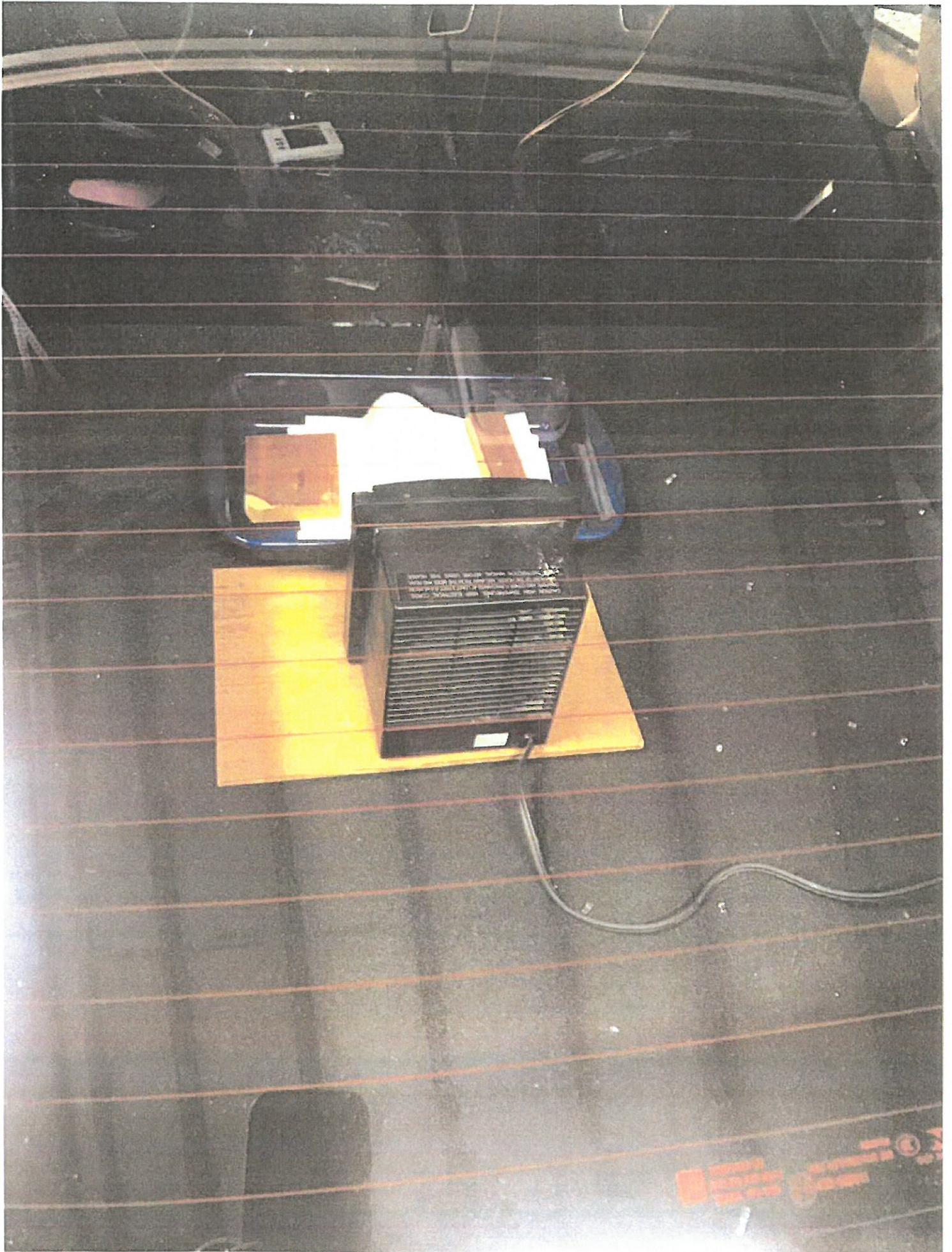
Remarks

| | | | | | | |
|---|--|--|--|--|--------------------------------------|---|
| Attending Personnel  | A Kootenai County Fire/Rescue <small>Fire Department</small> | 03/07/2018 <small>Date</small> | 23:45:00 <small>Time</small> | 2018-000001 <small>Incident Number</small> | 00 <small>Exposure</small> |  |
| | B Street address 16210 HOLLISTER HILLS DR Hauser Lake, ID 83854 | | | | | |

| ID# | Last, First | Length | Unit# | Unit Task |
|-----|-------------------|--------|-------|-------------|
| 110 | Amende, Todd | 3.45 | 0V57 | Team Leader |
| 124 | Asher, Ryan | 2.75 | 0V94 | |
| 163 | Clark, Kyle | 3.45 | 0V94 | Driver |
| 162 | Piephoff, Jeffrey | 2.75 | 0V94 | |
| 182 | Smart, Colter | 3.45 | 0V57 | |
| 121 | Smith, Bryon | 3.45 | 0V57 | Driver |

Total Attending 6
Total Manpower 19.30





**Idaho State Communications Center
Hazmat
H-2018-00037**

Date/Time: 03/08/2018 00:09
Caller: Chief Simms
Agency: Hauser Lake FD

Callback #: (208) 659-9717
Agency Callback #: (208) 773-1174

Location: 16210 W Hollister Hills Drive Hauser ID
County: Kootenai County, ID
Release Date/Time: 03/08/2018 00:09
Primary Product ID: Unknown (No) Additional Chemicals
Markings/Numbers:
Placard #:
UNDOT:
Amount Released:
of Injuries: 1
of Exposures: 0

Situation Status

Threat Level: Moderate
Spiller Name:
Spiller Address: 16210 W Hollister Hills Dr Hauser ID
Spiller Phone:
En route: 03/08/2018 01:13
On Scene:
Returning:
In Service:
Attributes: Fixed Facility

Site Conditions

Weather Condition:
Surface Water & Distance:
Distance to Dwelling: Inside a dwelling
Other Area:
Emergency Personnel at Scene: Fire, EMS and law enforcement
Incident Commander Contact Info: 208-659-9717
Released Into: Air

Conference Call

Initial Conference Call: 03/08/2018 00:45
Classification: Level II
Classified By: Rylee, Jeff
Date/Time: 03/08/2018 00:55

| <u>Date/Time</u> | <u>Person</u> | <u>Agency</u> | <u>Method</u> | <u>Status</u> |
|------------------|--------------------|--------------------------------------|---------------|---------------|
| 03/08/2018 00:29 | Colin Bonner | ISP Hazmat | Cell Phone | Left Message |
| 03/08/2018 00:29 | Colin Bonner | ISP Hazmat | Cell Phone | Left Message |
| 03/08/2018 00:37 | | Idaho Bureau of Labs | | Paged |
| 03/08/2018 00:37 | | RRT Region 1 Coeur D'Alene | Main Office | Acknowledged |
| 03/08/2018 00:17 | Aaron Blake | Idaho Office of Emergency Management | Cell Phone | Acknowledged |
| 03/08/2018 00:21 | Jeff Rylee | Idaho Office of Emergency Management | Cell Phone | Acknowledged |
| 03/08/2018 00:17 | Troy Saffle | DEQ Idaho Falls | Cell Phone | Acknowledged |
| 03/08/2018 00:37 | Incident Commander | | | Acknowledged |

**Idaho State Communications Center
Hazmat
H-2018-00037**

| | | | | |
|------------------|---------------|---|----------------|---------------|
| 03/08/2018 00:40 | Erin Peterson | Idaho Bureau of Labs | | Returned Call |
| 03/08/2018 00:43 | | Health District 1 - Panhandle Health District | Pager Cap Code | Paged |
| 03/08/2018 00:37 | Rick Collidie | FBI - North Idaho | Cell Phone | Acknowledged |
| 03/08/2018 00:44 | Don Duffy | Health District 1 - Panhandle Health District | | Returned Call |

Notifications

| <u>Date/Time</u> | <u>Name</u> | <u>Agency</u> | <u>Method</u> | <u>Status</u> | <u>Contacted By</u> |
|------------------|--------------|---------------------------------|---------------|---------------|---------------------|
| 03/08/2018 01:53 | | Fish and Game Region 1 | Email | Emailed | Denney, Kris |
| 03/08/2018 01:53 | | Department of Agriculture | Email | Emailed | Denney, Kris |
| 03/08/2018 01:53 | | Water Resources | Email | Emailed | Denney, Kris |
| 03/08/2018 01:53 | | TSA | Email | Emailed | Denney, Kris |
| 03/08/2018 01:59 | Keela | ISP Region 1 | Main Office | Acknowledged | Denney, Kris |
| 03/08/2018 02:00 | | Idaho Public Utility Commission | Main Office | No Answer | Denney, Kris |
| 03/08/2018 02:01 | Bob Whittier | EPA Region 10 | Main Office | Acknowledged | Denney, Kris |
| 03/08/2018 02:15 | Brad Richy | | Cell Phone | Left Message | Denney, Kris |

Notes

| <u>Date/Time</u> | <u>Note</u> | <u>Created By</u> |
|------------------|---|-------------------|
| 03/08/2018 00:09 | Calling to report that they are on scene of a suicide attempt with a bucket of unknown liquid inside of a vehicle that is parked inside a garage in Hauser, ID. | Denney, Kris |
| 03/08/2018 00:17 | Initial conference participants: Aaron Blake IOEM Hazmat Duty Officer Troy Saffle DEQ Tiffany Bowman DEQ Kris Denney State Comm | Denney, Kris |
| 03/08/2018 00:21 | Brief description given. Aaron Blake IOEM asked to have Jeff Rylee IOEM brought on to the call. Jeff Rylee IOEM joined the call. Brief description given. Jeff Rylee IOEM advised that there should be a full conference call. Call to take place at 0045. | Denney, Kris |

**Idaho State Communications Center
Hazmat
H-2018-00037**

03/08/2018 00:45

Conference call participants:
Aaron Blake Idaho Office of Emergency Management Hazmat Duty Officer
Troy Saffle Department of Equality
Tiffany Bowman Department of Equality
Chief Simms Hauser Lake Fire Department and Incident Commander
Don Duffy Health District 1
Rick Collodi FBI
Kevin Murphy Idaho State Police
Todd Amendy Regional Response Team 1
Erin Peterson Idaho Bureau of Labs
Kris Denney Idaho State Communications

Denney, Kris

Chief Simms Hauser Lake FD advised that they responded to a call of a suicide attempt. The family arrived home and found the person in his vehicle in the garage of the residence. Upon the fire departments arrival, they found a pan of unknown liquid in vehicle with a fan blowing across it. They were advised that the person was an anesthesiologist and well versed in chemicals. There are several chemicals and fertilizers in the garage. Chief Simms requested assistance with clearing the scene and identifying the liquid. Rick Collodi FBI asked which county this was located in. Chief Simms FD advised it was in Kootenai County. Rick Collodi FBI asked who the deputy was that was in charge on the scene. Chief Simms FD advised that it is Deputy Denning with Kootenai County Sheriff's Office. Jeff Rylee IOEM asked if Chief Simms was requesting assistance. Chief Simms FD advised that they would like assistance in identifying any remaining hazards and clear the scene. Jeff Rylee IOEM asked Todd Amendy RRT 1 if he had any questions. Todd Amendy RRT 1 advised that he didn't. Jeff Rylee IOEM gave permission for RRT 1 to respond and asked for an ETA. Todd Amendy RRT 1 advised less than an hour. Chief Simms FD advised he would stay on scene. Rick Collodi FBI asked for Chief Simms contact information. Jeff Rylee IOEM asked if FBI was going to respond to the scene. Rick Collodi FBI advised that he wouldn't be responding at this time, but would be contacting Chief Simms. Jeff Rylee IOEM asked if DEQ had any questions. Troy Saffle DEQ advised he had none. Jeff Rylee IOEM asked if RRT 1 would identify the liquid. Todd Amendy RRT 1 advised they would try. Jeff Rylee IOEM classified this as a Level II. Troy Saffle DEQ concurred. Aaron Blake IOEM Hazmat Duty Officer asked to have Brad Richy notified. Call complete 0055.

03/08/2018 01:13

Regional Response Team 1 is en route.

Denney, Kris

03/08/2018 03:08

Chief Simms FD advised that RRT 1 they are on scene and they are unable to identify the liquid. He advised that their detector wasn't working. They have turned the scene over to law enforcement and they are clear the scene.

Denney, Kris

Communications Specialists

| <u>Type</u> | <u>Name</u> |
|-------------|--------------|
| Primary | Denney, Kris |
| Supporting | Jones, Kari |