



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



2022-1316  
Officer Involved Critical Incident – Ackerman Izak (V)

**Investigative Activity:** Records Received  
**Involves:** Lima Fire Department (O)  
**Date of Activity:** 06/30/2022  
**Author:** SA Tiffany Vollmer, #49

**Narrative:**

On 06/24/2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Tiffany Vollmer. (SA Vollmer) received documents from the Allen county Sheriff's Department. (ACSO). The records which were requested included any reports pertaining to the officer-involved shooting. SA Vollmer reviewed Lima Fire's documents and noted the following:

The reports indicate who arrived on scene. It indicates one person was deceased and the other person treated and transported to Lima Memorial Hospital.

LFD's reports are attached to this investigative report. Please refer to the attachment for further details.

**Attachments:**

Attachment # 01: Lima Fire

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# LIMA FIRE DEPARTMENT

433 South Main Street • Lima, Ohio 45804-1287

## FAX COVER SHEET

TO: ACSO

DEPT: \_\_\_\_\_

FROM: LIMA FIRE DEPARTMENT

DATE: 6/23/22

We are transmitting 10 pages including this cover sheet. If you experience any problems, please call us at the phone number circled below. If no number is circled, please call (419) 221-5151.

Comments: ATTN: LT. Brett Rider

EMS & Fire Reports for 2nd Street Shooting  
on 6/21/22

**Sender:** Circle number to be used for return calls:

Chief's Office  
(419) 221-5164

Fire Prevention  
(419) 221-5150

Arson Bureau  
(419) 221-5163

General Business  
(419) 221-5160

Fax  
(419) 221-5154

"Smoke Detectors Save Lives"



Name: ACKERMAN, IZAK

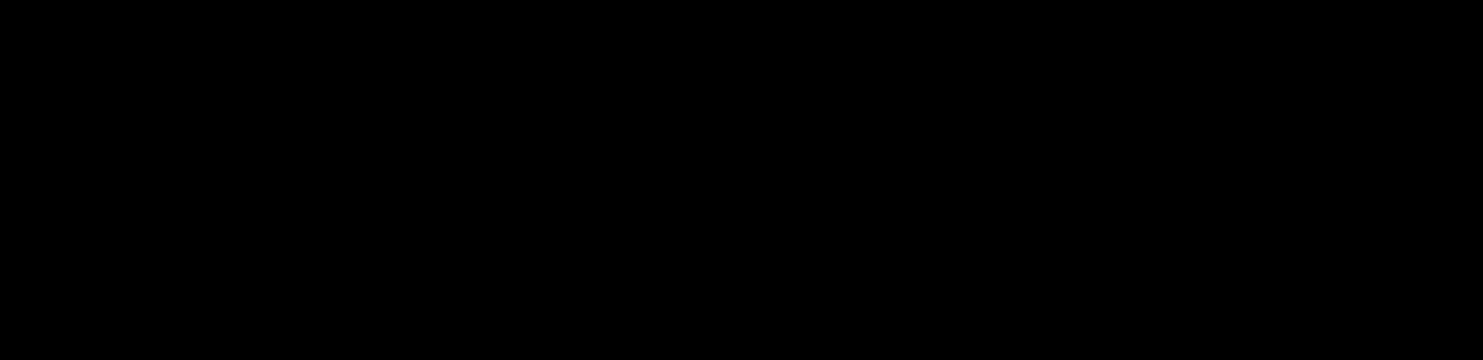
Incident #: 22-018209

Date: 06/21/2022

Patient 1 of 1

Patient Information				Clinical Impression	
Last	ACKERMAN	Address		Primary Impression	Injury
First	IZAK	Address 2		Secondary Impression	
Middle		City	Lima	Protocol Used	Head Trauma
Gender	Male	State	OH	Local Protocol Provided	
DOB	05/23/1996	Zip	45804	Care Level	
Age	26 Yrs, 0 Months, 29 Days	Country	US	Anatomic Position	
Weight	185.0lbs - 83.9kg	Tel		Onset Time	
Pedi Color		Physician		Last Known Well	
SSN		Ethnicity		Chief Complaint	
Race	White			Duration	Units
Advance Directives				Secondary Complaint	
Resident Status				Duration	Units
Patient Resides in Service Area	No			Patient's Level of Distress	
Temporary Residence Type				Signs & Symptoms	Pain - Face pain
				Injury	Assault - Assault with firearm - Other specified place - 06/21/2022
				Additional Injury	
				Mechanism of Injury	Penetrating
				Medical/Trauma	Trauma
				Barriers of Care	None Noted
				Alcohol/Drugs	None Reported
				Pregnancy	No
				Initial Patient Acuity	
				Final Patient Acuity	
				Patient Activity	

Medications/Allergies/History/Immunizations	
Medications	Unable to Obtain - Other Reason
Allergies	Unable to Obtain - Other Reason
History	Unable to Obtain - Other Reason
Immunizations	
Last Oral Intake	



Assessments			
Assessment Time: 06/21/2022 02:47:00			
Category	Comments	Subcategory	
Mental Status		Mental Status	Normal Baseline For Patient
Skin		Skin	No Abnormalities
HEENT		Head	Head: No Abnormalities
		Face	Face: No Abnormalities
		Eyes	Both Eyes: PERRL
		Neck	No Abnormalities



Name: ACKERMAN, IZAK

Incident #: 22-018209

Date: 06/21/2022

Patient 1 of 1

Assessments			
Assessment Time: 06/21/2022 02:47:00			
Category	Comments	Subcategory	
Chest		Chest	<b>General:</b> No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	<b>LL:</b> No Abnormalities <b>LU:</b> No Abnormalities <b>RL:</b> No Abnormalities <b>RU:</b> No Abnormalities
Abdomen		General	No Abnormalities
Back		Back	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	<b>Pelvis/GU/GI:</b> No Abnormalities
Extremities		Left Arm	<b>Whole Arm and Hand:</b> No Abnormalities
		Right Arm	<b>Whole Arm and Hand:</b> No Abnormalities
		Left Leg	<b>Left Leg and Foot:</b> No Abnormalities
		Right Leg	<b>Right Leg and Foot:</b> No Abnormalities
Neurological		Neurological	Normal Baseline For Patient

**Narrative**  
 E-2, R-2, M-1 WAS DISPATCHED FOR OFFICER SHOT. UPON ARIVAL E-2 WAS DIRECTED TO ALLEY BEHIND HOUSE FOR INJURED DEPUTY. R-2 AND M-1 ARRIVED AND WAS DIRECTED TO ADDRESS AND E-2 WAS BEHIND THAT ADDRESS. PT WAS ASSISTED TO UNIT AND ADDITIONAL TRUAMA CARE WAS COORDINATED IN UNIT. PT WAS A+OX4, GCS-15, EYES PERRL, LUNGS CLEAR, PMS GOOD, SKIN W/D, OBVIOUS BLEEDING FROM JAW LINE CONTROLLED WITH PRESSURE BANDAGE. PT JAW WAS BANDAGED WITH PRESSURE DRESSING TO MINIMIZE BLEEDING. PT WAS PLACED ON MONITOR FOR VITALS WITH 4-LEAD EKG SHOWING SINUS TACH. IV WAS ESTABLISHED BY MEDIC GARCIA IN LEFT AC. ALL LFD PERSONEL NOT TRANSPORTING WERE DISMISSED AND MEDIC YOUNG AND MEDIC KAVALAUSKAS CONTINUE CARE TO HOSPITAL. PT WAS REASSESSED AND AN ADDITIONAL BOR IV WAS ESTABLISHED EN-ROUTE.

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition	Transported No Lights/Siren	PSAP Call	02:37:53
Location		Transport Due To	Closest Facility	Dispatch Notified	
Address	E 2ND ST@S SUGAR ST	Transported To	Lima Memorial Hospital	Call Received	02:37:53
Address 2		Requested By	Law Enforcement	Dispatched	02:38:23
Mile Marker		Destination	Hospital	En Route	02:38:23
City	Lima	Department	Emergency Room	Staged	
County	Allen	Address	1001 BELLEFONTAINE AVE	Resp on Scene	
State	OH	Address 2		On Scene	02:42:55
Zip	45804	City	LIMA	At Patient	02:43:15
Country	US	County	ALLEN	Care Transferred	
Medic Unit	M-1	State	OH	Depart Scene	02:54:03
Medic Vehicle	M-1	Zip	45804	At Destination	02:57:49
Run Type	911 Response	Country	US	Pt. Transferred	02:58:15
Response Mode	Emergent	Zone		Call Closed	03:51:00
Shift	C Shift	Condition at Destination	Unchanged	In District	
Zone		Destination Record #		At Landing Area	
Level of Service	Advanced Life Support	Trauma Registry ID			
EMD Complaint	Stab/Gunshot Wound/Penetrating Trauma	STEMI Registry ID			
EMD Card Number		Stroke Registry ID			
Dispatch Priority					

Crew Members		
Personnel	Role	Certification Level
YOUNG, RYAN	Lead	
SCHWARM, JASON	Driver	
GARCIA, JONATHAN	Other	NREMT-Paramedic (NREMT-P) - M5074690
KAVALAUSKAS, JUSTIN	Other	2009 Paramedic (Ohio) - 0113540; 2009 Paramedic (Ohio) - 0113540

Mileage		Delays		Additional Agencies	
Scene	1.0	Category	Delays	Allen County Sheriffs Office, Lima Police Department	
Destination	3.1				
Loaded Miles	2.1				
Start					
End					
Total Miles					



**Lima Fire Department**  
Patient Care Record

Name: ACKERMAN, IZAK

Incident #: 22-018209

Date: 06/21/2022

Patient 1 of 1

**Patient Transport Details**

How was Patient Moved to Ambulance	Assisted/Walk	How was Patient Moved From Ambulance	Stretcher
Patient Position During Transport		Condition of Patient at Destination	Unchanged

**A** FDID  OH State  MM 06 DD 21 YYYY 2022 Station Incident Number 0002913 Exposure 000  Delete  Change  No Activity **NFIRS-1 Basic**

**B Location Type**  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 0137

Street address  
 Intersection 1177 E SECOND ST  
 In front of  
 Rear of  
 Adjacent to  
 Directions  
 U.S. National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix  
 Apt./Suite/Room City State ZIP Code  
 LIMA OH 45804  
 Cross Street, Directions or National Grid, as applicable.

**C Incident Type** 321 EMS call, excluding ve... Incident Type

**E1 Dates and Times** Midnight is 0000  
 Month Day Year Hour Min  
 Alarm 06 21 2022 0237  
 Check boxes if dates are the same as Alarm Date  
 ALARM always required  
 ARRIVAL required unless canceled or did not arrive  
 CONTROLLED optional except for wildland fires  
 LAST UNIT CLEAR required except for wildland fires

**E2 Shifts and Alarms** Local Option  
 Shift or Platoon Alarms District  
 C 1 2

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**D Aid Given or Received**  None  
 1  Mutual aid received  
 2  Auto. aid received  
 3  Mutual aid given  
 4  Auto. aid given  
 5  Other aid given  
 Their FDID Their State  
 Their Incident Number

**F Actions Taken**

34 Transport person Primary Action Taken (1)  
 81 Incident command Additional Action Taken (2)  
 Provide advanced life  
 33 support (ALS) Additional Action Taken (3)

**G1 Resources**  Check this box and skip this block if an Apparatus or Personnel Module is used  
 Apparatus Personnel  
 Suppression  
 EMS  
 Other  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses and Values** Required for all fires if known. Optional for non-fires. None  
 LOSSES: Property \$ Contents \$  
 PRE-INCIDENT VALUE: Optional  
 Property \$ Contents \$

**Completed Modules**  
 Fire-2  
 Structure Fire-3  
 Civilian Fire Cas.-4  
 Fire Service Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1 Casualties**  None  
 Fire Deaths Injuries  
 Service  
 Civilian  
**H2 Detector** Request for confined fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  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 storage  
 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 > 55 gal (Please complete the HazMat form.)

**Mixed Use Property**  Not mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Business & residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use**  None

**Structures**  
 131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school, kindergarten  
 215  High school, junior high  
 241  College, adult education  
 311  Nursing home  
 331  Hospital

**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

341  Clinic, clinic-type infirmary  
 342  Doctor/Dentist office  
 361  Prison or jail, not juvenile  
 419  1- or 2-family dwelling  
 429  Multifamily 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  
 571  Gas or service station  
 579  Motor vehicle/boat sales/repairs  
 599  Business office  
 615  Electric-generating plant  
 629  Laboratory/Science laboratory  
 700  Manufacturing plant  
 819  Livestock/Poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse  
 936  Vacant lot  
 938  Graded/Cared 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

I look up and enter a Property Use code and description only if you have NOT checked a Property Use box

Property Use Code  
 Property Use Description

NFIRS-1 Revision 01/01/05

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable) [Redacted] - [Redacted] - [Redacted]  
Area Code Phone Number

Check this box if same address as incident location (Section B) 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**

Local Option

Same as person involved? Then check this box and skip the rest of this block

Business Name (if applicable) [Redacted] - [Redacted] - [Redacted]  
Area Code Phone Number

Check this box if same address as incident location (Section B) Then skip the three duplicate address lines

Mr. Ms. Mrs First Name MI Last Name Suffix  
Number Prefix Street or Highway ST Suffix  
Post Office Box Apt./Suite/Room City  
State ZIP Code

**L Remarks:**

**CHRISTOPHER LAUCK**  
**June 21, 2022 01:10:30**

E2, R2 and M1 was called to 1177 E. 2nd St. for a shooting.  
E2 arrived on location to find 2 people involved. One DOA and the second was found at the rear of the property.  
Treatment initiated and history obtained.  
R2 and M1 arrived on location. Pt. was able to walk to ambulance.  
Lt. Kavalauskas assisted with treatment en route to LMH.  
E2 returned to service.

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**M Authorization**

Check box if same as Officer in charge   
Officer in charge ID Signature Position or rank Assignment Month Day Year  
69836 [Signature] Lieutenant E2 Officer 06 21 2022  
Member making report ID Signature Position or rank Assignment Month Day Year  
69836 [Signature] Lieutenant E2 Officer 06 21 2022





**E3**

**Supplemental Special Studies**

Local Option

**NFIRS-1S  
Supplemental**

1    
Special Study ID# Special Study Value

2    
Special Study ID# Special Study Value

3    
Special Study ID# Special Study Value

4    
Special Study ID# Special Study Value

5    
Special Study ID# Special Study Value

6    
Special Study ID# Special Study Value

7    
Special Study ID# Special Study Value

8    
Special Study ID# Special Study Value

NFIRS-1S Revision 01/01/04

**L**

**Remarks:**

Local Option

Lt. Lauck



Incident # 22-018209

<b>A</b>	FDID <input type="text"/> ★	State <input type="text"/> OH ★	Incident Date <input type="text"/> MM 06 <input type="text"/> DD 21 <input type="text"/> YYYY 2022 ★	Station <input type="text"/>	Incident Number <input type="text"/> 0002913 ★	Exposure <input type="text"/> 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>ESO-1 Non-NFIRS Fields</b>
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<b>E1 Additional Incident Times</b>											
	Month	Day	Year	Hour	Min	Month	Day	Year	Hour	Min	
PSAP Received	<input type="text"/> 06	<input type="text"/> 21	<input type="text"/> 2022	<input type="text"/> 02	<input type="text"/> 37	Dispatch Notified	<input type="text"/> 06	<input type="text"/> 21	<input type="text"/> 2022	<input type="text"/> 02	<input type="text"/> 37

<b>B</b>	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	Type	En Route	District
		<small>Month Day Year Hour/Min</small>				
<input type="text"/> 1	ID <input type="text"/> E-2 Type <input type="text"/>	En Route <input type="text"/> 06 <input type="text"/> 21 <input type="text"/> 2022 <input type="text"/> 0238 District <input type="text"/> 06 <input type="text"/> 21 <input type="text"/> 2022 <input type="text"/>	<input type="text"/> 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 2	ID <input type="text"/> R-2 Type <input type="text"/>	En Route <input type="text"/> 06 <input type="text"/> 21 <input type="text"/> 2022 <input type="text"/> 0238 District <input type="text"/> 06 <input type="text"/> 21 <input type="text"/> 2022 <input type="text"/>	<input type="text"/> 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 3	ID <input type="text"/> M-1 Type <input type="text"/>	En Route <input type="text"/> 06 <input type="text"/> 21 <input type="text"/> 2022 <input type="text"/> 0238 District <input type="text"/> 06 <input type="text"/> 21 <input type="text"/> 2022 <input type="text"/>	<input type="text"/> 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> 4	ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/> 9	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Call Report

CFSID  
22-018209

SIG CODE  
57A

CALL DATE / TIME  
06/21/22 02:37



Name :  
Address : E 2ND ST@S SUGAR ST  
City / State / Zip : LIMA, OH 45804  
Township : ALL  
Phone :

Call Description : SHOOTING

Caller Name :  
Caller Phone :

## BADGES BY UNIT

UNIT ID	BADGE ID	DEPARTMENT NAME
38		LIMA POLICE DEPARTMENT
57		LIMA POLICE DEPARTMENT
59		LIMA POLICE DEPARTMENT
64		LIMA POLICE DEPARTMENT
78		LIMA POLICE DEPARTMENT
78		LIMA POLICE DEPARTMENT
A5		LIMA POLICE DEPARTMENT
A8		LIMA POLICE DEPARTMENT
FE2		LIMA FIRE DEPARTMENT
FM1		LIMA FIRE DEPARTMENT
FM1		LIMA FIRE DEPARTMENT
FM1		LIMA FIRE DEPARTMENT
FM1		LIMA FIRE DEPARTMENT
FR2		LIMA FIRE DEPARTMENT
FR2		LIMA FIRE DEPARTMENT
L4		LIMA POLICE DEPARTMENT

# Call Report

CFSID  
22-018209

SIG CODE  
57A

CALL DATE / TIME  
06/21/22 02:37



Name :  
Address : E 2ND ST@S SUGAR ST  
City / State / Zip : LIMA, OH 45804  
Township : ALL  
Phone :

Call Description : SHOOTING

Caller Name :  
Caller Phone :

## CFS UNIT TIMES BY UNIT

UNIT	DIS	ENR	ONS	TOH	ATH	FRH	TOS	ATS	CLR
38	06/21/22 02:38:05	06/21/22 02:53:14	06/21/22 03:04:36						06/21/22 02:41:31
57	06/21/22 02:38:08	06/21/22 02:38:08	06/21/22 02:42:48						
59	06/21/22 02:38:12	06/21/22 02:38:12	06/21/22 02:39:11						
64	06/21/22 02:38:12	06/21/22 02:38:12	06/21/22 02:38:54						
78	06/21/22 02:38:12	06/21/22 02:38:12	06/21/22 02:42:51						
A5	06/21/22 02:38:16	06/21/22 02:38:16	06/21/22 02:42:51						
A8	06/21/22 02:38:16	06/21/22 02:38:16	06/21/22 02:42:51						
FE2	06/21/22 02:38:29	06/21/22 02:38:29	06/21/22 02:40:21						06/21/22 02:56:48
FM1	06/21/22 02:38:23	06/21/22 02:38:23	06/21/22 02:42:55	06/21/22 02:54:03	06/21/22 02:57:49				06/21/22 03:51:16
FR2	06/21/22 02:38:27	06/21/22 02:38:27	06/21/22 02:42:55						06/21/22 03:36:37
L4	06/21/22 02:38:19	06/21/22 02:38:19	06/21/22 02:39:40						

# Call Report

CFSID  
**22-018209**

SIG CODE  
**57A**

CALL DATE / TIME  
**06/21/22 02:37**



Name :  
Address : E 2ND ST@S SUGAR ST  
City / State / Zip : LIMA, OH 45804  
Township : ALL  
Phone :

Call Description : SHOOTING

Caller Name :  
Caller Phone :

## CFS COMMENTS

Line	Type	Comment	User	Date
1	COMMENT	SHOOTING	Missy Page	06/21/22 02:38:01
2	COMMENT	Run Number #17-031279 created for Dept LIMA FIRE DEPARTMENT	Missy Page	06/21/22 02:38:24
3	COMMENT	UNIT: L4 HAS CHANGED LOCATION TO 1107 E 2ND ST	Missy Page	06/21/22 02:43:57
4	COMMENT	UNIT: FM1 HAS CHANGED LOCATION TO Lima Memorial	Missy Page	06/21/22 02:54:03
5	COMMENT	59 ADVISED SOMETHING ABOUT BODY CAM	Missy Page	06/21/22 03:12:16



FIRE INCIDENT  
22-018209-000

LOCKED

BASIC

UNIT REPORTS



FIRE



CASUALTY



HAZMAT



INVESTIGATION

### Edit Unit Report

OK

UNIT

Action Taken 2

TIMES

ACTIONS

Action Taken 3

PERSONNEL

Action Taken 4

NARRATIVE

### Personnel



**GARCIA, JONATHAN - 0174836** ... Fire Product Exposed To  
Unit: R-2

Decontamination  
--



**KAVALAUSKAS, JUSTIN - 011354**... Fire Product Exposed To  
Unit: R-2

Decontamination  
--

### Unit Narrative


**FIRE INCIDENT**  
 22-018209-000
 LOCKED

BASIC
UNIT REPORTS
 FIRE
 CASUALTY
 HAZMAT
 INVESTIGATION

### Edit Unit Report

OK

UNIT

Action Taken 2

TIMES

ACTIONS

Action Taken 3

PERSONNEL

Action Taken 4

NARRATIVE

### Personnel



**SCHWARM, JASON - 121341** - [Edit](#) Fire Product Exposed To  
Unit: M-1

Decontamination

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**YOUNG, RYAN - 121250** - [Edit](#) Fire Product Exposed To  
Unit: M-1

Decontamination

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### Unit Narrative





FIRE INCIDENT  
22-018209-000

LOCKED

BASIC

UNIT REPORTS

FIRE

CASUALTY

HAZMAT

INVESTIGATION

### Edit Unit Report

OK

UNIT

TIMES

Action Taken 3

ACTIONS

Action Taken 4

PERSONNEL

NARRATIVE

### Personnel



**FREW, GILBERT - 120647** - [Edit](#)  
Unit: E-2

Fire Product Exposed To  
--

Decontamination  
--



**HAMMONS, MATTHEW - 016292...**  
Unit: E-2

Fire Product Exposed To  
--

Decontamination  
--



**LAUCK, CHRISTOPHER - 69836** - ...  
Unit: E-2

Fire Product Exposed To  
--

Decontamination  
--

### Unit Narrative