

Natural Resources News Service

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File No. 96-504
Date Recd. 11-25-96
Action Off. Keel
Forward Case:

Wayne T. Jaquith
President

November 20, 1996

Joseph J. Trento
Bureau Chief

Mr. Russell Powell
U.S. Nuclear Regulatory Commission #26D6
Washington, D.C. 20555-0001

Roger G. Charles
Correspondent

Dear Mr. Powell:

Jay Gourley
Correspondent

This is a Freedom of Information Act request for all agency documents (whether or not generated by your agency) pertaining to any activities of David Hahn ([REDACTED]).

Suzanne Clarke
Correspondent

Jeffrey L. Moog
Correspondent

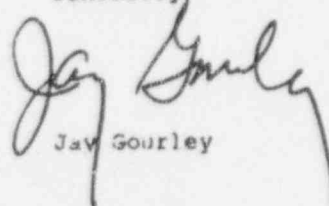
Hahn was a minor who conducted weekend science experiments based partly on information from the Nuclear Regulatory Commission. The experiments led to radioactive pollution at 2776 Pinto St., Commerce Township, Mich., where his mother lived. The pollution brought about an emergency response by Region Five of the Environmental Protection Agency. That response included the removal of a shed behind the Pinto St. home in about July 1995. The incident was brought to the government's attention when the Michigan Dept. of Environmental Quality called the Environmental Protection Agency after DEQ was consulted by local police. The resulting incident would have involved communication with local authorities and with other United States agencies, and possibly with foreign authorities.

Margaret A. Savage
Systems Manager

I have enclosed three documents to reduce the need for Privacy Act redaction. They include waivers from Hahn, who is no longer a minor, and from Michael Polasek, who owned and still owns the Pinto Street property. I have also enclosed a copy of the death certificate of Patricia Williams Hahn, David Hahn's mother, who lived at the Pinto Street address and who died February 14, 1996.

This request is made in my capacity as a correspondent for Natural Resources News Service for no other purpose than public dissemination that will foster understanding of your agency's work. As a result, I ask that you waive search and copying charges. Please proceed with the document search pending a decision on that request. You may consider this letter as my promise to pay at least \$50 should my request for a fee waiver be denied.

Sincerely,


Jay Gourley

Privacy Act Waiver of Michael Polasek

I swear under penalty of perjury that I am Michael Polasek of [REDACTED]. My date of birth is [REDACTED]. My Social Security Number is [REDACTED]. I waive all rights under the Privacy Act that would limit or delay your response to Jay Gourley's Freedom of Information Act request for documents related to radiation pollution at my home. This waiver is limited to Jay Gourley's FOIA request and does not extend to other requests for copies of your response to Gourley.

Michael V. Polasek 11-14-96
Signature date

Privacy Act Waiver of David Hahn

I swear under penalty of perjury that I am David Hahn of [REDACTED]. My date of birth is [REDACTED]. My Social Security Number is [REDACTED]. I waive all rights under the Privacy Act that would limit or delay your response to Jay Gourley's Freedom of Information Act request for documents related to radiation pollution at 2776 Pinto Street, Commerce Township, Mich. This waiver is limited to Jay Gourley's FOIA request and does not extend to other requests for copies of your response to Gourley.

David Hahn 12/14/96
Signature date

LF 319
CF



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
1070872

TYPE, PRINT
PI
PERMANENT SET
BLACK INK

NAME OF DECEDENT Patricia Hahn
FOR USE BY PHYSICIAN OR INSTITUTION

1. DECEDENT'S NAME (First, Middle, Last) PATRICIA J. HAHN				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) February 14, 1996	
4a. AGE - Last Birthday (Years) 44		4b. UNLIVED - YEAR MONTHS DAYS		4c. UNLIVED - DAY HOURS MINUTES		5. DATE OF BIRTH (Month, Day, Year) JULY 19, 1951	
7a. LOCATION OF DEATH (Under place officially designated death in 7a, 7b, 7c) Huron Valley Hospital				7b. IF HOSP OR BEST INSTITUTION City, State, Zip, DOA (Specify) Inpatient		7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH OAKLAND	
8. SOCIAL SECURITY NUMBER 366-58-7165				9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOME MAKER		9b. KIND OF FINANCIAL OR INDUSTRIAL OWN HOME	
10a. CURRENT RESIDENCE - STATE MICHIGAN		10b. COUNTY OAKLAND		10c. LOCALITY (Check one box and specify) <input type="checkbox"/> HOME CITY OR VILLAGE OF <input checked="" type="checkbox"/> TWP OF COMMERCE		10d. STREET AND NUMBER 2776 PINTO DR.	
10e. ZIP CODE 48382		11. BIRTHPLACE (City and State or Foreign Country) CHARLESTON, W. VIRGINIA		12. MARITAL STATUS - Now, Ever Married, Widowed, Divorced (Specify) DIVORCED		13. SLEEPING SPOUSE (If only give name before first married) NO	
15. ANCESTRY - English, Scotch, Irish, Celtic, Central or South American, Chinese, other European, African-American, Asian, English, French, German, etc. (Specify below) AMERICAN				16. RACE - American Indian, Black, White, etc. If Asian, give nationality, e.g., Chinese, Filipino, Korean, etc. (Specify below) WHITE		17. DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (1-12) 11 College (1-4 or 5+)	
18. FATHER'S NAME (First, Middle, Last) CECIL WILLIAMS				19. MOTHER'S NAME (First, Middle, Marital status first married) LUCILLE HUNDEBLOM			
20a. INFORMANT'S NAME (Type/Print) LUCILLE SPAULDING				20b. MAILING ADDRESS (Street and Number or Rural Route Address, City or Village, State, ZIP Code) 3820 GARDNER BERKLEY, MICHIGAN 48072			
21. METHOD OF DISPOSITION - Burial, Cremation, Reinterment, Donation, Other (Specify) CREMATION				22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) ROSELAND PARK CEMETERY		22b. LOCATION, City or Village, State BERKLEY, MICHIGAN	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Barry E. Sullivan</i>				24. LICENSE NUMBER (If Licensed) 5485		25. NAME AND ADDRESS OF FACILITY RESURRECTION FUNERAL HOME 40800 HAYES RD. CLINTON TWP., MI 48038	
26. PART I: Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Gunshot Wound of Chest and Complications Thereof DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF:							
27. PART II: From significant conditions contributing to death but not resulting in the immediately preceding cause, give: 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes							
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital				29. WAS CASE REPORTED TO MEDICAL EXAMINER? (Specify Yes or No) Yes			
30a. To the best of my knowledge, death occurred at the time, date and place and due to the above(s) stated. (Signature and Title) <i>Mark A. Fischione</i>				31a. DATE SIGNED (Month, Day, Year) February 14, 1996			
30b. DATE WHEN SIGNED (Month, Day, Year) February 14, 1996				31b. LAST NUMBER 96-0558			
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 29) (Type or Print) Mark A. Fischione, M.D. 1200 N. Telegraph Rd. Pontiac, MI 48341-0438							
32b. LICENSE NUMBER 51693							
33a. ACC. SUICIDE FROM NATURAL OR PREVIOUS INJURY (Specify) Suicide		33b. DATE OF INJURY (Month, Day, Year) January 22, 1996		33c. TIME OF INJURY 5:00 p. m.		33d. DESCRIBE HOW INJURY OCCURRED Self-inflicted gunshot wound	
33e. INJURY AT WORK (Specify Yes or No) NO		33f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Dwelling		33g. LOCATION - Street or RFD No. City, Village or Twp. State 2776 Pinto, Commerce Township, MI			
34a. REGISTERED SIGNATURE <i>Mark A. Fischione</i>				34b. DATE FILED (Month, Day, Year) February 15, 1996			

Date: August 31, 1994

PRELIMINARY NOTIFICATION OF EVENT OR UNUSUAL OCCURRENCE PNO-III-94-73

This preliminary notification constitutes EARLY notice of events of POSSIBLE safety or public interest significance. The information is as initially received without verification or evaluation, and is basically all that is known by the Region III staff on this date.

Facility
Non-Licensee

Licensee Emergency Classification
General Emergency
Site Area Emergency
Alert
Unusual Event
X Not Applicable

Subject: RADIOACTIVE MATERIALS/HOAX EXPLOSIVE FOUND IN TRUNK OF CAR

On August 31, 1994, at 11:05 a.m. (CDT), Region III (Chicago) was notified by the State of Michigan Department of Health that a potential explosive device and radioactive materials were in a tool box located in a trunk of a vehicle. The vehicle was at the Clinton Township Police Department which is approximately 15 miles north of Detroit. The State of Michigan Department of Health dispatched a Health Physicist to the site with survey equipment, and Michigan State Police explosive disposal experts responded.

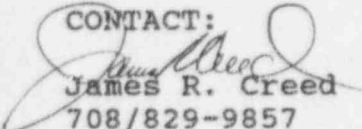
At 1:45 p.m. (CDT) Region III was notified that the tool box contained no explosives, but did contain radioactive materials believed to be publicly available; lantern mantles, americium from smoke detectors, etc. The Clinton Township Police are in possession of the materials and the Michigan Department of Health are assisting. The Environmental Protection Agency (EPA) is supporting the state and local agencies in disposing of the material.

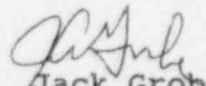
The owner of the vehicle was arrested on August 30, 1994, for an unrelated charge, and told police that radioactive materials were present in the trunk of his vehicle. While searching the trunk, the police discovered 100 mercury switches and a tool box taped closed, padlocked and wrapped in aluminum foil. The tool box was treated by the Michigan State Police as a "potential improvised explosive device" until adequate precautions were implemented when the individual refused to open it and stated that it was dangerous.

Region III coordinated the early response. The EPA is the lead federal response agency of the incident in accordance with the Federal Emergency Response Plan. The EPA Region V and the Detroit, Michigan EPA offices were notified by NRC Region III. The information in this preliminary notification has been reviewed with the State of Michigan and the EPA.

Region III notified the NRC Operations Center at 11:05 a.m. (CDT) on August 31, 1994. This information is current as of 2:00 p.m. (CDT) on August 31, 1994.

CONTACT:


James R. Creed
708/829-9857


Jack Grobe
708/829-9837

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