

OTHER NUCLEAR MATERIAL

EVENT NUMBER: 27733

LICENSEE: STATE OF MICHIGAN
CITY: CLEMENS
COUNTY:
LICENSE#:
DOCKET:

REGION: 3
STATE: MI
AGREEMENT: N

NOTIFICATION DATE: 08/31/94
NOTIFICATION TIME: 12:05 [ET]
EVENT DATE: 08/31/94
EVENT TIME: 12:05 [EDT]
LAST UPDATE DATE: 08/31/94

NOTIFICATIONS

WAYNE KROPP	RDO
PAPARIELLO	EO
YARDUMIAN	IAT
BROCKMAN	AEOD

NRC NOTIFIED BY: DAVID MINNAR
HQ OPS OFFICER: TIM MCGINTY

EMERGENCY CLASS: NOT APPLICABLE
10 CFR SECTION:
NINF

INFORMATION ONLY

EVENT TEXT

POTENTIAL IMPROVISED EXPLOSIVE DEVICE FOUND IN THE TRUNK OF A CAR IN CLINTON TOWNSHIP MICHIGAN. RADIOACTIVE MATERIALS MAY ALSO BE PRESENT.

MR. JACK GROBE OF REGION 3 CONTACTED THE OPERATIONS CENTER BECAUSE THE REGION HAD BEEN INFORMED OF A POTENTIAL BOMB FOUND IN THE TRUNK OF A CAR WHICH MAY ALSO HAVE RADIOACTIVE MATERIALS IN THE TRUNK. MR. DAVE MINNAR, OF THE DEPARTMENT OF HEALTH FOR THE STATE OF MICHIGAN, PROVIDED THE INITIAL INFORMATION, IN CONJUNCTION WITH SGT. THOMAS OF THE MICHIGAN STATE POLICE.

THE INDIVIDUAL WAS ARRESTED ON THE EVENING OF 8/30/94 IN CLINTON TOWNSHIP, MICHIGAN. CLINTON TOWNSHIP IS LOCATED NORTH OF DETROIT, AND JUST SOUTH OF MT. CLEMENS. THE SUSPECTS VEHICLE IS IN THE PARKING LOT OF THE CLINTON TOWNSHIP POLICE DEPARTMENT, LOCATED AT 22392 RASH RD. THE INDIVIDUAL WAS ARRESTED LAST NIGHT FOR PETTY LARCENY OF AUTOMOBILES. DURING INTERVIEWS WITH INDIVIDUAL, AND AFTER A SEARCH OF HIS VEHICLE, A TOOLBOX IN THE TRUNK IS BEING TREATED AS A "POTENTIAL IMPROVISED EXPLOSIVE DEVICE". THE TOOLBOX IS TAPED AND PADLOCKED, WITH ALUMINUM FOIL. THERE WERE ALSO 100 MERCURY SWITCHES FOUND IN THE TRUNK. THE INDIVIDUAL ALSO HAS STATED THAT THE TRUNK OF THE CAR AND/OR THE TOOLBOX CONTAINS NATURAL URANIUM, POTASSIUM PERMANGANATE, THORIUM, POLONIUM, URANIUM NITRATE AND AMERICIUM. THE INDIVIDUAL STATED THAT THE AMERICIUM WAS OBTAINED FROM SMOKE DETECTORS. INITIALLY, THE INDIVIDUAL WOULD NOT MOVE THE BOX WHEN REQUESTED, BECAUSE HE SAID THAT IT WAS "DANGEROUS".

THE STATE OF MICHIGAN HAS SENT A TEAM TO THE SITE WITH SURVEY EQUIPMENT. THE INDIVIDUAL IS STILL BEING INTERVIEWED IN ORDER TO DECIDE ON A POSSIBLE COURSE OF ACTION. THE STATE MAY DECIDE TO PLACE THE TOOLBOX IN A "TOTAL CONTAINMENT DEVICE" FOR THE EVENTUAL PURPOSES OF DETONATING IT WITH AN

(Continued on next page)

LICENSEE: STATE OF MICHIGAN

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ANCILLARY CHARGE.

REGION 3 HAS MAINTAINED AN OPEN LINE IN THE INCIDENT RESPONSE CENTER FOR THE PURPOSES OF FACILITATING COMMUNICATIONS WITH THE STATE, STATE POLICE, NRC MANAGEMENT AND THE EPA. THE FOLLOWING HAVE BEEN INFORMED OF THE EVENT: REGION 3 (AXELSON, CREED, GROBE, KROPP), NMSS EO (PAPERIELLO), NMSS IAT (YARDUMIAN), AEOD (CONGEL, BROCKMAN, BAILEY), PUBLIC AFFAIRS HQ (KOPECK), EPA (LYMAN (HQ), BASSOU (R5)). THE STATE OF MICHIGAN, DEPARTMENT OF PUBLIC HEALTH (DAVID MINNAAR) AND STATE POLICE (SGT. THOMAS) HAVE PROVIDED THE BULK OF THE INFORMATION.

NuDocs

Lind Wilgore, PDR
Darlene Hoyer, NuDocs

Prior response (1-30-97)
should be marked as
partial #1

Attached response is response
#2 final.

jigi
5-21-97

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



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
1070872TYPE PRINT
IN
PERMANENT
BLACK INKNAME OF DECEDENT
FOR USE BY ATTORNEY OR INSTITUTION
Patricia Hahn

1. DECEDENT'S NAME (First, Middle, Last) PATRICIA J. HAHN				2. SEX Female	3. DATE OF BIRTH (Month, Day, Year) February 14, 1996
4a. AGE - Last Birthday (Years) 44	4b. UNDER 1 YEAR MONTHS _____ DAYS _____	4c. UNDER 1 DAY HOURS _____ MINUTES _____	5. DATE OF BIRTH (Month, Day, Year) JULY 19, 1951		6. COUNTY OF DEATH OAKLAND
7a. LOCATION OF DEATH (Enter place officially designated death in 7a, 7b, 7c.) Huron Valley Hospital			7b. If HOSP (or HST) Inpatient Up from Room, DOA (Specify) Inpatient	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH Commerce Township	
8. SOCIAL SECURITY NUMBER 366-58-7165		9a. USUAL OCCUPATION (Give brief of work done during most of working life. Do not use retired) HOME MAKER		9b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
10a. CURRENT RESIDENCE - STATE MICHIGAN	10b. COUNTY OAKLAND	10c. LOCALITY (Check one box and specify) <input type="checkbox"/> RURAL 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 (Married, Never Married, Widowed, Divorced (Specify)) DIVORCED	13. SURVIVING SPOUSE (If only, give name before first marriage)	14. WAS DECEDENT (VER) BY U.S. ARMED FORCES? (Specify For or Not) NO	
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chinese, other Japanese, Asian-American, Asian, English, French, German, etc. (Specify below) AMERICAN		16. RACE - American Indian, Black, White, etc. If Asian, give nationality - e.g., Chinese. Specify Asian Indian on (Specify below) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (14 or 16+)	
18. FATHER'S NAME (First, Middle, Last) CECIL WILLIAMS			19. MOTHER'S NAME (First, Middle, Surname before first marriage) LUCILLE HUDDLESTON		
20a. INFORMANT'S NAME (Type/Relationship) LUCILLE SPAULDING			20b. MAILING ADDRESS (Street and Number, or Rural Route, P.O. Box, 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. Spaulding</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 (or AS A CONSEQUENCE OF) _____ DUE TO (or AS A CONSEQUENCE OF) _____ DUE TO (or AS A CONSEQUENCE OF) _____ DUE TO (or AS A CONSEQUENCE OF) _____					
27. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____					
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital			29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes	30a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes	30b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes
31a. DATE SIGNED (Mth, Day, Yr) February 14, 1996			31b. LAST NUMBER 96-1558		
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If Not 29a) (Type or Print) Mark A. Fischione, M.D. 1200 N. Telegraph Rd. Pontiac, MI 48341-0438					
33a. ALL SURVIVE HOW NATURAL OR PENDING INVEST (Specify) Suicide		33b. DATE OF INJURY (Mth, Day, Yr) January 22, 1996	33c. TIME OF INJURY Approx. 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 Town State 2776 Pinto, Commerce Township, MI	
34a. REGISTERED SIGNATURE <i>Patricia Hahn</i>			34b. DATE FILED (Month, Day, Year) February 15, 1996		

STATE OF MICHIGAN